

PRETREATMENT MONITORING REPORT

NAME: _____

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART: _____ OUTLET #: _____

CONTACT OFFICIAL: _____ TELEPHONE: _____

NEW CUSTOMER ID / OUTLET ID: _____ OLD OUTLET DESIGNATION: _____

MONITORING PERIOD					
Start			End		
MO	DAY	YR	MO	DAY	YR

Average Maximum

Regulated Flow-gal/day _____

Total Flow-gal/day _____

Method Used: _____

Production Rate (if applicable) _____

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

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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