

**GREEN BAY METROPOLITAN SEWERAGE DISTRICT
INDUSTRIAL WASTEWATER PRETREATMENT PROGRAM
PERIODIC COMPLIANCE REPORT #1 – ELECTROPLATING UNDER
10,000 GALLONS PER DAY (GPD)**

COMPANY NAME _____
MAILING ADDRESS _____
LOCATION ADDRESS _____

REPORTING PERIOD: 1/1 - 6/30 7/1 - 12/31 _____ (YEAR) SAMPLE TYPE: GRAB _____

SAMPLE DATE _____ FLOW COMPOSITE _____

FLOW gallons _____ TIME COMPOSITE _____

ARSENIC (total) mg/L _____ SAMPLE POINT NUMBER _____

CADMIUM (total) mg/L _____ FLOW SUMMARY FOR REPORTING PERIOD:

CHROMIUM (total) mg/L _____ MAXIMUM GPD _____

COPPER (total) mg/L _____ AVERAGE GPD _____

CYANIDE (total) mg/L _____ OR

CYANIDE (amenable) mg/L _____ ZERO DISCHARGE

LEAD (total) mg/L _____ WASTE HAULED OFFSITE FOR

MERCURY (total) mg/L _____ DISPOSAL

NICKEL (total) mg/L _____

ZINC (total) mg/L _____

pH s.u. _____

LABORATORY PERFORMING ANALYSES _____

DNR LAB CERTIFICATION NUMBER _____

CHOOSE ONE Analysis for Total Toxic Organics (T.T.O.) attached.
Based on my inquiry of the person(s) directly responsible for managing compliance with pretreatment standards for T.T.O., I certify that to the best of my knowledge and belief, no release of concentrated toxic organics has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organics management plan submitted to GBMSD.

CHOOSE ONE The above data is in compliance with the GBMSD Sewer Use Ordinance, and all other appurtenant regulations.
The above data is not in compliance with the GBMSD Sewer Use Ordinance, and all other appurtenant regulations.

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.

SIGNATURE _____ DATE _____

NAME (Printed) _____

TITLE _____

Submit original, completed report to:
ATTN: Pretreatment Coordinator
Green Bay Metropolitan Sewerage District
2231 N. Quincy St.
Green Bay, WI 54302