

BASELINE MONITORING REPORT

Please Print or Type.

1. COMPANY INFORMATION

- A. Legal Name: _____
Mailing Address: _____
_____ ZIP _____
- B. Facility Name: _____
Service Address: _____
_____ ZIP _____
- C. Name of Owner/Corporation Head: _____
Title: _____
Address: _____
- D. Facility Contact Person: _____
Title: _____
Telephone Number: _____
- E. Number of Employees _____ Number of Shifts/Day _____ Number of Days/Week _____

2. NATURE OF OPERATIONS

- A. Describe manufacturing or service activities conducted and the final product(s):

- B. List chemicals used. Avoid using trade names. If trade names are used, please attach a material safety data sheet for the chemical: _____

- C. If product is produced in batches, report an estimated number of batches per day: _____
Report the amount of product produced per batch: _____

Is production/operation seasonal? _____ If yes, indicate time(s) of peak production/operation, low production/operation, and scheduled shut downs: _____

- D. List each process operation, the average rate of production (i.e. 10,000 lbs. of [product name] per year), and the Standard Industrial Classification Code (SIC Code) for each manufacturing / service operations performed.

PROCESS DESCRIPTION	PRODUCTION RATE	SIC CODE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. WASTEWATER FLOW

Provide a breakdown of the **total plant flow to the sanitary sewer** to include the regulated discharges (from categorical processes), the unregulated (non-categorical) discharges, domestic wastewater (toilets, hand sinks, kitchen sinks, dish washers, showers), and cooling water. Also indicate the flow rate in gallons per day (GPD) for each. If accurate flow measurements are unavailable, provide an estimation. For each industrial discharge indicate the type of discharge as **Batch** (discharge does not occur daily), **Continuous** (daily discharge), or **None** (no discharge to the sanitary sewer for that process).

Regulated Process	Average Flow Rate (GPD)	Maximum Flow Rate (GPD)	Type of Discharge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Unregulated Process	Average Flow Rate (GPD)	Maximum Flow Rate (GPD)	Type of Discharge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Cooling Water	_____	Not Required	Continuous
Domestic Wastewater	_____	Not Required	Continuous

4. WASTEWATER TREATMENT

A. Briefly describe all wastewater treatment utilized at the facility, the parameters that are treated, and the disposal method(s) for sludge or untreated wastewater:

B. Provide on a separate sheet of paper a schematic drawing (flowchart) of each categorical (**regulated**) process to show the manufacturing steps and chemicals that are used. Refer to attached example #1.

C. Provide on a separate sheet of paper a schematic drawing (flowchart) of all wastewater flows to the sanitary sewer to show treatment systems and sampling point(s). Refer to attached example #2.

D. Briefly describe the facility's Spill Prevention Control and Counter Measure Plans:

5. NATURE AND CONCENTRATION OF POLLUTANTS

The industrial user must perform sampling and analyses of discharges to the sanitary sewer from all **regulated processes**. Samples should be collected immediately after each regulated process, after treatment (if applicable), **before being combined with other unregulated or dilute wastestreams**.

If cyanide or volatile organics are regulated pollutants, a minimum of four (4) grab samples must be collected and analyzed. However, if cyanide is not used at the facility one grab sample for total cyanide analysis is acceptable if the grab sample was collected during a peak discharge period. For all other parameters, a composite sample, representative of one (1) normal operating day, must be collected. **Samples are to be collected, handled, and analyzed in accordance with 40 CFR Part 136.**

All analytical reports and chain of custody forms from a private laboratory are to contain the information requested on Attachment L (attached).

If this report is being submitted before your firm commences discharging wastewater to the sanitary sewer, list the estimated concentrations of each regulated pollutant that will be discharged on a separate sheet of paper.

6. ENVIRONMENTAL CONTROL PERMITS

Describe all environmental control permits held by or for the facility:

TITLE OF PERMIT	PERMIT NUMBER	ISSUING AGENCY	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. COMPLIANCE CERTIFICATION

A. Is the facility meeting applicable Categorical Pretreatment Standards on a consistent basis?

YES _____ NO _____

Is the facility meeting applicable City of Houston Industrial Wastewater Limits?

YES _____ NO _____

If no to either A or B, indicate which method(s) your facility will consider for meeting local limits and/or EPA Pretreatment Standards:

- _____ Additional Operation and Maintenance (O & M).
- _____ Addition of Pretreatment Processes.
- _____ Modification of Processes.
- _____ Substitution of Alternative Chemicals.
- _____ Elimination of Certain Processes.
- _____ Other (Describe Below).

If the Baseline Monitoring Sample results indicate noncompliance with the Categorical Pretreatment Standards, it is required that you attach a schedule on a separate sheet of paper projecting increments of progress and indicating specific dates for the commencement and completion of major events leading to compliance with standards. Written progress reports are required within fourteen (14) days of each of the specified dates in the compliance schedule. Please note that the final compliance date in this schedule shall not exceed the compliance date for the applicable pretreatment standards. **However, if the final compliance date of the applicable pretreatment standard has passed, then a representative of your firm is required to contact the City of Houston Industrial Wastewater Service at 832-395-5800 to schedule a compliance conference.**

8. SIGNATORY AUTHORIZATION SECTION

The following certifications are optional. Please complete only one (1) of the following signatory authorization certifications if your firm would like to designate signatory authority to another individual at your firm, or to any person with a specific position/title. To authorize an individual, complete (A) below. To authorize any employee with a specific position/title, complete (B) below. **However, the Signatory Requirement in Part II (below), must be signed by a responsible corporate officer or by a general partner or proprietor, as defined in 40 CFR Part 403.12 (1) (1-2).** 40 CFR Part 403.12 (1) (3) describes the requirements to designate signatory authority. Page eight (8) is a copy of 403.12 (1) (1-4).

A. I hereby authorize the following individual to sign the Ninety-Day Compliance Report, and all Semiannual Reports on Continued Compliance.

INDIVIDUAL'S NAME: _____

INDIVIDUAL'S TITLE: _____

I understand that if the above named individual leaves my company, I am required to submit another signatory authorization form to the Industrial Wastewater Service to reassign signatory authority to another individual or position/title.

B. I hereby authorize any individual at my company with the following position/title to sign the Ninety-Day Compliance Report, and all Semiannual Reports on Continued Compliance.

POSITION/TITLE: _____

I understand that if the above named position or title changes at my company, I am required to submit another signatory authorization form to the Industrial Wastewater Service to reassign signatory authority to another individual or position/title.

9. SIGNATORY REQUIREMENT

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.

NAME - COMPANY REPRESENTATIVE	SIGNATURE
OFFICIAL TITLE	DATE

THE STATE OF TEXAS

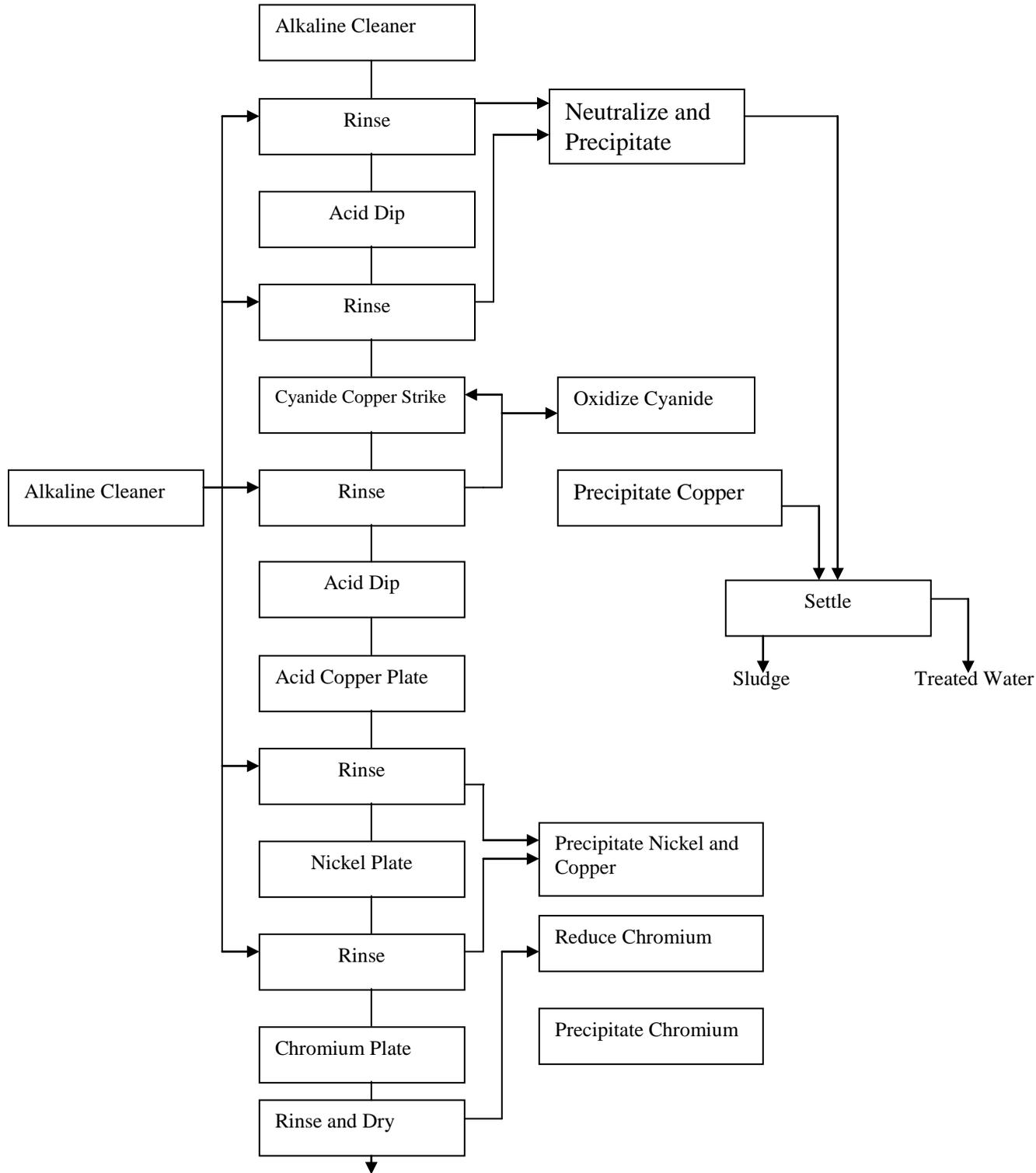
COUNTY OF HARRIS

BEFORE ME, the undersigned authority, on this day personally appeared _____, who, being by me sworn, stated that the information contained in the foregoing certificate is true and correct.

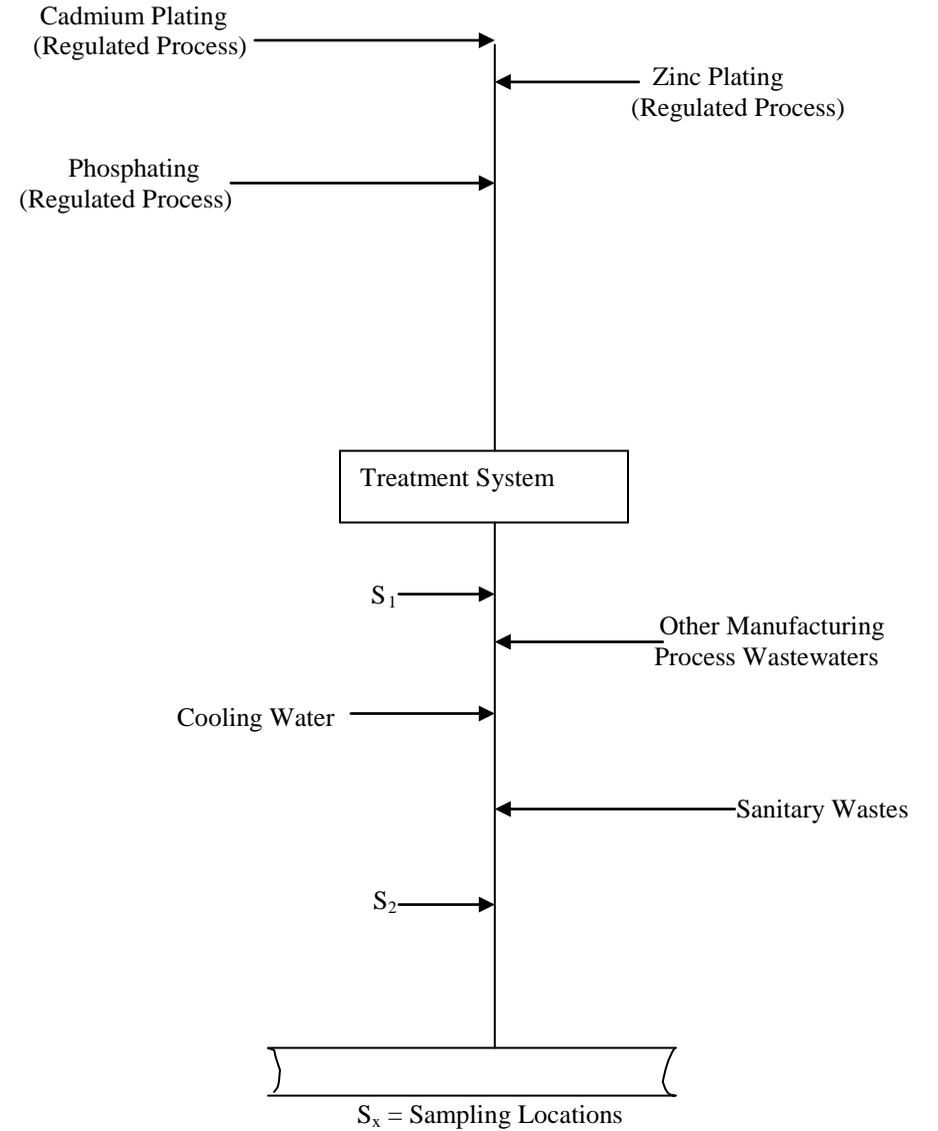
SWORN TO AND SUBSCRIBED before me on the _____ day of _____ 19 _____.

NOTARY PUBLIC
In and for Harris County, Texas

EXAMPLE NO. 1 – SCHEMATIC OF A REGULATED PROCESS



EXAMPLE NO. 2 – SCHEMATIC OF ALL WASTEWATER FLOWS



REPRESENTATIVE SAMPLING In this example:

- a. If regulated lines are treated only, samples should be taken after Treatment, but prior to mixing with other wastewaters at point S₁.

NOTE: For purposes of the baseline monitoring report, estimates of total plant flow can be obtained from the facility's water meter.