

## 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

**NON USE CERTIFICATION MONITORING REPORT**  
**LOCAL LIMITS**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_

CATEGORY & SUBPART \_\_\_\_\_ PERMIT #: \_\_\_\_\_ OUTLET #: \_\_\_\_\_

CONTACT OFFICIAL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

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

Arsenic _____ Lead _____ Zinc _____ Cadmium _____ Mercury _____ Chromium _____ Molybdenum _____ Copper _____ Nickel _____	<b>SAMPLE DATE</b>			
	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>	

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				

