Reset Form | Print Form

Pretreatment Program
Quarterly Industrial User Violation Report Certification (For Approved Pretreatment Programs)

Note: All approved pretreatment programs must complete this report and submit it to the address below in accordance with the dates included in the NPDES permit.

Approved Program Information		
Date:		
Sewer Authority Name:		
Period Covered By Report:		
Wastewater Treatment Plant(s) Included In Program:		NPDES Permit Number(s):
Contact Name and Title Name:	Title:	
Mailing Address:		
City:	State:	Zip: -
Phone: ( ) -	Fax: ( ) -	E-mail:

Certification *(Must be signed by the responsible official)*

I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature:

Title: Date: / /

Mail completed reports to:
Ohio EPA, DSW
Pretreatment Unit
PO Box 1049
Columbus, OH 43216-1049

Industrial User Violation Report

POTW Information *(Attach additional pages if necessary)*
POTW:
Period Covered:

Facility Name and Address	Description of Violation(s)	Chronology of Enforcement Events	Comments