

## MR-3 REPORT GUIDANCE SHEET

1. **NAME** self explanatory
2. **MAILING ADDRESS** self explanatory
3. **LOCATION** self explanatory
4. **CATEGORY & SUBPART** - EPA category number and subpart must be provided if you are regulated by a federal category (i.e. 40 CFR 413 Part A). If you are not regulated, then write in N/A
5. **PERMIT NUMBER** - use present 8 digit number. In the near future the Permit Number will be changed. When this occurs you will be notified. At that time use new Permit number.
6. **OUTLET NUMBER** - Use 8th digit from permit number, found on outlet page of your permit
7. **NON-USE OF METALS** - Mark each metal that PVSC has authorized.
8. **SAMPLE DATE** - self explanatory
9. **PARAMETER** self explanatory
10. **SAMPLE MEASUREMENT** - result from lab report. Only one analysis is required. Although you may take more than one sample in a given month, each result, not the average, must meet the non-use criteria.11.
11. **THRESHOLD VALUE** - locate value in Permit and write in for metal you are authorized non-use. Be sure to report proper number of decimal places
12. **THRESHOLD VALUE EXCEEDED** self explanatory
13. **UNIT OF MEASURE** - self explanatory usually mg/l
14. **SAMPLE TYPE** self explanatory
15. **CERTIFICATION STATEMENT #1** - Mark each metal for which you have met the Non-Use Certification criteria.
16. **CERTIFICATION STATEMENT #2** - Mark each metal for which you have not met the non-use certification criteria. You must sample these metals monthly until the results for 3 months in succession meet the non-use criteria. Be certain to indicate for each metal the number of additional months samples (1,2,3) needed to meet the criteria before the automatic feature begins.
17. **SIGNATURE** self explanatory



- (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:

Cd       Cu       Pb

Hg       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:

Cadmium         Copper             Lead       

Mercury         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