



Industrial Waste Unit Semiannual Compliance Report

Company Name:	Permit No:
Address:	Telephone:
Report Period (Check one) <input type="checkbox"/> January - June 20__ (Report Due: July 31, 20__) <input type="checkbox"/> July - December 20__ (Report Due: Jan. 31, 20__) For extensions : Call your Permit Administrator	Mail Report to: Industrial Waste Unit 9001 State Rd Philadelphia, PA 19136

Wastewater Flow:

AVERAGE _____ gallons/ per day

MAXIMUM _____ gallons/ per day/

Total Flow Discharge for the reporting period _____ gallons
 (Authorized Representative's Initials) No Discharge (0 gallons) If applicable

There has been no wastewater discharged from _____ for this reporting period.
Company

Was there a 20% or > 20% change in water usage? ____ Yes ____ No
 If yes, explain:

Facility has met applicable categorical pretreatment standards and/or Wastewater Discharge Permit Requirements

Overall ____ Yes ____ No

Daily Parameter Limits ____ Yes ____ No ____ Not applicable (No Discharge)

Monthly Average Parameter Limits ____ Yes ____ No ____ Not applicable (No Discharge)

If no, explain failure to achieve compliance (Use additional sheets as needed)

Describe what measures the facility has taken to achieve compliance
 (Use additional sheets as needed)

Were adequate detection limits used for analysis?

Monthly Average Parameter Limits ____ Yes ____ No ____ Not applicable (No Discharge)

Attach analytical results (If any)
 Attach sample results along with information as to whether samples were grabs or composite. If composite samples, also include length of time. Include the date and time when samples were taken, date sample was analyzed, and approved method use for analysis. Chain of custody records should be included with sample results.

Company Name:

Permit No:

TTO Certification (If required by Permit. Required for TTO Sampling Reduction)

Based on my inquiry of the person or persons directly responsible for managing compliance with the TTO limitations, I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing the last report. I further certify that the facility is implementing the toxic organic pollutant management plan submitted to the Control Authority on _____.

Date STOMP was submitted and approved

Print Name

Authorized representative as defined by 40CFR 403.12(l)(1 thru 4)

Signature

Official Title

Date

Certification Statement

“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 fines and imprisonment for knowing violations.”

Print Name

Authorized representative

Signature

Official Title

Date