

INDUSTRIAL USER  
 PERIODIC COMPLIANCE REPORT  
 City of Temple - Doshier Farm Wastewater Treatment Plant

SECTION I: Industrial User Data

IU Name: _____	Date of this report: _____ / ____ / ____
IU Category: _____	Report Period: _____ / ____ - ____ / ____ Mo Yr Mo Yr
Mailing Address: _____	Permit No.: _____
City: _____ State: _____ Zip: _____	SIC Code: _____
Physical Address: _____	Monitoring Frequency: _____
Contact Person: _____	Permit Expiration: _____
Telephone No.: _____	

SECTION II: Flow Measurement (preceding 6 months)

	Total Discharge	Regulated Discharge (if applicable)
Method of Measure		
Maximum Daily Flow (gpd)		
Average Daily Flow (gpd)		

SECTION III: Self Monitoring (all analysis performed in reporting period)

(Include as attachment using this format if an external data spreadsheet is used.)

Pollutant												
Units												
Daily Maximum												
Monthly Average												
Sample												
Collection Date												
/ /												
/ /												
/ /												
/ /												
/ /												
/ /												
/ /												
/ /												
/ /												
/ /												

SECTION IV: Production Rate (if applicable)

Process Description (SIC)	Average	Maximum

SECTION V: Total Toxic Organics (TTO)

a) Are TTO parameters included in your Sewer Use Permit?

\_\_\_\_\_ Yes, go to (b)

\_\_\_\_\_ No, go to (d)

b) Were analyses for TTO performed this reporting period?

\_\_\_\_\_ Yes, (Include results with this report.) Go to (g)

\_\_\_\_\_ No, go to (c)

c) Does your Company have an approved "Solvent Management Plan" or "Toxic Organic Management Plan (TOMP)"?

\_\_\_\_\_ Yes, (Attach copy if not previously submitted). Go to (f)

\_\_\_\_\_ No, go to (d)

d) Does your Company use any solvents or chemicals in your processes?

\_\_\_\_\_ Yes, attach copies of "Material Safety Data Sheets (SDS)" for all solvents/chemicals used (if not previously submitted). Go to (g).

\_\_\_\_\_ No, go to (e)

e) I certify that no Toxic Organics are used in our process operations or stored on these premises. (END)

\_\_\_\_\_  
Signature

f) I further certify that this facility is implementing the Toxic Organic Management Plan submitted to the Control Authority. Go to (g).

\_\_\_\_\_  
Signature

g) "Based on my inquiry of the person or persons directly responsible for managing compliance with the 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 wastewaters has occurred since filing the last discharge monitoring report."  
(END)

\_\_\_\_\_  
Signature

SECTION VI:

I certify that Pretreatment Standards for this facility (are \_\_\_) (are not \_\_\_) being met on a consistent basis.

Additional operation and maintenance required to comply is as follows:

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Additional Pretreatment required to meet standards is as follows:

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Best Management Practices (BMPs) standards (are \_\_\_) (are not \_\_\_) being met on a consistent basis.

Comments: \_\_\_\_\_  
\_\_\_\_\_

"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(s) 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."

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Date