

APPENDIX F.
CITY OF MIDDLETOWN, NY
INDUSTRIAL PRETREATMENT PROGRAM
REPORT ON COMPLIANCE WITH CATERGORICAL PRETREATMENT STANDARDS
(CATERGORICAL USERS ONLY)

Within ninety (90) days following the date for final compliance with applicable categorical Pretreatment Standards, or in the case of a New Source following commencement of the introduction of wastewater into the POTW, a Categorical Industrial User shall submit a Report on Compliance. This report shall meet all requirements found in §389-51B of the City of Middletown’s Code and 40 CFR 403.

SECTION A – GENERAL INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____ CITY: _____ ZIP: _____

OWNER: _____ NAICS and/or SIC#: _____

40 CFR 403 CATERGORY (IES)
(INCLUDING PART OR SUBPART) _____

TYPE OF INDUSTRY: _____

NAME OF AUTHORIZED REPRESENTATIVE: _____ TITLE: _____

SECTION C – FLOW MEASUREMENT

Please document measured average daily, maximum daily and seasonal variation flow, **in gallons per day**, regulated process streams and any other streams as necessary to allow use of the combined wastestream formula (40 CFR 403.6(e)).

Process Description	Production Rate	Pretreatment Category	Average Daily Flow	Maximum Daily Flow	Seasonal Variation Flow	*Discharge Type

* Discharge Type: B=batch discharge; C=continuous discharge; ND=no discharge

SECTION D – MEASUREMENT OF POLLUTANTS

Please sample for pollutants regulated under each applicable categorical pretreatment standard. Sampling and analysis shall be performed in accordance with §389-51J of the City’s Code, Title 40, Part 136 of the Code of Federal Regulations, and amendments thereof.

POLLUTANT	SAMPLE TYPE	DATE AND TIME COLLECTED	CONCENTRATION in mg/L	NUMERICAL LMIT in mg/L

Sample Type: CTP - Time proportioned composite
Grab - Instantaneous grab

SECTION E – STATEMENT OF COMPLIANCE

This statement is to be made by a qualified environmental professional.

I hereby certify that EPA categorical pretreatment standards which apply to this company are being met on a consistent basis.

Yes:

No:

Date: _____ Print Name: _____

Sign Name: _____

Qualification as an Environmental Professional: _____

Company Name: _____

Company Address: _____

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 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.

Signature of Authorized Representative

Date