

CATEGORICAL DISCHARGE SELF MONITORING REPORT
 Metal Finishing, 40 CFR Part 433.15--Pretreatment Standards for Existing Sources

Facility Name: _____ Period Covered: _____
 Facility Address: _____ Number of Work Days: _____
 Process Line: _____

Note: All parameters listed below except cyanide and TTOs must be obtained using composite sampling techniques. Cyanide and TTOs must be obtained using grab sampling techniques.

Parameter:	Limits (mg/L)		Report Values	Number of Violations	
	Daily Max.	Monthly Ave.		Daily	Monthly
Cadmium	0.69	0.26	_____	_____	_____
Chromium	2.77	1.71	_____	_____	_____
Copper	3.38	2.07	_____	_____	_____
Cyanide	1.20	0.65	_____	_____	_____
Lead	0.69	0.43	_____	_____	_____
Nickel	3.98	2.38	_____	_____	_____
Silver	0.43	0.24	_____	_____	_____
Zinc	2.61	1.48	_____	_____	_____
TTO	2.13	----	_____	_____	_____

Indicate Sample dates: _____

Are all samples except cyanide and TTO composite samples? Yes _____ No _____

Are all cyanide and TTO samples grab samples? Yes _____ No _____

If No is checked above, please explain. _____

PROCESS LINE FLOW REPORT

Total process water intake for the reporting period: _____ gallons.

Flow Loss Areas	Meter Readings:		Gallons
	Current	Previous	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total process water discharge for the reporting period: _____ gallons.

CERTIFICATION STATEMENT ON REVERSE SIDE

CERTIFICATION STATEMENT (All Facilities)

40 CFR 403.12 (1) and 40 403.6 (a) (2) (ii) “ I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Submitted by: _____

Date: _____

TTO STATEMENT (For Categorical Metal Finishers)

40 CFR 433.12(a) “Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for the Total Toxic Organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last report. I further certify that this facility is implementing the toxic organic management plan submitted to the City”.

Submitted by: _____

Date: _____

CERTIFIED OPERATOR (For Pretreatment Facilities)

Printed Name: _____

Certification
Class and Number: _____

Signature: _____

Certification
Expiration Date: _____