Division of Surface Water
Permits & Compliance Section (2/13)

Generic Baseline Monitoring Report (BMR) Form For Categorical Pretreatment Standards

Facility Name:_____ Owner/Operator:_____

Address:_____

Address if other than facility:_____

_____

Receiving Publicly Owned Treatment Works (POTW):_____

_____

Address:_____

Categorical Pretreatment Standard:_____

Applicable Subcategory(ies) of that Standard:_____

I. Information Previously Submitted

1. Has a baseline report containing all the information listed below already been submitted for this facility?

   ____ Yes ____ No

   If "yes", please provide the date, name and address of agency to which it was submitted.

2. Has your firm supplied **all** of the information requested below in response to an Industrial Waste Survey conducted by the POTW as part of its pretreatment program?

   ____ Yes ____ No

   If "yes", state the date, name and address of the agency to which it was submitted.

If the answer is "yes" to either or both of the questions above, then you may not need to respond to the following questions. If your previously submitted information provides all the information requested below, please attach a copy of that

Click to clear all entered information (on all 5 pages of this form) CLEAR

submittal to this form with a signed certification statement to the POTW.

II. Baseline Monitoring Report Information

1. Briefly describe the products produced and the manufacturing processes employed by your operation **(See 40CFR 403.12 (b)(3)).**

2. Production Rate (specify units): _____

3. SIC code(s): _____ _____ _____ _____

4. Facility Diagram: Please attach a copy of your facility flow schematic diagram identifying all the regulated processes and wastewater sources. Identify the location of all pretreatment facilities and all points of discharge to the sanitary sewer system. **(See 40CFR 403.12 (b)(3)).**

5. Wastewater flow measurement. **(See 40CFR 403.12 (b)(4)).**

Regulated Process (type)	Daily Average (gal/day)	Daily Maximum (gal/day)	Estimated(E) or Measured (M)

Non-Regulated Process (type)	Daily Average (gal/day)	Daily Maximum (gal/day)	Estimated(E) or Measured(M)

6. **Measurements of Pollutants:** Attach the most recent results from the sampling and analysis conducted during normal working hours of all regulated process streams. **The samples taken must be representative of normal work cycles and the expected pollutant discharges to the POTW.**

For each sample identified, include the following information on a separate sheet: **(See 40 CFR 403.12 (b)(5))**

A. Sample type (i.e., flow proportioned, composite, grab).
B. Frequency of samples.
C. Time, date and location of sampling.
D. Method of analysis (i.e., letter of statement by certified laboratory).
E. If alternate limits (i.e., combined waste stream formula*) are calculated, include the limit and all supporting data.

* If using the combined waste stream formula.

7. Does your facility generate any solid waste materials in any of the regulated processes listed in question #5 above?

____Yes ____No

If "yes", please provide, on a separate attachment:
A. Type of waste material generated
B. Approximate quantities/month
C. Method of disposal

8. Are both the National Categorical Pretreatment Standards for your industry and other local pretreatment standards being met on a consistent basis at this facility?

____Yes ____No

A. If "yes", go on to the next question.
B. If "no", identify the standard(s) not being met consistently.

C. If pretreatment standards are not being met consistently, will additional pretreatment and/or operation and maintenance be required for this facility to meet either National or local standards? **(See 40CFR 403.12 (c)(1)and (2)).**

____Yes ____No

If "no", give the reason for noncompliance:

If "yes", attach a description of the required pretreatment and/or operation and maintenance to achieve compliance.

Include the shortest schedule of dates for the commencement and completion of the major events leading to the construction and operation of these additional systems.

The events listed should include such items as development of preliminary plans, final design of system, executing contracts for purchase of equipment and/or construction, completion of construction and full Operational status.

9. List any other environmental control permits held by this facility (identifying the agency issuing the permit). **(See CFR 403.12 (b)(2)).**

Permit Type and Number	Issuing Agency

I have personally examined and an familiar with the information submitted on this form and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, as dictated by 40CFR 403.12 (M). **(See 40CFR 403.12 (b)(6).**

Signature of Official _____ Date _____