

**PERIODIC COMPLIANCE REPORT
METAL FINISHING CATEGORY**

REPORTING PERIOD: _____, 20__ THROUGH _____, 20__

COMPANY NAME: _____

COMPANY ADDRESS: _____

PERMIT NUMBER: _____ S.I.C. NUMBER: _____

TYPE OF INDUSTRY: _____

DOCUMENTATION MUST BE SUBMITTED TO SUPPORT THE FIGURES PRESENTED IN THIS REPORT FOR WATER USAGE VOLUMES AND POLLUTANT CONCENTRATIONS.

I. WATER CONSUMPTION

a. Water Account Number	Average Daily Use
_____	_____ gallons
_____	_____ gallons
_____	_____ gallons
_____	_____ gallons
Total Water Consumed	_____ gallons

II. WATER USAGE

Wastewater discharged to the sanitary sewer:

	<u>Daily Average</u>	<u>Daily Maximum</u>
a. Process Wastewater (include cleanup & wash down water)	+ _____ gals.	_____ gals.
b. Domestic Usage	+ _____ gals.	_____ gals.
c. Boiler Blowdown	+ _____ gals.	_____ gals.
d. Noncontact Cooling Water	+ _____ gals.	_____ gals.
e. Other Wastewater Generated (include wastewater received at this facility from outside sources)		
_____	+ _____ gals.	_____ gals.
_____	+ _____ gals.	_____ gals.
Total Wastewater Discharged	= _____ gals.	_____ gals.
Other water usages:		
Water into product	+ _____ gals.	_____ gals.
Evaporation loss	+ _____ gals.	_____ gals.
Discharges to other than sanitary sewer	+ _____ gals.	_____ gals.
Total Water Used	= _____ gals.	_____ gals.

If the Total Water Used in Part II is greater or less than the Total Water Consumed in Part I please provide an explanation.

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III. POLLUTANT REPORT

SAMPLE SITE NAME _____

PLEASE ANALYZE AND REPORT FOR EACH SAMPLE SITE ONLY THE PARAMETERS ON THE FACILITY WASTEWATER DISCHARGE PERMIT.

Parameter	Average Concentration in mg/L	Maximum Concentration in mg/L
PH	pH Units	pH Units
Total Suspended Solids (TSS)	mg/L	mg/L
Biochemical Oxygen Demand (BOD)	mg/L	mg/L
Cyanide	mg/L	mg/L
Arsenic	mg/L	mg/L
Cadmium	mg/L	mg/L
Chromium	mg/L	mg/L
Copper	mg/L	mg/L
Lead	mg/L	mg/L
Mercury	mg/L	mg/L
Nickel	mg/L	mg/L
Selenium	mg/L	mg/L
Silver	mg/L	mg/L
Zinc	mg/L	mg/L
Total Petroleum Hydrocarbon	mg/L	mg/L
Phenol	mg/L	mg/L
Oil and Grease (Floatable)	mg/L	mg/L
Sulfide	mg/L	mg/L
Temperature	mg/L	mg/L
Polychlorinated Biphenyls (PCB's)	mg/L	mg/L
Flash Cup	mg/L	mg/L
Acetone	mg/L	mg/L
Isopropyl Alcohol	mg/L	mg/L
Methyl Alcohol	mg/L	mg/L
Methyl Ethyl Ketone	mg/L	mg/L
Benzene	mg/L	mg/L
Ethylbenzene	mg/L	mg/L
Methylene Chloride	mg/L	mg/L
Toluene	mg/L	mg/L
Xylene	mg/L	mg/L
TTO	mg/L	mg/L

(IF THIS FACILITY UTILIZES MORE THAN ONE (1) SAMPLE SITE PLEASE ATTACH ADDITIONAL PAGES, ONE PAGE FOR EACH SAMPLING LOCATION MUST BE SUBMITTED)

IV. WASTESTREAMS DISCHARGED INTO THE SANITARY SEWER.

Wastestream	Daily Flow	
	Average	Maximum
Regulated Process Wastewater:		
Total Metal Finishing Flow	_____ GPD	_____ GPD
Electroplating Line	_____ GPD	_____ GPD
Electroless Plating Line	_____ GPD	_____ GPD
Anodizing Line	_____ GPD	_____ GPD
Coatings Line	_____ GPD	_____ GPD
Chemical Etching and Milling Line	_____ GPD	_____ GPD
Printed Circuit Board Manufacturing	_____ GPD	_____ GPD
Other _____	_____ GPD	_____ GPD

V. SAMPLE SITE IDENTIFICATION: ___ End of Pipe ___ End of Process
 If end of pipe, give total amount of dilution water contributed. _____ GPD

VII. HAZARDOUS WASTE

Is hazardous waste generated at this facility? ___ YES ___ NO

If yes, list the following: USEPA RCRA ID NO TXD _____
 TCEQ WASTE GENERATOR NO _____

VIII. TOXIC ORGANIC CONTROL STATEMENT.

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics, I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since the filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the City of Dallas.

_____	_____
Name of Authorized Representative	Title
_____	_____
Signature of Authorized Representative	Date

IX. DOCUMENT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated 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.

_____	_____
Name of Authorized Representative	Title
_____	_____
Signature of Authorized Representative	Date