



NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NAME: _____ E-MAIL: _____

MAILING ADDRESS: _____

FACILITY LOCATION: _____ PERMIT# _____

CATEGORY & SUBPART _____ OUTLET#: _____

CONTACT OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Copper _____	Nickel _____	SAMPLE DATE			
Lead _____	Zinc _____	MONTH	DAY	YEAR	
Mercury _____					

PARAMETER		CONCENTRATION			Sample Type
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	Comp/Grab
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

(1) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have met the non-use certification criteria for the following heavy metals:

Cu Hg Pb Ni Zn

Therefore, I am required to monitor for these heavy metals only in March and September.

(2) (a) I have Reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have not yet met the non-use certification criteria for the following heavy metals:

Copper Mercury Lead
Nickel Zinc

(b) Means the number of additional monthly samples needed to reach 3 months in succession when the value is equal to or below the Threshold Value. I understand that I must automatically monitor for the heavy metals identified in (2) (a) above each month until the analytical results for three (3) months in succession are at or below the threshold value for that heavy metal. This will not affect my responsibility to monitor in March and September as required by Section B-103.

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

Date

Signature of Principal
Executive or Authorized Agent

Type Name and Title