

**Industrial Wastewater Discharge
Self-Monitoring Report**

Section A: General Information

1. For activities occurring (check the appropriate box and fill in the correct year):

<input type="checkbox"/>	First Quarter: January, February, March	Year: _____
<input type="checkbox"/>	Second Quarter: April, May, June	
<input type="checkbox"/>	Third Quarter: July, August, September	
<input type="checkbox"/>	Fourth Quarter: October, November, December	

2. Contact information:

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

E-mail: _____

Phone Number: _____

3. Facility Information:

Company Name: _____

Site Address: _____

City, State, Zip: _____

Permit Number: _____

Section B: Wastewater Testing

1. Attach copies of all **independent** laboratory wastewater analytical results for the quarter.

4. Is the independent laboratory compliant with the sampling and analysis techniques of 40 CFR Part 136?

Yes

No

2. What type of sample(s) was collected?

Grab

Composite

3. From where was the wastewater sampled? _____

4. What is the name of the person who collected the wastewater sample(s)? _____

Section C: Production Activities

1. List the principal raw materials used during this quarter

Item	Quantity	Units

2. List the principal products produced during this quarter

Item	Quantity	Units

3. List all residual or hazardous waste removed during this quarter or write N/A. Attach additional pages as necessary. Attach transport receipts and/or waste manifests if required by Part C-Special Conditions, section c.2 of your permit.

Material Description	Transporter/Disposal Facility	Quantity	Units

4. Describe any changes to the typical production schedule during this quarter (i.e. strike, lay-off, obtaining or losing a contract, shifting production from one facility to another, etc.) or write N/A.

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Section D: Wastewater Flow

1. Indicate which best describes your wastewater discharge type:

- Batch
- Intermittent
- Continuous
- Did not discharge

2. Attach copies of wastewater discharge logs if required by Part C-Special Conditions, section c.2 of your permit.

- Attached
- Not Required

3. Total flow for the quarter in gallons: _____

4. Total flow is based on:

- Wastewater meter readings
- York Water Company meter readings (if so, attach bills)
- Number of batches discharged
- Did not discharge

5. Number of production days in the quarter: _____

6. Average daily flow (total flow/production days): _____

7. Describe the response to any Notices of Violation, Letters of Enforcement, Spill/Upset events or other enforcement actions, or write N/A. Indicate what actions were taken, will be taken, and the schedule for those actions. Attach additional sheets as necessary.

8. Describe any changes in the quality or quantity of wastewater from what is typically discharged, or write N/A. (For instance, the effects of a spill or upset, greater or lesser quantities, wastewater transported off-site, the addition of a product line, etc.) Attach additional sheets as necessary.

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Section E: Certification Statement:

1. 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 person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and compete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.
2. **TOTAL TOXIC ORGANICS COMPLIANCE CERTIFICATION STATEMENT:**
Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation (or pretreatment standard) for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated Toxic Organics into the waste waters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the Toxic Organic Management Plan submitted to the Permitting (or Control) Authority.

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Name of Authorized Representative

Telephone Number

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Signature of Authorized Representative

Date

3. Mail the original of this form, with ink signature, to:

City of York

Municipal Industrial Pretreatment Program

1625 Toronita Street

York, PA 17402

4. This form must be received within 30 days after the closing of the reporting period. If necessary to meet the deadline, the Municipal Industrial Program will temporarily accept a faxed or e-mail copy. The original, with ink signature, must follow in the mail.
5. For questions or concerns, please contact Sally Hoh or Veronica Chavez at 717-854-0358. Faxes may be sent to 717-845-1353. E-mails may be sent to SHoh@yorkcity.org or VChavez@yorkcity.org.