

Johnson County Environmental Department
Pollution Control Division
Industrial Pretreatment Program

SELF-MONITORING REPORT

<u>JCED REVIEW</u>		
	Init.	Date
This document has been reviewed by:	_____ _____	_____ _____
Further action necessary:	Yes _____	No _____

REPORTING PERIOD: _____

REPORT DUE: _____

Return to:

Director, Pollution Control Division
Johnson County Environmental Department
Southlake Tech Center, Bldg. #4
11180 Thompson Avenue
Lenexa, Kansas 66219
Phone: (913)492-0402 Fax: (913)492-0142

1. *Category:* Metal Finishing (40CFR433)
2. *Company Name:* _____
Mailing Address: _____

Business Address: _____

Contact Person: _____

3. *Employment:*

Average number of employees per shift: _____ 1st _____ 2nd _____ 3rd

Shift hours normally worked each day: (e.g., 8:00 AM – 5:00 PM)

SHIFT	SUN	MON	TUE	WED	THU	FRI	SAT
1 st							
2 nd							
3 rd							

4. *Wastewater Flows:*

NOTE: Estimated flows are acceptable if actual measurements are not technically feasible.

<u>SOURCE</u>	<u>AVERAGE (gpd)</u>	<u>MAXIMUM (gpd)</u>
Untreated Wastewater	_____	_____
Treated Wastewater	_____	_____
Cooling Waster	_____	_____
Sanitary	_____	_____
Total Potable Water Used	_____	_____

Flow Determinations:

Untreated Wastewater: Wastewater flow from all regulated process operations which flow to the sanitary sewerage system without any pretreatment.

Treated Wastewater: Wastewater flow from all regulated process operations which flow to the sanitary sewerage system after pretreatment.

Cooling Water: Cooling water discharged continuously or intermittently to the sanitary sewerage system.

Sanitary: Wastewater from hand washing sinks, toilets, and showers. Unless it is measurable, use 25 gallons per day per employee to estimate flow.

Potable Water Used: Total potable gallons used in one month, based on Water District billing.

Estimated: (Describe) _____

5. *Sample Collection:*

NOTE: Samples shall be representative of normal work cycles and expected pollutant discharges.

Sampling Location:

People who collected sample:

Name: _____

Employer: _____

6. *Sample Handling:*

How and when was the sample preserved for analysis?

POLLUTANT	PRESERVATION METHOD	DATE	TIME
Cadmium			
Chromium			
Copper			
Lead			
Nickel			
Zinc			
Silver			
Cyanide			

Laboratory where samples were analyzed:

Company: _____

Address: _____

_____ Zip: _____

Phone: () _____

NOTE: Laboratory must use EPA approved methodology and be certified to do so by the Kansas Department of Health and Environment.

7. *Nature and Concentration of Pollutants:*

NOTE: Report nature and concentration of pollutants specified in your Industrial Wastewater Discharge Permit in the attached table.

8. *Certified Statement:*

Pretreatment standards for this company are _____ are not _____ **(check one)**
being met on a consistent basis.

Additional operation and maintenance required to insure compliance are as follows:

Additional pretreatment required to meet standards is as follows:

NOTE: Attach compliance schedule, including timetable for schedule milestones and projected completion date, if standards are not being met.

9. *Signature Requirement:*

“I have personally examined, and am familiar with, the information submitted in this document and attachments. Based upon my inquiry with those individuals immediately responsible for obtaining the information 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 fines and imprisonment.”

“Also, based upon my inquiry with the person or persons directly responsible for managing compliance with the Federal Pretreatment Standards for total toxic organics (TTO), I certify that to the best of my knowledge and belief, we are not currently discharging concentrated toxic organics to the Johnson County Unified Wastewater Districts’ sanitary sewerage system.”

_____ Signature of Authorized Representative *	_____ Print Name
_____ Title	_____ Date
_____ Signature of Qualified Professional **	_____ Print Name
_____ Title	_____ Date

NOTE: If the Authorized Representative is the person responsible for the regulated process and pretreatment system, then the Qualified Professional section need not be completed.

* *Authorized Representative of Company*

** *Person Primarily Responsible for the Regulated Process and Pretreatment System*