



PRETREATMENT MONITORING REPORT

COMPANY NAME: _____ CUSTOMER/OUTLET#: _____

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART: _____ E-MAIL: _____

CONTACT OFFICIAL: _____ TELEPHONE #: _____

MONITORING PERIOD						For Reporting Period		
						<u>Average</u>	<u>Maximum</u>	
MO	DAY	YR	MO	DAY	YR	Regulated Flow-gal/day _____		
START			END			Total Flow-gal/day _____		
						Method used _____		

Production rate (if applicable) _____

PARAMETER		MASS LIMIT OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS		COMP/GRAB
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

Certification of Non-use if applicable (use additional sheets): _____

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

Parameter used: _____

Explain Method for preserving samples: _____

I certify under penalty of law that this document and 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.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Signature of Principal
Executive or Authorized Agent

Type Name and Title

Date