



Industrial Waste Control Group
Self-Monitoring Report / Six Month Report

Note: Read Guidelines and Instructions before completing this form.

I	A	Facility Name							
		Facility Address							
	B	Authorized Person							
		Title				Telephone No.			
	C	Permit Number							
D	SIU Type			Reporting Period					
	<input type="checkbox"/> Significant Industrial User (SIU) - Local or Categorical			<input type="checkbox"/> January – June	20				
				<input type="checkbox"/> July – December	20				
	<input type="checkbox"/> Centralized Waste Treatment or other affected SIU			<input type="checkbox"/> December	20	– May	20		
II	Wastewater Flow Rate (Applies to all Users)								
	Wastewater		Flow Rate (gallon/day)		Discharge Frequency: <u>C</u> ontinuous, <u>B</u> atch or <u>I</u> ntermittent (Describe the frequency)				
	Process (Describe)	Type	Average	Maximum	C	B	I		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Contact Cooling Water				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Non-Contact Cooling Water	Non-Regulated			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitary									
Total Plant Flow									
III	A	Sampling Location			and			Sampling Type	
		SL#	Sampling Location Description				Grab	Composite	
							Time	Flow	
		1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B	Include Date(s) and Time of Sampling				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
C	Include Name(s) of Person(s) Obtaining the Samples				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
IV	Analytical Data								
	A	Submitted all required Sample Analyses (If No. explain below.)				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	i.	<input type="checkbox"/> SIU under pH Monitoring Plan - submit continuous pH recordings (Permit, Section I) <input type="checkbox"/> SIU under pH Minimum Sampling Frequency - submit required pH report (Permit, Section B)							

	ii. Total PCB	<input type="checkbox"/> Submitted during January-June / December-May Report	
		<input type="checkbox"/> Submitted during July-December / June-November Report	
		<input type="checkbox"/> Not Applicable	
	iii. Total Phenolic or Individual Phenolic Compounds	<input type="checkbox"/> Submitted during January-June / December-May Report	
		<input type="checkbox"/> Submitted during July-December / June-November Report	
		<input type="checkbox"/> Not Applicable	
B	Included Date(s) of Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C	Included Sample Preservation: Temperature/Chemical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D	Included Type of Sample Container Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E	Included Analytical Methods Used and certified by authorized lab. personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F	Included Name(s) of Analyst(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G	Included Chain of Custody Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H	Included QA/QC Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V	Other Requirements		
A	Submitted Production and Process Discharge Flow Rates	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
	Production Rates (SIUs subjected to Production-Based Standards)		
	Materials processed on-site		
	Amount Materials Processed during 6-Months period (Specify the unit used)		
	Process Water Usage during 6-Months period (Specify the unit used)		
B	Submitted 4-day, 30-day or Monthly Averages calculations (Categorical SIUs)	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
C	Submitted PFAS Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
D	Submitted TTO Analysis (Categorical SIUs)	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
E	Submitted TOMP Certification (Metal Finishing & Electroplating facilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
	If Yes, provide the TOMP approval date		
F	Submitted R&D Certification (Leather Tanning & Finishing facilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
G	Submitted Waste Manifests	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
H	Submitted Operating Day Logs (CWTs and other affected facilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
VI	Certified Statement		
	Are Pretreatment Standards being met? (If No, specify the operations and maintenance taken to achieve compliance below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VII	Certification		
	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 gathered and evaluated 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.		
	Name of Authorized Representative	Title	
	Signature	Date	

Guidelines for Completing the Self-Monitoring Report or Six Month Report

The General Pretreatment Regulation 40 CFR 403.12(e) and the Great Lakes Water Authority (GLWA) Rules, Section II-705, c), 2), viii provides authority to the Publicly Owned Treatment Works, in this case the GLWA, to require all Significant Industrial Users (SIUs) to submit a Self-Monitoring Report or Six Month Report (SMR).

The SMR is to be submitted on or before June 30th and December 31st of each year or as defined in the user's permit and be representative of the facility's activity during the reporting period. Incomplete reports and/or reports submitted after these dates are considered delinquent.

Complete the attached SMR form and original analytical data pertaining to the said reporting period and submit to the:

**Great Lakes Water Authority
Industrial Waste Control Group
9300 W. Jefferson, Ste. 210
Detroit, Michigan 48209**

Additional Information:

1. SIUs shall maintain records of all information included in this report for at least three (3) years and make it readily accessible to the GLWA at all times. The period of record retention shall be extended during the course of any unresolved issues.
2. If sampling performed by an Industrial User indicates a violation of the permit limitations (daily maximum and/or other average limitation), then notification must be made to the GLWA within 24-hours of becoming aware of the violation. Repeat the sampling and analysis for two (2) days and submit the results of the repeat analyses to GLWA within thirty (30) days of becoming aware of the violation.

For more information/inquiry, please call your respective field engineer.

Instructions on Completing the SMR Form

Item I

- A. Give the complete name and address of the facility.
- B. Give the name, title and telephone number of the facility's authorized representative.
- C. Denote the permit number.
- D. Check and denote the respective period of the report.

Item II

Provide the total daily plant flow (average and maximum in gallons per day) discharged to the sewer (if accurate flow is not available, provide a verified estimated value). The total plant flow should include regulated and non-regulated wastewater, cooling water, sanitary water and any other wastewater involved in operations. Indicate whether Continuous, Batch, or Intermittent batch and specify the discharge type frequency (see explanation below):

- Batch discharge is defined when wastewater discharge frequency occurs at least once a month (e.g. twice a month, once a week, once every 2 days, etc.).
- Intermittent batch discharge is defined when wastewater discharge frequency occurs at a period of more than thirty (30) days between batch discharges (e.g. once every 2 months, once every quarter, once every 6 weeks, etc.).

Item III

- A. Give complete details of sampling location(s) as described in the Wastewater Discharge Permit and the method of sampling (grab and/or composite) used. For composite sampling method, denote the type of submitted composite sample: time-proportional composite or flow-proportional composite. See discharge permit for type of composite sampling authorized/required by the GLWA.
- B. Provide the date(s) and time of sampling which includes when the sampler was installed and when the sample was retrieved/collected
- C. Provide the name(s) of person(s) obtaining the samples.

Item IV

All Industrial Users subject to self-monitoring requirements shall include the following documentations when submitting SMR either electronically through Aquatic Informatics/Linko or via mail:

- A. Original analytical reports/laboratory reports are accepted by the GLWA. Reports should indicate a representative discharge sample(s) taken during that reporting period (refer to the issued Wastewater Discharge Permit to check the required number of samples and respective parameters to be analyzed).
 - i. SIUs subject to pH Monitoring Plan need to submit their continuous pH monitoring records (see Permit Section I) or SIUs subject to pH Minimum Sampling Frequency need to submit their usual pH report(s) (see Permit Section B).

Industrial Users under continuous pH monitoring requirement need to submit:

Classification	SMR Period	pH monitoring records for
SIU - Local or Categorical	January – June	December - May
	July – December	June - November
Centralized Waste Treatment or other affected SIU	December– May	December - May
	June – November	June - November

- ii. Applies to Local SIUs only. Denote the status of PCB analysis whether submitted, has been submitted or not applicable in relation to the reporting period.
- iii. Applies to Local SIUs only. Denote the status of Total Phenolic or Individual Phenolic Compounds analysis whether submitted, has been submitted or not applicable in relation to the reporting period.
- B. Denote the Date(s) and Time (if required) of analysis,
- C. Denote the preservation done on the sample: temperature control and/or applicable chemical added to preserve the sample.
- D. Denote the prescribed sample container used.
- E. Denote the analytical methods used and signed/certified by an authorized representative of the laboratory.
- F. Name(s) of person(s) performing the analysis,
- G. Include Chain of Custody
- H. Include QA/QC Report

Item V

- A. SIUs subjected to production-based standards under the Federal Categorical Pretreatment Regulation must specify the materials processed on-site, actual production rate (e.g. pound/unit time, sq. ft./unit time, sq. meter/unit time, kg/unit time, etc.) and actual process water usage during the 6-months operating period.
- B. When applicable, Industrial Users subject to 4-day average limits must calculate and submit the average value for each parameter for the four (4) consecutive sampling events. These sampling events need not occur on consecutive calendar days.

All Industrial Users subject to 30-day or monthly average limits must calculate and submit the average value for each parameter per month separately.

- C. When applicable, Industrial Users, who are determined to be a significant source of PFAS, are required to submit PFAS analysis.
- D. Significant Industrial Users (SIU) subject to Metal Finishing and Electroplating categories are required to submit Total Toxic Organics (TTO) analysis. With an approved Toxic Organic Management Plan (TOMP), SIU can analyze reasonably expected individual organic compounds which may be present in the waste stream.
- E. As an alternative to the TTO analysis submission, the SIU with an approved TOMP (i.e. provide TOMP acceptance date) may submit a TOMP Certification instead. The certification must be written as:

“Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the control authority.”

(Signed and dated by the Authorized Company Representative.)

- F. if required, submit R&D Certification (applies to facility subject to Leather Tanning & Finishing Category)
- G. if required, submit copies of waste manifests
- H. if required, submit copies of waste manifests Operating Day Logs (applies to Centralized Waste Treatment facility)

Item VI

Indicate if pretreatment standards are being met. If not, then indicate what additional operation or maintenance will be taken to achieve compliance.

Item VII

The SMR is to be certified and signed by an authorized representative of the company.

 This SMR electronic form is also available via <https://www.glwater.org/iwc/> → IWC Reporting Forms → Six-Month Report Form