



Glenbard Wastewater Authority

21W551 Bemis Road Glen Ellyn, Illinois 60137

Telephone: 630-790-1901 – Fax: 630-858-8119

INDUSTRIAL PRETREATMENT SELF-MONITORING REPORT

Reporting Period: January-June July-December 20

Facility Name:	
Address:	
Phone:	Website: www

BUSINESS HOURS:					
Shift:	Days of the Week	Hours	Number of Employees	Process Discharge	
First				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> No

FACILITY CHANGES :							
Since your last self-monitoring report have there been changes or additions in any of the following? If yes, check the appropriate box and explain in the area provided. In addition, please attach an updated facility diagram if appropriate.							
<input type="checkbox"/>	Process	<input type="checkbox"/>	Production	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Chemicals
<input type="checkbox"/>	No Changes have occurred.						

WASTESTREAMS

(based on the period the report covers)

Water Usage

Incoming Water Source	Gallons per Work Day	How Measured

Wastestreams Generated	Gallons per Work Day	How Measured	Where Discharged

*Note: total wastestreams generated should equal total amount of incoming water.

Hazardous Waste

Did this facility generate any hazardous wastes as defined by 40-CFR-261 during the reporting period? If yes, list below.

Yes No N/A

Does this facility submit an annual "Toxic Chemical Release Form (Form R) to EPA in accordance with Section 313 of SARA Title III?

Yes No N/A

If applicable, is the most recent SARA report included with this report or submitted to GWA previously?

Yes No N/A

EPA ID#

Waste

Quantity

SELF-MONITORING DATA

Laboratory Name: _____

Address _____

Phone: _____

Attach a copy of the Chain of Custody and a copy of the sample analysis.

Compare the results of the analysis with the discharge limits found in your discharge permit.

Are any of the results in violation of your permit? Yes No N/A

Did you contact GWA to report any violations within 24 hours of becoming aware of them? Yes No N/A

Contact Method _____

Date: _____

If there was a violation, have you conducted or scheduled an additional sampling event within 30 days of the violation to shown a return to compliance? Yes No N/A

Was the result of the retest compliant? Yes No N/A

If retest is needed but not completed, when will it be? Yes No N/A

Date: _____

If your facility is required to use the Combined Wastestream Formula, are the calculations attached? Yes No N/A

Do the CWF calculations show compliance with the permit? Yes No N/A

Have the results of a Total Toxic Organic (TTO) analysis or a biannual TTO Certification Statement been included with this report? Yes No N/A

If required by your discharge permit, is there a biannual Certification Statement included with this report? Yes No N/A

Are the discharge limits, as indicated in the facility's Glenbard Wastewater Authority Wastewater Discharge Permit being met on a consistent basis? Yes No

If the discharge limits are not being met, please explain the reason for the noncompliance and provide a description of the corrective actions being taken to bring the facility's discharge into compliance. Include a schedule of dates and events that will lead to compliance. Attach additional sheets if necessary.

If pretreatment is provided prior to the discharge entering the sanitary sewer system is a Certified Class K Operator overseeing the system? Yes No N/A

If no, please state why, and the current plan to provide a Class K operator.

Name of person completing this Report

Title

Signature of person completing this Report

Date

Name of Authorized Representative

Title

"I have personally examined and am familiar with the information submitted in this report and any attachments herein. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, as indicated by 40-CFR-403.12(m)."

Signature of Authorized Representative

Date