



Mail or hand deliver this completed form to:
 ATTN: Pretreatment Program Coordinator
 Green Bay Metropolitan Sewerage District
 2231 N. Quincy Street
 Green Bay, WI 54302

PERIODIC COMPLIANCE REPORT

Note: Read instructions before completing this form.

Part 1: Facility General Information				
A	Legal name of Facility			
B	Facility Address			
	<table border="1"> <tr> <td>Physical Location Address</td> <td>Mailing Address (check if same as Location)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Physical Location Address	Mailing Address (check if same as Location)	
Physical Location Address	Mailing Address (check if same as Location)			
C	Permit Number			
D	Authorized Signatory			
	Name			
	Title			
	Telephone Number			
	E-mail Address			
E	Contact Person (primary)			
	Name			
	Title			
	Telephone Number			
	E-mail Address			
F	Contact Person (secondary - optional)			
	Name			
	Title			
	Telephone Number			
	E-mail Address			
(This section for office use only)				
Date Received:				

**Periodic Compliance Report
#1 - Electroplating Category**

Fill out a separate page for each applicable sample point at the Facility.

Part 2: Wastewater Data								
A	Reporting Period	Jan 1 - Jun 30		Jul 1 - Dec 31		Year:		
B	Sample Point Number							
C	Flow Summary for Reporting Period							
	Daily Average Flow (gallons):				Daily Maximum Flow (gallons):			
	or (mark this statement)		Zero wastewater was discharged to the Green Bay Metropolitan Sewerage District during this reporting period.					
	Categorical Wastewater Hauled Off-site for Disposal			Yes	No			
D	Analytical Results							
	Flow during Sampling Event (gallons)							
	Parameter	Sample Date & Time		Daily Result		4-Day Avg. Result (mg/L)	Sample Method	Analytical Method
		Start (if comp. or grab)	End (comp. only)	(mg/L)	(lb/day)			
	Arsenic					/ / / /		
	Cadmium							
	Chromium					/ / / /		
	Copper					/ / / /		
	Cyanide*				/ / / /			
	Lead							
	Mercury					/ / / /		
	Nickel					/ / / /		
	Zinc					/ / / /		
T.T.O. **					/ / / /			
pH (s.u.)					/ / / /			
E	Laboratory Performing Analyses							
	DNR Lab Certification Number							

* Cyanide amenable to chlorination

** T.T.O. ("total toxic organics") must be reported if the bottom certification statement in Part 3.B. is not marked.

Periodic Compliance Report

Part 3: Certifications					
A	Compliance Certification	i.	Yes	No	I certify that the Facility met Pretreatment Standards on a consistent basis during the reporting period.
		If NO to question i., also choose a statement in question ii. below. If YES to question i., skip question ii. below.			
		ii.	<p>Additional operation and maintenance and/or pretreatment is required to meet the Pretreatment Standards.</p> <p>Additional operation and maintenance and/or pretreatment is not required to meet the Pretreatment Standards.</p>		
B	Metal Finishing / Electroplating Category Certification (<i>applies only to select Facilities</i>)				
<p style="text-align: center;">Analysis for toxic organics is attached to this report.</p> <p>Based on my inquiry of the person(s) directly responsible for managing compliance with pretreatment standards for total toxic organics, I certify that to the best of my knowledge and belief, no release of concentrated toxic organics has occurred since filing of the last self-monitoring report. I further certify that this facility is implementing the Toxic Organics Management Plan submitted to GBMSD.</p>					
C	Pulp and Paper Manufacturing Category Certification (<i>applies only to select Facilities</i>)				
<p style="text-align: center;">Analysis for chlorophenolic-containing biocides is attached.</p> <p>I certify that no chlorophenolic-containing biocides were used at the Facility during the reporting period.</p>					
D	Organic Chemicals, Plastics, and Synthetic Fibers Category Certification (optional) (<i>applies only to select Facilities</i>)				
<p style="text-align: center;">In lieu of monitoring for cyanide, I certify that the waste stream subject to OCPSF categorical pretreatment standards does not contain significant amounts of cyanide.</p>					
E	By signing, 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.				
F	By signing, I certify that I meet the authorized signatory criteria in 40 CFR 403.12(l).				
G	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature (for person named in Part 1.D.)</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> </div>				