



State of Oregon  
Department of  
Environmental  
Quality

# **Guidance for Completing Oregon DEQ Pretreatment Annual Report Forms**

## **Revisions**

September 23, 1991

November 13, 1996

October 14, 1999

November 6, 2002

October 11, 2010

**January 2012**



This report prepared by:

Oregon Department of Environmental Quality  
811 SW 6<sup>th</sup> Avenue  
Portland, OR 97204  
1-800-452-4011  
[www.oregon.gov/deq](http://www.oregon.gov/deq)

Contact:  
Pretreatment Coordinator  
(503) 229-5586

## Table of Contents

Instructions.....	1
Form 1 – Cover Sheet.....	5
Form 2 – Program Update.....	6
Form 3 – Treatment Plan Monitoring.....	7
Form 4 – Headworks Loading Comparison.....	8
Form 5 – Treatment Plant Upsets/Problems.....	9
Form 6 – List of Regulated Users.....	10
Form 6A – Industrial Survey Update.....	11
Form 7 – Compliance/Oversight Summary (SIUs Only).....	12
Form 8 – Noncompliance/Enforcement Summary (SIUs Only).....	13
Form 9 – Resource Summary.....	14
Form 10 – Pretreatment Program Evaluation.....	15
Form 11 – Sewage Treatment Plant Profile(s).....	23
Form 12 – Pretreatment Program Profile(s).....	24





## Instructions

*Note: Beginning with the Report for calendar year 2002 all pretreatment delegated municipalities in Oregon must submit to the Department's Pretreatment Program Coordinator in Portland a completed Pretreatment Annual Report in accordance with this format, pursuant to NPDES permit Schedule E and 40 CFR 403.12(i).*

**Form 1** – Self-explanatory. For “NPDES Permit Number(s)” include DEQ’s NPDES Permit Number(s) and EPA’s “OR” Reference Number(s) found on the cover page of the NPDES Permit(s).

**Form 2** – List all pretreatment program materials (i.e., sewer use ordinances, local limits, implementation procedures, forms, etc.) that fall into the following categories:

- Item 1. Approval date of original pretreatment program and date incorporated into NPDES permit.
- Item 2. Materials that are currently being revised or developed by the POTW. Include status of the revisions and the general reason for the proposed changes. In particular, any materials that have been returned by DEQ with comments, and any responses required in Pretreatment Compliance Inspections (PCIs) or Audits, must be addressed in this section. Also, include an approximate date that the materials will be submitted to DEQ for review and approval.
- Item 3. Materials that have been submitted to DEQ for review and approval. Please indicate the date that these materials were sent to DEQ.
- Item 4. Materials that were approved by DEQ. Identify program modifications made since original pretreatment program approval for each program element and the dates the modifications were incorporated into your NPDES permit (e.g., any modifications to Municipal Code, Interjurisdictional Agreement(s), Local Limits, Enforcement Response Plan, Pretreatment Program Procedures, etc.).
- Item 5. List any other noteworthy pretreatment activities or accomplishments for the calendar year.

**Form 3** – The POTW must include all treatment plant influent, effluent and sludge toxics and non-conventional pollutants monitoring data collected during the calendar year (please do not include Discharge Monitoring Report (DMR) data for conventional pollutants). This will include, at a minimum, the six days of monitoring required by most NPDES permits that contain pretreatment conditions. All data must be provided. Averages or selected representative results are not sufficient. Where the POTW has monitored more frequently than required by its permit, the additional data must also be provided. The POTW must ensure that its laboratory or its contract laboratory uses detection levels or minimum recovery levels that are adequate to evaluate for pass through. The POTW must ensure that it meets minimum toxic pollutant monitoring requirements of its NPDES permit. The Department recommends that the POTW schedule toxic pollutant monitoring events to ensure enough time to resample in the event that any required samples are invalidated for any reason.

The POTW can select the most convenient method of presenting these data as long as the following information is included:

- Date samples were collected.
- Analytical results for all parameters (including units).

- Treatment plant flow (influent and effluent) at the time of sampling.
- Treatment plant removal rates for either each day of sampling, or for each consecutive-day sampling event. (Average removals for the year are not acceptable.)
- Any additional sampling results pertaining to treatment plant removal efficiencies, domestic/background loadings, or in-stream pollutant levels.
- Any changes in the method of disposal of wastewater or sludge (e.g., change from land application to landfill).
- A statement that all data were gathered and analyzed using approved test methods (40 CFR Part 136 for wastewater and 40 CFR Part 503 for biosolids).
- A discussion of all data anomalies including cause and actions taken to prevent recurrence.

**Form 4** – Compare the POTW’s maximum allowable headworks loading (MAHL, lb/day), as determined by the approved local limits submission, to the highest single day treatment plant influent loading determined for the calendar year. This comparison should be performed for each pollutant for which local limits have been developed. The results can be presented in a table (preferable) or as part of the narrative described below. If this comparison reveals that the actual loading is 90% or more of the allowable loading, a detailed narrative discussing the reasons for this must be included.

In addition to the numerical comparison, a brief narrative must be provided to describe any problems encountered in the application of the approved limits, any additional pollutants of concern that may have been observed in either industrial effluent or POTW influent, and any plans to revise or augment existing limits.

All MAHL exceedances must be evaluated for pass through and results documented in Form 4. Use the following format:

- Compare the exceedance with the Water Quality (WQ) MAHL. If the WQ MAHL was not exceeded, pass through did not occur.
- If the WQ MAHL was exceeded, compare the corresponding effluent concentration with the appropriate WQ Standard. If the WQ Standard was not exceeded at the “end of pipe,” pass through did not occur.
- If the WQ Standard was exceeded at the “end of pipe,” use a mass balance calculation, effluent concentration and flow, receiving stream ambient concentration, receiving stream flow at edge of mixing zone, and appropriate dilution, to evaluate for pass through.

**Form 5** – The POTW must identify all treatment plant upsets that occurred as the direct or indirect result of a non-domestic discharge. In particular the POTW must identify discharges that resulted in “pass through” or “interference,” as defined in the POTW’s ordinance. If the cause of the upset is unknown, the incident should still be listed. For each incident the POTW must identify the following:

- Date and time (where possible) of the incident.
- Description of the effect(s) on the POTW’s operation.
- Effects on the POTW’s effluent and sludge quality (including permit violations).
- Steps taken to identify the source of the discharge.
- Identity of each discharger responsible for the incident.

**Form 6** – The list of regulated users must include the following information:

- At a minimum, the list must include all Significant Industrial Users (SIUs) that discharge process wastewater to the POTW and all users subject to categorical pretreatment standards (discharging or non-discharging) that are in any way connected to the POTW.
- Any new users appearing on this list should be underlined (e.g., Metal Finishing, Inc.). Any user deleted from this list should be struck through (e.g., ~~Metal Finishing, Inc.~~). Other methods to indicate additions or deletions will be acceptable.
- Whether the user is an SIU (as defined by the POTW). Non-discharging categorical industrial users (NDCIUs) subject to zero discharge categorical standard limits are considered SIUs.
- Whether the user is subject to categorical standards (if yes, include the CFR part number applicable to the user). Only industries that have specific numerical categorical pretreatment standards and discharge process wastewater should be identified as CIUs.
- NDCIUs NOT subject to zero discharge standards should also be clearly identified as such in a separate column.
- Note Non-Significant CIU status, if applicable.
- Note Middle Tier CIU status, if applicable.
- The Standard Industrial Classification (SIC) code or the North American Industry Classification System (NAICS) code.
- Whether a permit has been issued to the user.

**Form 6A** – List new non-domestic users that may potentially have a discharge to the POTW. If there are no such new users, indicate so on this form. This form is self-explanatory. Other formats that convey the same level of information are acceptable.

**Form 7** – This form is intended to summarize the compliance activities of the POTW and the industrial user for all Significant Industrial Users (SIUs).

- The first two items, SIU name and permit expiration date, are self-explanatory.
- “Number of Inspections” should reflect only complete facility inspections that are documented in the POTW’s files.
- “POTW Sampling” shall reflect the number of times the POTW monitored the industry for all regulated pollutants.
- “SIU Self-Monitoring” shall reflect the number of times the user monitored for all regulated pollutants. Where continuous monitoring is performed by a user (e.g., for pH), the information should not be included in the total, but may be footnoted if appropriate.
- “Significant Noncompliance”(SNC) should be reported, for each calendar quarter, using the “A, B, C, or D” coding format noted on the bottom of this form. Please refer to the EPA memo “Application and Use of the Regulatory Definition of SNC for Industrial Users” (EPA 1991) for further information regarding the application of SNC. If the POTW tracks SNC on a more frequent basis (e.g., monthly) it may report this in a similar format.

**Form 8** – This form is intended to summarize the violations of pretreatment standards and requirements for all Significant Industrial Users (SIUs) and the POTW’s response to each violation. If there were no violations identified for a user during the calendar year, the user need not be listed here. The format shown on the DEQ form is simply a suggestion. As long as the following information is provided, the format is left up to the POTW:

- Name of industrial user.

- Nature of violation. This must include procedural violations (e.g., late reports, failure to notify, etc.) as well as limits violations.
- Date of violation.
- POTW response (enforcement action).
- Date of POTW response.
- Date of return to compliance. Include the POTW's definition of "return to compliance."

**Form 9** – This form is intended to summarize the resources dedicated to the pretreatment program. Use estimates where necessary.

**Form 10** – This form is intended to provide an overview of the POTW's performance during the past year.

- Items 1-3 are self-explanatory.
- Item 4: Include only SIUs (categorical, non-categorical, non-discharging categorical users (NDCIUs) that are subject to zero discharge categorical limits – and that have not been designated as NSCIUs under your local ordinance, and "Middle Tier" CIUs).

Note regarding NDCIUs subject to a zero discharge categorical limit: These NDCIUs remain both CIUs and SIUs unless they have been designated as NSCIUs. Until or unless you adopt and apply the NSCIU provisions for these categorical IUs they are to be counted as SIUs. (Please do not include them in total number CIUs to avoid over-counting – the # NDCIUs subject to a categorical discharge limit will be *added* to total CIU number you report.) The total number of SIUs should be equal to the total of the combined subcategories of SIU.

Other Industrial Users should be included as separate items as indicated on the form. A pretreatment-delegated Municipality is billed by the Department for the pretreatment program portion of its annual NPDES permit compliance determination fee based on the number of SIUs that were permitted or identified during any portion of the calendar year covered by the Pretreatment Annual Report. For billing purposes, the Department uses the summary information in Form 10, Item 4, to determine the number of SIUs for each Municipality.

- Items 5-15 are self-explanatory.
- Item 16: Describe QA/QC employed. For example: splits, blanks, duplicates, etc.
- Items 17-24 are self-explanatory.
- Item 25: List only those actions that were taken for purposes of enforcement. Do not include phone calls and letters that were for informational purposes.
- Items 26-29 are self-explanatory.
- Item 30: This question is intended to determine which IUs have been given a compliance scheduled to meet new or revised pretreatment standards. For example, under certain circumstances, a user may be given up to 3 years to meet a newly developed categorical pretreatment standard.
- Items 31-39 are self-explanatory.

**Form 11** - This Form provides sewage treatment plant profile and technical information for each sewage treatment plant that is operated under an NPDES permit. The items are self-explanatory.

**Form 12** - This Form provides pretreatment program profile information for each Department approved program. The items are self-explanatory.



# Form 1 – Cover Sheet

Control Authority Name: \_\_\_\_\_

Treatment Plant Name(s) and Addresses	Permit Number(s)	
	DEQ/EPA (OR):	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pretreatment  
 Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

City, State, Zip  
 Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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 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.

\_\_\_\_\_  
 POTW Authorized Signatory

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

## Form 2 – Program Update

1. Approval Date of Original Pretreatment Program and date incorporated into NPDES permit:

2. Program Materials Under Development (Date Planned for Submission):

3. Program Materials Submitted for Review/Approval (Date Submitted):

4. Program Materials Approved Since Original Pretreatment Program Approval

<u>Date Approved</u>	<u>Description of Modification</u>	<u>Date Incorporated into NPDES Permit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Additional Noteworthy Pretreatment Activities/Accomplishments:

## **Form 3 – Treatment Plan Monitoring**

Provide all treatment plant influent, effluent and biosolids (sludge) data for toxic pollutants and non-conventional pollutants collected during the calendar year. Discuss all data anomalies including cause and actions taken to prevent recurrence. Include all resampling results for samples taken to meet NPDES permit monitoring requirements as a result of monitoring that was invalidated for any reason. (*See Instructions for completing FORM 3*)

## **Form 4 – Headworks Loading Comparison**

Provide a comparison of POTW's "maximum allowable headworks loading (MAHL in lb/day)" to the highest recorded actual loading for each local limit pollutant.

For each MAHL exceedance provide a narrative discussion and show associated calculations to demonstrate whether or not pass through occurred.

Provide a narrative discussion of the current status of the POTW's local limits. (*See Instructions for completing FORM 4*)

## **Form 5 – Treatment Plant Upsets/Problems**

Provide a description of each instance of treatment plant upset due in whole or in part to a non-domestic discharge. (See *Instructions for completing FORM 5*)









## Form 9 – Resource Summary

Item	Report Year	Planned	Comments
<b>Labor (man-hours)</b>			
Sampling			
Inspection			
Management			
Administration			
Laboratory			
Enforcement			
<b>TOTAL HOURS</b>			
<b>Operating Cost</b>			
Laboratory			
Sampling and Inspection			
Permit Writing			
Enforcement			
<b>TOTAL COSTS (\$)</b>			
<b>Income Revenue</b>			
Sewer Use			
Extra Strength			
Impervious Area			
Penalties			
<b>TOTAL INCOME (\$)</b>			

# Form 10 – Pretreatment Program Evaluation

1. Has a change in contributing jurisdictions occurred since the last Annual Report?  Yes  No  
 If yes, identify the jurisdictions that have been added or removed:

2. Has the Control Authority updated its Industrial Waste Survey (IWS) to identify new Industrial Users (IUs) or changes in wastewater discharges at existing IUs? [(403.8(f)(2)(i))]  Yes  No

If yes:

a. Are any of these IUs located in new service areas (describe)?  Yes  No

b. Have any IUs located in contributing jurisdictions where the POTW has no inter-jurisdictional agreements or IU contracts?  Yes  No

c. If yes, specify:

---



---

3. For any new Categorical Industrial Users or processes identified during the Report period:

Baseline Monitoring Report (BMR) Submitted?  Yes  No

Final (90-day) Compliance Report (FCR) Submitted?  Yes  No

4. How many IUs were permitted or identified by the Control Authority in each of the following categories at any time during the Report period?

_____	TOTAL SIUs (as defined by Control Authority) [WENDB-SUIS]
_____	Categorical Industrial Users (CIUs) [WENDB-CIUS]
_____	Significant Non-categorical IUs
_____	NDCIUs subject to zero discharge limits
_____	“Middle Tier” Categorical Industrial Users (CIUs)
_____	NDCIUs that are not subject zero discharge categorical limits
_____	Non-Significant Categorical Industrial User (NSCIU)
_____	Other regulated non-categorical IUs (Describe):

5. Is the Control Authority’s definition of “Significant Industrial User” the same as EPA’s?  Yes  No  
 [403.3(t)(1)(i-ii)]

If not, the Control Authority has defined “Significant Industrial User” to mean:

---



---

---

---

6. How many SIUs are required to be covered by an individual control mechanism?

How many SIUs are not covered by an existing, unexpired permit or other control mechanism? [WENDB-NOCM]

Explain:

---

---

---

---

7. Were individual control mechanisms issued/reissued for 90% of the SIUs within 180 days of the expiration date? [RNC] [WENDB]  Yes  No

How many control mechanisms were not issued within 180 days of the expiration date?

Explain:

---

---

---

---

8. Does the Control Authority have a control mechanism for regulating IUs whose wastes are trucked to the treatment plant?  Yes  No  N/A

If yes, does control mechanism designate a discharge point?  Yes  No

9. Are all applicable categorical standards and local limits applied to IUs whose wastes are trucked into the POTW?  Yes  No  N/A

If not, why:

---

---

---

10. Has the Control Authority evaluated the need for SIUs to develop slug discharge control plans? [403.8(f)(2)(v)]  Yes  No

If yes, when was the evaluation last conducted and what criteria were used to identify the IUs for slug plans?

---

---



---



---



---

		During Report Period		Total	
How many slug control plans were:	Required?				
	Received?				
	Approved?				

11. Are TTO standards or alternatives (solvent management plans or oil & grease monitoring) being implemented for IUs subject to TTO limitations?  Yes  No  N/A

If not, why?

---



---



---



---

Are TTO standards being applied to other IUs?  Yes  No

12. How many times were the following monitored during the past year?

	Influent	Effluent	Sludge	Ambient (Receiving Water)
Metals				
Priority Poll.				
Biomonitoring				
TCLP				
EP Tox				
Other:				

13. How many, and what percentage of SIUs were (a) not sampled at least twice, or (b) not inspected at least once during the reporting period? [WENDB-NOIN]-[403.8(f)(2)(vi)]

a. Number and % not sampled: \_\_\_\_\_ ( \_\_\_\_\_ %)

b. Number and % not inspected: \_\_\_\_\_ ( \_\_\_\_\_ %)

14. Does the Control Authority routinely split samples with industrial personnel?

a. If requested:  Yes  No  N/A

To verify IU self-monitoring

b. results:  Yes  No  N/A

15. Provide the following analytical information regarding pollutant analyses:

	Analytical Method	Name of Laboratory
Mercury		
Other Metals		
Cyanide		
Organics		
Other:		

16. Does the Control Authority use QA/QC for sampling and analysis?  Yes  No

If yes, describe:

---

---

17. How much time normally elapses between sample collection and obtaining analytical results?

18. Is there an established protocol clearly detailing sampling location and procedures?  Yes  No

19. Has the Control Authority had any problems performing compliance monitoring?  
Scheduled:  Yes  No    Unscheduled:  Yes  No    Demand:  Yes  No

If yes, explain:

---

---

---

---

20. How frequently does the Control Authority use the closed cup flashpoint test, specified in 40 CFR Part 261.21, to monitor SIUs? [403.5(b)(1)]

- Once per year
- Prior to each sampling
- Other:

Did the Control Authority find any problems?  Yes  No

If yes, explain:

---

---



---



---

21. Does the Control Authority compare all monitoring data to applicable pretreatment standards and requirements contained in the control mechanism within 15 days of its receipt? [403.8(f)(2)(iv)]  Yes  No

22. Does the Control Authority use EPA's definition of Significant Noncompliance (SNC)? [403.8(f)(2)(vii)]  Yes  No

23. Are SIUs required to notify the Control Authority within 24 hours of becoming aware of a violation and to submit additional monitoring within 30 days after the violation is identified [403.12(g)(2)]  Yes  No  
 N/A

If the Control Authority conducts monitoring in lieu of the user, does the Control Authority resample and obtain results within 30 days of identifying a violation?  Yes  No  
 N/A

24. Has the Control Authority developed an Enforcement Response Plan?  Yes  No

25. For each of the listed enforcement actions, identify the following for the ones the Control Authority has used during the reporting period [WENDB-JUD; FENF]:

	Total # of Actions	# of Industries Affected
Written notice or letter of violation		
Administrative orders		
Administrative fines		
Show cause hearings		
Compliance orders		
Permit revocation		
Civil action		
Criminal action		
Termination of service		
Other (specify):		

26. Indicate the number and percent of SIUs that were identified as being in SNC (as defined by EPA) with the following during the reporting period:

		# of SNC SIUs	% of SNC SIUs
Applicable pretreatment standards	[PSNC]*		
Self-monitoring requirements	[MSNC]		
Reporting requirements	[PSNC]*		

Pretreatment compliance schedule	[SSNC]		
Other:			

27. Did the Control Authority publish all SIUs in SNC in the largest daily newspaper?  Yes  No  
 [WENDB-SVPU] [403.8(f)(2)(vii)]

If yes, attach copy, or attach copy of affidavit of publication.

28. Indicate the number of SIUs that are currently in SNC with self-monitoring and were not inspected or sampled [WENDB-SNIN]: \_\_\_\_\_

29. Has the Control Authority experienced any of the following?

	Yes	No	Unknown	Explain:
Interference [WENDB]*				
Pass through [WENDB]*				
Fire or explosions (including flash point violations)				
Corrosive structural damage (including pH<5.0)				
Flow obstructions				
Excessive flow or pollutant concentrations				
Heat problems				
Interference due to oil or grease				
Toxic fumes				
Illicit dumping of hauled waste				

30. How many SIUs are currently on compliance schedules in order to meet new or revised national pretreatment standards or requirements?

\_\_\_\_\_

Have any CIUs been allowed more than 3 years from the effective date of a categorical standard to achieve compliance? [403.6(b)]  Yes  No

31. Indicate the number of SIUs from which penalties have been collected by the Control Authority during the past year:

	Number	Amount (\$)

Civil		
Administrative		
Total		

32. Have IUs requested that data be held confidential?  Yes  No

33. Have any requests been made by the public to review files?  Yes  No

34. Has public comment been solicited during revisions to the SUO and/or local limits since the last PCI or audit? [403.5(c)(3)]  Yes  No

35. Are there significant public or community issues impacting the POTW's pretreatment program?  Yes  No

If yes, explain:

---



---



---



---



---

36. Are all records maintained for at least 3 years?  Yes  No  
 N/A

37. Have any problems in program implementation been observed which appear to be related to inadequate funding, resources or staff?  Yes  No

If yes, explain:

---



---



---



---

38. Does the Control Authority have the technical documents necessary for implementing its pretreatment program?  Yes  No

39. Does the Control Authority have access to adequate:

	Yes	No	Explain:
Sampling equipment			
Safety equipment			
Vehicles			
Analytical equipment			

# Form 11 – Sewage Treatment Plant Profile(s)

Complete this section for each sewage treatment plant operated under an NPDES Permit.

**DEQ NPDES Permit Number:** \_\_\_\_\_

- 1. Treatment Plant Design Dry Weather Flow (MGD) \_\_\_\_\_
- 2. Treatment Plant Actual Dry Weather Flow (Ave.) (MGD) \_\_\_\_\_
- 3. Treatment Plant Design Wet Weather Flow (MGD) \_\_\_\_\_
- 4. Treatment Plant Actual Peak Wet Weather Flow (MGD) \_\_\_\_\_

- 5. Sewerage System
  - a. Separate (%) \_\_\_\_\_
  - b. Combined (%) \_\_\_\_\_
  - c. Number of CSOs \_\_\_\_\_

- 6. Industrial Contribution
  - a. Flow (MGD) \_\_\_\_\_
  - b. % of Influent \_\_\_\_\_
  - c. Number of contributing SIUs (non-CIUs) \_\_\_\_\_
  - d. Number of contributing CIUs \_\_\_\_\_

- 7. Level of Treatment and Description
  - a. Preliminary  \_\_\_\_\_
  - b. Primary  \_\_\_\_\_
  - c. Secondary  \_\_\_\_\_
  - d. Tertiary  \_\_\_\_\_
  - e. Type of Disinfection  \_\_\_\_\_

- 8. Receiving Water
  - a. Name \_\_\_\_\_
  - b. Classification (NPDES Permit Hydro Code) \_\_\_\_\_
  - c. Designated Beneficial Uses (OAR 340-41 Basin Standards) \_\_\_\_\_

9. Effluent Discharged to Any Location Other than Receiving Water?  Yes  No

If yes, Indicate Where, When, and Describe

\_\_\_\_\_  
\_\_\_\_\_

- 10. Indicated Methods of Biosolids (Sludge) Disposal (Mg/Kg (dry weight) / year)
  - a. Land Application \_\_\_\_\_
  - b. Municipal Solid Waste Landfill \_\_\_\_\_
  - c. Sale or Donation to Public \_\_\_\_\_
  - d. Other (Specify) \_\_\_\_\_

# Form 12 – Pretreatment Program Profile(s)

1. Information Pertaining to Contributing Jurisdictions (Complete for Each Jurisdiction)

a. Name of contributing jurisdiction \_\_\_\_\_  
 DEQ approved IJA or IGA  Yes  No  
 Date approved by DEQ \_\_\_\_\_  
 Date incorporated into NPDES permit \_\_\_\_\_  
 Number of CIUs in contributing jurisdiction \_\_\_\_\_  
 Number of other SIUs in contributing jurisdiction \_\_\_\_\_

b. Name of contributing jurisdiction \_\_\_\_\_  
 DEQ approved IJA or IGA  Yes  No  
 Date approved by DEQ \_\_\_\_\_  
 Date incorporated into NPDES permit \_\_\_\_\_  
 Number of CIUs in contributing jurisdiction \_\_\_\_\_  
 Number of other SIUs in contributing jurisdiction \_\_\_\_\_

c. If relying on contributing jurisdictions, indicate, for each, which activities they are required to perform:

Name: \_\_\_\_\_

- Industrial Waste Survey (IWS)
- Permit Issuance
- Inspection
- Sampling
- Enforcement
- Notification of Industrial Users (IUs) of Pretreatment Requirements
- Receipt and Review of IU Reports
- Analysis of Samples
- Other (Specify)

Name: \_\_\_\_\_

- Industrial Waste Survey (IWS)
- Permit Issuance
- Inspection
- Sampling
- Enforcement
- Notification of Industrial Users (IUs) of Pretreatment Requirements
- Receipt and Review of IU Reports
- Analysis of Samples
- Other (Specify)

Name: \_\_\_\_\_

- Industrial Waste Survey (IWS)
- Permit Issuance
- Inspection
- Sampling
- Enforcement
- Notification of Industrial Users (IUs) of Pretreatment Requirements
- Receipt and Review of IU Reports
- Analysis of Samples
- Other (Specify)



**Form 12 – Pretreatment Program Profile(s) (cont.)**

5. List effluent and sludge quality (needed for national pretreatment award eligibility assessment).

List NPDES Permit effluent and biosolids limits violated and suspected causes:

Parameters Violated/Date	Cause(s)
_____	_____
_____	_____
_____	_____
_____	_____

6. Have Treatment Plant Biosolids Violated any TCLP tests?  Yes  No

If Yes, Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_