

Johnson County Wastewater
Industrial Pretreatment Program

Self-Monitoring Report

<u>JCW REVIEW</u>		
	Init.	Date
This document has been reviewed by:	_____	_____
Further action necessary:	Yes _____	No _____
Comments:	_____	

REPORTING PERIOD: _____
Monthly
REPORT DUE: 14th Day of Each Month

Return to:

Pretreatment Coordinator
Johnson County Wastewater
11811 S. Sunset Drive, Suite 2500
Olathe, Kansas 66061-7061
Phone: (913)715-8500 Fax: (913)715-8501
Direct: (913)715-6940
E-mail: michael.carter@jcw.org

- Category:** Prohibited Discharge (40CFR403)
- Company Name:** _____
Mailing Address: _____
Business Address: _____
Contact Information:
Name: _____
Title: _____
Phone & Fax: _____
Cell Phone: _____
E-mail: _____

3. Employment:

Average number of employees per shift: _____ 1st _____ 2nd _____ 3rd

Shift hours normally worked each day: (e.g., 8:00 AM – 5:00 PM)

SHIFT	SUN	MON	TUE	WED	THU	FRI	SAT
1 st							
2 nd							
3 rd							

4. Wastewater Flows:

NOTE: Estimated flows are acceptable if actual measurements are not technically feasible.

<u>SOURCE</u>	<u>AVERAGE (gpd)</u>	<u>MAXIMUM (gpd)</u>
Untreated Wastewater	_____	_____
Treated Wastewater	_____	_____
Cooling Water	_____	_____
Sanitary	_____	_____
Total Potable Water Used	_____	_____

Flow Determinations:

Untreated Wastewater Wastewater flow from all regulated process operations which flow to the sanitary sewerage system without any pretreatment.

Treated Wastewater Wastewater flow from all regulated process operations which flow to the sanitary sewerage system after pretreatment.

Cooling Water Cooling water discharged continuously or intermittently to the sanitary sewerage system.

Sanitary Wastewater from hand washing sinks, toilets, and showers. Unless it is measurable, use 25 gallons per day per employee to estimate flow.

Potable Water Used Total potable gallons used in one month, based on Johnson County Wastewater billing.

Estimated
(describe)

5. Sample Collection:

NOTE: Samples shall be representative of normal work cycles and expected pollutant discharges.

Sampling Location(s):

Person(s) who collected sample:

Name: _____

Employer: _____

6. Sample Handling:

How and when was the sample preserved for analysis?

POLLUTANT	PRESERVATION METHOD	DATE	TIME
Biochemical Oxygen Demand (BOD, 5-Day)			

Laboratory where samples were analyzed:

Company: _____

Address: _____

Phone: _____

NOTE: Laboratory must use EPA approved methodology and be certified to do so by the Kansas Department of Health and Environment.

7. Nature and Concentration of Pollutants:

NOTE: Report nature and concentration of pollutants specified in your Industrial Wastewater Discharge Permit in the attached table. Enclose laboratory analytical results with the completed Self-Monitoring Report.

8. Certified Statement:

Pretreatment standards for this company **are** _____ **are not** _____ *(check one)*
being met on a consistent basis.

Additional operation and maintenance required to insure compliance are as follows:

Additional pretreatment required to meet standards is as follows:

NOTE: Attach compliance schedule, including timetable for schedule milestones and projected completion date, if standards are not being met.

9. Signature Requirement:

“I have personally examined, and am familiar with, the information submitted in this document and attachments. Based upon my inquiry with those individuals immediately responsible for obtaining the information herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.”

“Also, based upon my inquiry with the person or persons directly responsible for managing compliance with the conditions specified in this report, I certify that to the best of my knowledge and belief, we are not currently discharging prohibited pollutants, as specified in this company’s Industrial Wastewater Discharge Permit, to the Johnson County Wastewater’s sanitary sewerage system.”

_____ Signature of Authorized Representative *	_____ Print Name
_____ Title	_____ Date
_____ Authorized Signatory Identity Number	
_____ Signature of Qualified Professional **	_____ Print Name
_____ Title	_____ Date

* *Signature of authorized person, or designee, as reported to Johnson County Wastewater*

** *Person primarily responsible for the regulated process and pretreatment system*

NOTE: *If the Authorized Representative is the person responsible for the regulated process and pretreatment system, then the Qualified Professional section need not be completed.*