

Clinton River Water Resource Recovery Facility

Industrial Pretreatment

Self-Monitoring Report

A.	1.	Facility Name:							
		Address:							
		Contact Name:							
		Contact Title:					Phone#:		
		Permit Number:							
		User Type:	SIU		CIU		MIU		Other
		Quarterly Report:	Jan.-March		April - June		July- Sept.		Oct.–Dec.
		Bi-Annual Report	January - June				July - December		
		B.	2.	Wastewater Flow Rate					
Wastewater Type	Flow Rate (gallons / day)			Discharge Frequency: <u>C</u> ontinuous, <u>B</u> atch, <u>I</u> ntermittent Batch (Specify the frequency)					
Process (describe)	Average			Maximum	C	B	I	Frequency	
Non-Contact Cooling Water									
Sanitary									
Total Flow									
C.	3.	Sampling Details							
	4.	Outfall ID:							
	5.	Composite 1: C1	Time-Proportional			Flow-Proportional			
			Date:			Time:			
	6.	Composite 2: C2	Time-Proportional			Flow-Proportional			
			Date:			Time:			
	7.	Composite 3: C3	Time-Proportional			Flow-Proportional			
			Date:			Time:			
	8.	Composite 4: C4	Time-Proportional			Flow-Proportional			
			Date:			Time:			
	9.	Grab 1: G1	Date:			Time/Temp:			
	10.	Grab 2: G2	Date:			Time/Temp:			
11.	Grab 3: G3	Date:			Time/Temp:				
12.	Grab 4: G4	Date:			Time/Temp:				

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	1.	Analyte (mg/L)	Sample Max	Sample Min	Average	Sample ID						Grade
	D.	Metals										
2.		Arsenic				C1	C2	C3	C4			
3.		Cadmium				C1	C2	C3	C4			
4.		Chromium				C1	C2	C3	C4			
5.		Copper				C1	C2	C3	C4			
6.		Cyanide (A)				G1	G2	G3	G4			
7.		Cyanide (T)				C1	C2	C3	C4			
8.		Lead				C1	C2	C3	C4			
9.		Lithium				C1	C2	C3	C4			
10.		Molybdenum				C1	C2	C3	C4			
11.		Nickel				C1	C2	C3	C4			
12.		Selenium				C1	C2	C3	C4			
13.		Silver				C1	C2	C3	C4			
14.		Zinc				C1	C2	C3	C4			
E.	Semi-Volatile Organic Compounds											
	15.	Phenols (T)				G1	G2	G3	G4			
	16.	2,4-Dichlorophenol				G1	G2	G3	G4			
	17.	Pentachlorophenol				G1	G2	G3	G4			
F.	Toxins											
	18.	Mercury (ug/L)				C1	C2	C3	C4			
	19.	PCBs (T) (ug/L)				G1	G2	G3	G4			
G.	Compatibles											
	20.	BOD5				C1	C2	C3	C4			
	21.	FOG (T)				G1	G2	G3	G4			
	22.	Phosphorous				C1	C2	C3	C4			
	23.	Ammonia Nitrogen				C1	C2	C3	C4			
	24.	TSS				C1	C2	C3	C4			
	25.	pH				G1	G2	G3	G4			
26.	Temperature C°				G1	G2	G3	G4				

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	Analyte (mg/L)	Sample Max	Sample Min	Average	Sample ID								Grade	
Report Only														
H.	27.	1,1-Dichloroethylene					G1		G2		G3		G4	Report Only
	28.	1,2-Dichloroethane					G1		G2		G3		G4	Report Only
	29.	1,4-Dichlorobenzene					G1		G2		G3		G4	Report Only
	30.	2,4,5-TP (Silvex)					G1		G2		G3		G4	Report Only
	31.	2,4,5-Trichlorophenol					G1		G2		G3		G4	Report Only
	32.	2,4,6-Trichlorophenol					G1		G2		G3		G4	Report Only
	33.	2,4-D					G1		G2		G3		G4	Report Only
	34.	2,4-Dinitrotoluene					G1		G2		G3		G4	Report Only
	35.	Benzene					G1		G2		G3		G4	Report Only
	36.	Carbon Tetrachloride (tetrachloromethane)					G1		G2		G3		G4	Report Only
	37.	Chlordane					G1		G2		G3		G4	Report Only
	38.	Chlorobenzene					G1		G2		G3		G4	Report Only
	39.	Chloroform					G1		G2		G3		G4	Report Only
	40.	Cresol					G1		G2		G3		G4	Report Only
	41.	Endrin					G1		G2		G3		G4	Report Only
	42.	Heptachlor					G1		G2		G3		G4	Report Only
	43.	Hexachlorobenzene					G1		G2		G3		G4	Report Only
	44.	Hexachlorobutadiene					G1		G2		G3		G4	Report Only
45.	Hexachloroethane					G1		G2		G3		G4	Report Only	
46.	Lindane					G1		G2		G3		G4	Report Only	

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K.	Add Required Documents			
L.	68.	Add Document		
M.	69.	Clear All Documents		
N.	Analytical Data and Other Requirements			
O.		Required Analytical Reports included:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P.	70.	If No, Explain		
Q.	71.	Waste manifest included (if required):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R.	72.	Are Pretreatment Standards being met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S.	73.	If No, Explain:		
T.	Certification			
U.	74.	"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 having knowledge of violations."		
V.	75.			
W.	76.	Name of Authorized Representative	Title	
X.	77.			
Y.	78.	Digital Signature		Date