

FEDERAL I.D. NUMBER: _____
U.S. EPA I.D. NUMBER: _____
FACILITY PERMIT NUMBER: _____

**CATEGORICAL SIGNIFICANT INDUSTRIAL USER
CONTINUING COMPLIANCE REPORT**

FOR _____ YEAR _____

SECTION I

1. A. Name: _____
Address: _____

 - B. Facility Name: _____
Location: _____

 - C. Contact Person: _____

 - D. (optional) Number of Employees: _____ Number of Shifts: _____
2. A. A Baseline Monitoring Report(s) (BMR) was/were not submitted. If not submitted, complete applicable sections or submit your own report.

 - B. The BMR was submitted to:
 - Local Municipality on _____
 - State Agency on _____
 - U.S. EPA Region V on _____Most recent updated BMR is attached.

 - C. Compliance Progress Reports (CPR) were/were not submitted. If not submitted, complete applicable sections or submit your own report.

 - D. The Reports were submitted to:
 - Local Municipality on _____
 - State Agency on _____
 - U.S. EPA Region V on _____Most recent updated progress report is attached.

3. A. Process Description

Nature of Operation	Production Rate	Subpart	SIC Code

B. Environmental Control Permits (attach additional sheets if needed):

State Local EPA

Existing: _____ _____ _____

Pending: _____ _____ _____

4. A. Total Plant Flow (gallons/day):

Average: _____ Maximum: _____

Type of Discharge: Batch: Continuous:

Measured: Estimated:

B. Individual Flows (gallons/day):

	Name of Process <u>Line Regulated</u>	<u>Average</u>	<u>Maximum</u>	<u>Type of Discharge</u>
L ₁	_____	_____	_____	_____
L ₂	_____	_____	_____	_____
L ₃	_____	_____	_____	_____
L ₄	_____	_____	_____	_____
	<u>(Nonregulated)</u>			
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

5. Attach schematics showing all regulated processes, associated flows, and point(s) of discharge to the sewage system. Show location of treatment facilities.

SEE ATTACHED EXAMPLE SCHEMATIC

6. Nature of Wastewater Discharged - report in concentration (mg/l) or mass (lbs). Attach additional sheets if necessary. Are Categorical Pretreatment Standards being adjusted by employing the Combined Wastestream Formula (CWF)?

Yes
No

If you are reporting adjusted limits, please submit all appropriate calculations and flow data.

Regulated Process Line(s) (Attach additional sheets if needed):

Regulated Category; Sub-Category:

Pollutant					
Maximum					
Average					

Sample Type (explain):

Number of Samples (explain):

Time: _____

Date: _____

Place of Sampling: _____

*Name(s) of Person(s) Obtaining Samples:

7. Briefly describe wastewater treatment system:

8. Briefly describe disposal method of waste products (i.e., pretreatment sludges, chemical by-products, etc.):

* Attach statement from laboratory performing the analyses certifying the results.

SECTION II

1. A. Compliance Schedule:

<u>Action Items</u>	<u>Completion Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Total Toxic Organics (TTOs):

- As per 40 CFR 469, in lieu of monitoring for total organics, I have prepared a Toxic Organic Management Plan (TOMP). I have signed the certification statement at the bottom of this page.
- I already have an approved TOMP on file with the Control Authority, dated _____. I certify that no chemical, process, plumbing, or any other changes have taken place since the last approved TOMP was submitted.
- I monitored for Total Toxic Organics. My results are attached.
 - I achieved compliance for Total Toxic Organics.
 - I did not achieve compliance for Total Toxic Organics (see Item 1. A above)

CERTIFICATION

"Based on my inquiry of the person or persons directly responsible for managing compliance with the Total Toxic Organic limitations, I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater discharges from this facility has occurred since filing of the last report. I further certify that this facility has implemented this toxic organic pollutant management plan submitted to the Holland Board of Public Works".

Signature: _____ Date: _____

Print Name: _____

Title: _____

SECTION III

1. A. Periodic Progress Reports

- I submitted each required progress report to the following agency on the date(s) noted:

- I did not submit the required progress reports. My schedule is included in Section VIII.
- I have not complied with each action item described in Section VIII. My reasons for delay, as well as the necessary steps being taken to return to schedule are attached.

My revised schedule for achieving compliance is as follows:

<u>Action Items</u>	<u>Completion Dates</u>
<hr/>	<hr/>

B. Final Progress Reports:

- I achieved compliance. See Section I.
- I did not achieve compliance. See Section II.

SECTION IV

To the extent allowed by 40 CFR Part 403.14 and 40 CFR Part 2.302, I request the information contained herein be considered confidential information.

- Yes
- No

SECTION V

1. A. Qualified Professional Certification:

I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the General Pretreatment Regulations and amendments thereto. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature: _____ Date: _____

Print Name: _____

Title: _____

B. Authorized Representative Statement:

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering 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.

Signature: _____ Date: _____

Print Name: _____

Title: _____

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Date Received: _____

In compliance: Yes
 No

Follow-up Action Necessary:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Phone Contact |
| <input type="checkbox"/> Sampling | <input type="checkbox"/> Technical Meetings |
| <input type="checkbox"/> Inspection | |

Reviewed by: _____

Date: _____

**NonCategorical Significant Industrial User
Continuing Compliance Report**

FOR _____

Parent Company

Parent Address

Parent City, State, Zip

Facility Name

Facility Address

Facility City, State, Zip

Authorized Contact Person

Title

Phone

Estimated Flow _____ (gallons per day)

Nature of Wastewater Discharged: Laboratory results from this compliance period should be on file at your facility.

Compliance Statement: The present discharges from this facility **ARE/ARE NOT** in compliance with applicable regulations as stated in your current ordinance and permit.

Certification Statement: I have personally examined and am familiar with the information submitted in this document and the laboratory results for this compliance period. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Authorized Signature _____ Date _____

Print Name _____

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