

**GREEN BAY METROPOLITAN SEWERAGE DISTRICT
INDUSTRIAL WASTEWATER PRETREATMENT PROGRAM
PERIODIC COMPLIANCE REPORT #7 – ELECTROPLATING OVER 10,000 GPD**

COMPANY NAME _____
MAILING ADDRESS _____
LOCATION ADDRESS _____

REPORTING PERIOD:
1/1 - 6/30 7/1 - 12/31 _____ (YEAR)

SAMPLE TYPE:
GRAB _____
FLOW COMPOSITE _____
TIME COMPOSITE _____
SAMPLE POINT NUMBER _____

SAMPLE DATE _____
FLOW gallons _____
ARSENIC (total) mg/L _____
CADMIUM (total) mg/L _____
CHROMIUM (total) mg/L _____
COPPER (total) mg/L _____
CYANIDE (total) mg/L _____
LEAD (total) mg/L _____
MERCURY (total) mg/L _____
NICKEL (total) mg/L _____
ZINC (total) mg/L _____
pH s.u. _____

FLOW SUMMARY FOR REPORTING PERIOD:
MAXIMUM GPD _____
AVERAGE GPD _____
OR
ZERO DISCHARGE _____
WASTE HAULED OFFSITE _____
FOR DISPOSAL _____

LABORATORY PERFORMING ANALYSES _____

DNR LAB CERTIFICATION NUMBER _____

CHOOSE ONE ___ Analysis for Total Toxic Organics (T.T.O.) attached.

___ Based on my inquiry of the person(s) directly responsible for managing compliance with pretreatment standards for T.T.O., I certify that to the best of my knowledge and belief, no release of concentrated toxic organics has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organics management plan submitted to GBMSD.

CHOOSE ONE ___ The above data is in compliance with the GBMSD Sewer Use Ordinance, and all other appurtenant regulations.

___ The above data is not in compliance with the GBMSD Sewer Use Ordinance, and all other appurtenant regulations.

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 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.

I hereby certify that no Acrylonitrile containing products are used at this facility; OR
Analysis for Acrylonitrile attached.

SIGNATURE _____ DATE _____
NAME (Printed) _____
TITLE _____