

# NON- DELEGATED PRETREATMENT PROGRAM ANNUAL REPORT

## Cover Sheet

Name (City/Town/District) \_\_\_\_\_

Report Date \_\_\_\_\_

Period Covered by this Report, from \_\_\_\_\_ to \_\_\_\_\_

**Name of Wastewater Treatment Plant(s)** **NPDES Permit No.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Person to contact concerning information contained in this report:

Name (Mr.) (Mrs.) (Ms.) \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. (optional) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Website Address (optional) \_\_\_\_\_

Name (Mayor/Town Council Pres.,etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

# **PRETREATMENT NARRATIVE SUMMARY**

**\*\*The following is a mandatory requirement per Part III of your NPDES permit. Please include information regarding, but not limited to, the following: (1) program effectiveness as measured by the impact of the discharges from IUs on the operation/performance of the POTW/District; (2) the adequacy of the local SUO and local limits; (3) the adequacy of resources, including personnel, training, equipment, and laboratory; and (4) the need for program modifications to improve program effectiveness. Include additional pages if necessary.**

# FORM NO. 1

## BIOSOLIDS

What does the POTW/District do with the sludge/biosolids? \_\_\_\_\_

If biosolids are land-applied, please fill out the following Table.

<b>Pollutant</b>	<b>Biosolids Concentration (mg/kg)</b> <small>**average the sampling events from either the 1<sup>st</sup> &amp; 3<sup>rd</sup> or 2<sup>nd</sup> and 4<sup>th</sup> quarters</small>	<b>503 Table 1 limits Ceiling Concentration (mg/kg)</b>	<b>503 Table 3 limits Monthly Ave. (mg/kg)</b>
<b>Arsenic</b>		<b>75</b>	<b>41</b>
<b>Cadmium</b>		<b>85</b>	<b>39</b>
<b>Copper</b>		<b>4300</b>	<b>1500</b>
<b>Lead</b>		<b>840</b>	<b>300</b>
<b>Mercury</b>		<b>57</b>	<b>17</b>
<b>Molybdenum</b>		<b>75</b>	<b>N/A</b>
<b>Nickel</b>		<b>420</b>	<b>420</b>
<b>Selenium</b>		<b>100</b>	<b>100</b>
<b>Zinc</b>		<b>7500</b>	<b>2800</b>

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)? (Yes/No) \_\_\_\_\_

If yes, what date(s)? \_\_\_\_\_

## FORM NO. 2

### REPORT OF UPSETS, BIOSOLIDS VIOLATIONS, AND NPDES PERMIT EFFLUENT LIMIT VIOLATIONS

<u>Type of Incident</u>	<u>Date</u>	* <u>Explanation of Incidents</u>	* <u>Corrective Action Taken</u>
-----------------------------	-------------	---------------------------------------	--------------------------------------

\* Give a detailed explanation of the causes of the incident and the corrective action taken to date. The corrective action should also include any plans the POTW has to identify or correct the problem. If there is not enough room on this form, include the information in the Narrative Summary.





# Form No. 5a

## INDUSTRIAL USER COMPLIANCE REPORT

(For the annual reporting period January 1, \_\_\_\_\_ - December 31, \_\_\_\_\_)

Column No. 1

Column No. 2  
Oct – Dec

Column No.3  
Jan – March

Column No. 4  
April – June

Column No. 5  
July – Sept

Column No. 6  
Oct – Dec

Industrial User	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements

List only CIUs/SIUs who had a violation. Use one line for each parameter violated. Record Chronic or TRC violation on Form 5b. Provide a copy of the analytical results that indicate a violation of an applicable IWP or the SUO.

Monthly average and daily maximum for a specific parameter are considered to be two separate parameters.

# Form No. 5b

## SNC - INDUSTRIAL USER COMPLIANCE REPORT

(For the annual reporting period January 1, \_\_\_\_\_ - December 31, \_\_\_\_\_)

Column No. 1

Column No. 2  
Oct – Mar

Column No. 3  
Jan – June

Column No. 4  
April – Sept

Column No. 5  
July – Dec

Industrial User	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)

Use one line for each parameter for each SIU with violations, showing whether a TRC or Chronic Violation resulted: 1 for violations resulting in TRC or Chronic (both are SNC), or 0 for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate parameters.



# FORM NO. 7 PRETREATMENT PERFORMANCE SUMMARY

## I. GENERAL INFORMATION

POTW Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact Telephone No. \_\_\_\_\_  
 NPDES Nos. \_\_\_\_\_  
 Reporting Period \_\_\_\_\_  
 No. of Categorical SIUs \_\_\_\_\_  
 No. of Non-Categorical SIUs \_\_\_\_\_  
 Total No. of SIUs \_\_\_\_\_

## II. SIGNIFICANT INDUSTRIAL USER COMPLIANCE

	SIUs	
	Cate- gorical	Non-Cate- gorical
1) No. of SIUs in Significant Non-compliance (SNC)	_____	_____
2) Reasons for Significant Non-compliance (SNC)		
a) In SNC for Effluent Discharge Violations	_____	_____
b) In SNC for Reporting Violations	_____	_____
c) In SNC for Compliance Schedule	_____	_____
d) In SNC for Other (explain in Narrative Summary)	_____	_____

## III. MONITORING by POTW/District

1) Facilities Monitored by POTW/District (samples analyzed for all SIU permit parameters):		
a) No. of SIUs Sampled by the POTW/District	_____	_____
b) No. of SIUs Inspected by the POTW/District	_____	_____
2) Total Monitoring Events:		
a) No. of Samples by the POTW/District	_____	_____
b) No. of Inspections by the POTW/District	_____	_____

## IV. ENFORCEMENT

1) SIUs Subject to Any Enforcement Actions **	_____	_____
2) SIUs Listed in the Newspaper for SNC in this period	_____	_____
3) Notices of Violations Issued *	_____	_____
4) Administrative Orders Issued *	_____	_____
5) No. of SIUs on Compliance Schedules (anytime in period)	_____	_____
6) Suits Filed:		
a) Civil Suits *	_____	_____
b) Criminal Suits *	_____	_____
7) Other Actions Taken (sewer bans, etc. but not verbals) *	_____	_____
8) Penalties Collected:		
a) No. of SIUs from whom penalties were collected	_____	_____
b) Total Dollars (\$) collected in the period	_____	_____

\* Enter the number of **ACTIONS**, not the number of SIUs.

\*\* Include Verbal Warnings.

ATTACHMENT A  
INDUSTRIAL USER SURVEY

Industry Name:

---

Address:

---

---

---

Industry Representative/Title:

---

Phone #:

---

Product Manufactured:

---

---

Raw Materials:

---

---

Chemicals Used in Process:

---

---

---

Description & Identification of Wastewater Generating Processes (Use Back if Necessary):

---

---

---

---

---

---

Process Flows:

Wastestream #1 \_\_\_\_\_ gpd #2 \_\_\_\_\_ gpd #3 \_\_\_\_\_ gpd

Total Process Flow \_\_\_\_\_ gpd # of Outfalls \_\_\_\_\_

Wastewater Pretreatment Description:

---

---

---

---

---

---

Batch or Continuous Discharge: \_\_\_\_\_