

<b>PERIODIC REPORT ON CONTINUED COMPLIANCE</b> <b>CITY OF DAYTON INDUSTRIAL PRETREATMENT PROGRAM</b>
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Please refer to the detailed instructions provided prior to completing this report. Call the Division of Water Reclamation at (937) 333-1501 or FAX at (937) 333-1826 for a copy. Fill in each item with all applicable information. If not applicable, indicate so with N/A.

**1. GENERAL INFORMATION**

<b>Company Name</b>	
<b>Facility Address</b>	

**2. FLOW INFORMATION AND PRODUCTION RATE** \*M = Measured, E = Estimated

TYPE	AVERAGE DAILY (Check one - M or E)*	MAXIMUM DAILY (Check one - M or E)
Dilution Flow before Sample Location =	gpd <input type="checkbox"/> M <input type="checkbox"/> E	gpd <input type="checkbox"/> M <input type="checkbox"/> E
Unregulated Flow before Sample Location =	gpd <input type="checkbox"/> M <input type="checkbox"/> E	gpd <input type="checkbox"/> M <input type="checkbox"/> E
Categorical Flow before Sample Location = Category:	gpd <input type="checkbox"/> M <input type="checkbox"/> E	gpd <input type="checkbox"/> M <input type="checkbox"/> E
Categorical Flow before Sample Location = Category:	gpd <input type="checkbox"/> M <input type="checkbox"/> E	gpd <input type="checkbox"/> M <input type="checkbox"/> E
Other: =	gpd <input type="checkbox"/> M <input type="checkbox"/> E	gpd <input type="checkbox"/> M <input type="checkbox"/> E
<b>Total Flow at Sample Location =</b>	<b>gpd <input type="checkbox"/>M <input type="checkbox"/>E</b>	<b>gpd <input type="checkbox"/>M <input type="checkbox"/>E</b>
<b>Production-based Parameter:</b>	<b>Production Rate: (million off-lbs./day)</b>	<input type="checkbox"/> M <input type="checkbox"/> E

**3. SAMPLE COLLECTION INFORMATION**

TIME PROPORTIONAL COMPOSITE SAMPLE DATA					
Sample Site ID Code:		Person Collecting Sample:			
Company Contracted to Collect Samples? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name:					
Sample Type (Check One Only): <input type="checkbox"/> Automatic Time Proportional <input type="checkbox"/> Manual Time Proportional					
Start Date:	End Date:	Start Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	End Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Number of Aliquots: _____		Collected Every: _____ minutes	Total Volume	<input type="checkbox"/> mLs	Composited: _____ <input type="checkbox"/> OZs
FLOW PROPORTIONAL COMPOSITE SAMPLE DATA					
Sample Site ID Code:		Person Collecting Sample:			
Company Contracted to Collect Samples? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name:					
Sample type (Check One Only): <input type="checkbox"/> Automatic Flow Proportional <input type="checkbox"/> Manual Flow Proportional					
Start Date:	End Date:	Start Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	End Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Aliquot Volume: _____ mls		Number of Aliquots: _____			
Composite Volume: _____ <input type="checkbox"/> mls		Flow per Aliquot: _____ gallons			
Pulses per Aliquot (if applicable) : _____ ppa		Discharge Flow on Sample Date: _____ gallons			
GRAB SAMPLE DATA					
Sample Site Code:		Person Collecting Sample:			
Company Contracted to Collect Samples? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name:					
Sample Type: <input type="checkbox"/> Automatic Device <input type="checkbox"/> Manual		Date:	Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM

**4. LABORATORY ANALYSES**

**Laboratory Used for Analyses:** \_\_\_\_\_

As required by Part 2 of your Industrial Wastewater Discharge Permit, provide the analytical results and associated information in the table below. If a "Parameter" is not applicable, place **N/A** in the box. **Leave no spaces unfilled.**

<b>BOD<sub>5</sub>:COD Conversion Factor</b>	
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Parameter	Concentration (mg/L)	Method Detection Limit (mg/L) <sup>1</sup>	Sample Type (Check one) <sup>2</sup>	
Antimony, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Arsenic, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Cadmium, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Chromium, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Cobalt, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Copper, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Lead, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Nickel, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Tin, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Titanium, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Vanadium, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Zinc, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Silver, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Cyanide, amenable			G	
Cyanide, total			G	
Mercury, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Molybdenum, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Total Toxic Organics (TTO)		N/A	<input type="checkbox"/> C	<input type="checkbox"/> G
Oil & Grease			G	
Phosphorus, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Sulfate, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Sulfide, total			<input type="checkbox"/> C	<input type="checkbox"/> G
Parameter	Result		Method Detection Limit (mg/L) <sup>1</sup>	Sample Type
pH <sup>3</sup> (S.U.)			N/A	G
BOD (mg/L)			<input type="checkbox"/> C	<input type="checkbox"/> G
TSS (mg/L)			<input type="checkbox"/> C	<input type="checkbox"/> G
Parameter	Minimum Value (S.U.)	Maximum Value (S.U.)	Range (S.U.)	Sample Type
pH <sup>3</sup>			0 to 14	CM

- Notes:**
1. This number is an actual value. (It is not a less than value.)
  2. C = composite sample, G = grab sample, CM = continuous monitoring
  3. pH should be performed on grab samples unless continuously monitoring for pH, and should be reported in Standard pH Units (S.U.).

**5. COMMENTS**

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**6. CERTIFICATION STATEMENT**

**Certification**

I affirm the operations of this plant or facility during the period of sampling is considered representative of normal operations and the results of the analyses represent the effluent characteristics. 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.

\_\_\_\_\_  
**Authorized Representative Signature**  
(please sign in ink)

/

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**TTO (Total Toxic Organics) - Certification Statement (if required)**

Based on my inquiry of the person or persons directly responsible for managing compliance with the standards for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastestream has occurred since filing the last TTO Certification Statement. I further certify that this facility is implementing the current Toxic Organic Management Plan that is on file with the City of Dayton, Division of Water Reclamation.

\_\_\_\_\_  
**Authorized Representative Signature**  
(please sign in ink)

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\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**7. REPORTING DETAILS**

Send this report to:

**Division of Water Reclamation**  
**Attention: Industrial Pretreatment**  
**2800 Guthrie Road**  
**Dayton, Ohio 45417**

**Telephone: 937-333-1501**  
**Fax: 937-333-1826**

All reports must be received complete and accurate and are due (delivered, post marked, or faxed) **no later than the fifteenth day** of the month following the completed monitoring period. If faxed, the original document must also be submitted to the Industrial Pretreatment Office by the end of that reporting month. *Any documents that are not received within the stated reported period or are received inaccurate and/or incomplete will be considered late and are subject to enforcement action.* For each event of additional official monitoring beyond what is required by the Industrial Wastewater Discharge Permit, please complete **the Log of Additional Self-Monitoring** and **submit it in conjunction with this report**. Please refer to your respective Industrial Wastewater Discharge Permit and Sewer Use Ordinance #30739-08 for additional information to monitoring and reporting requirements.