



## Glenbard Wastewater Authority

945 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.

☐ Process ☐ Production ☐ Machinery ☐ Chemicals

☐ No Changes have occurred.

<b>WASTESTREAMS</b>			
(based on the period the report covers)			
<b>Water Usage</b>			
<b>Incoming Water Source</b>	<b>Gallons per Work Day</b>	<b>How Measured</b>	
**Discharge volumes should be determined by discharge flow meter			
<b>Wastestreams Generated</b>	<b>Gallons per Work Day</b>	<b>How Measured</b>	<b>Where Discharged</b>
*Note: total wastestreams generated should equal total amount of incoming water.			
<b>Hazardous Waste</b>			
<p>Did this facility generate any hazardous wastes as defined by 40-CFR-261 during the reporting period? If yes, list below.</p> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A         </div> <p>Does this facility submit an annual "Toxic Chemical Release Form (Form R) to EPA in accordance with Section 313 of SARA Title III?</p> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A         </div> <p>If applicable, is the most recent SARA report included with this report or submitted to GWA previously?</p> <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A         </div> <div style="display: flex; justify-content: space-between;"> <span>EPA ID#</span> <span>Waste</span> <span>Quantity</span> </div>          			

## 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? 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.

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Name of person completing this Report

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Title

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Signature of person completing this Report

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Date

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Name of Authorized Representative

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Title

*"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 ensure 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

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Signature of Authorized Representative

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Date