



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

Note: Read Guidelines and Instructions before completing this form. Please type or print.

<b>I</b>	<b>A</b>	Facility Name	****					
		Address	****					
	<b>B</b>	Authorized Person	****					
		Title	****			Telephone No.	****	
	<b>C</b>	Permit Number	****					
<b>D</b>	<b>SIU Type</b>			<b>Reporting Period</b>				
	<input type="checkbox"/> Significant Industrial User <input checked="" type="checkbox"/>			<input type="checkbox"/> January – June 20****				
				<input type="checkbox"/> July – December 20****				
	<input type="checkbox"/> Centralized Waste Treatment and other affected SIU <input checked="" type="checkbox"/>			<input type="checkbox"/> December 20**** – May 20****				
				<input type="checkbox"/> June – November 20****				
<b>II</b>	<b>A</b>	<b>Production Rate</b> (Applies only to SIUs subjected to Production-Based Standards)						
		Materials processed on-site	****					
		Amount Materials Processed during 6-Months period (Specify the unit used)	****					
	<b>B</b>	<b>Wastewater Flow Rate</b> (Applies to all Users)						
		Wastewater Type	Flow Rate (gallons / day)		Discharge Frequency: <u>C</u> ontinuous, <u>B</u> atch or <u>I</u> ntermittent Batch (Specify the frequency)			
		Process (Describe)	Average	Maximum	C	B	I	Frequency
		****	****	****	<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"/>	****
		Non-Contact Cooling Water (if applicable)	****	****	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	****
Sanitary	****	****						
Total Plant Flow	****	****						
<b>III</b>	<b>Sampling Details</b>							
	<b>A</b>	SL#	Sampling Location (Specific Description Required)					
		1	****					
		2	****					
		3	****					
		4	****					

B	Type of Samples Submitted	SL#1	SL#2	SL#3	SL#4
	Grab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow-Proportional Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time-Proportional Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Include Date(s) and Time of Sampling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D	Include Name(s) of Person(s) Obtaining the Samples	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>IV</b>	<b>Analytical Data and Other Requirements (Checklist)</b>				
A	Submitted all required Analytical Data	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Explain below)	
	****				
B	Include Date(s) of Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
C	Include Name(s) of Analyst(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D	Include Analytical Methods Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
E	Total PCB (check the one that applies)	<input type="checkbox"/> Submitted during January-June <input checked="" type="checkbox"/> or December-May <input checked="" type="checkbox"/> SMR period			
		<input type="checkbox"/> Submitted during July-December <input checked="" type="checkbox"/> or June-November <input checked="" type="checkbox"/> SMR period			
		<input type="checkbox"/> Exempted			
F	Total Phenols or Individual Phenolic Compounds (check the one that applies)	<input type="checkbox"/> Submitted during January-June <input checked="" type="checkbox"/> or December-May <input checked="" type="checkbox"/> SMR period			
		<input type="checkbox"/> Submitted during July-December <input checked="" type="checkbox"/> or June-November <input checked="" type="checkbox"/> SMR period			
		<input type="checkbox"/> Exempted			
G	Submitted 4-day, 30-day or Monthly Average data	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
H	Submitted PFAS Analysis (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
I	Submitted TTO Analysis (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
J	Submitted TOMP Certification (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
	If Yes, provide the date of the submitted TOMP	****			
K	Submitted Waste Manifests (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
L	Submitted Operating Day Logs (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
<b>V</b>	<b>Certified Statement</b>				
	Are Pretreatment Standards being met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Specify the operations / maintenance taken to achieve compliance below.)	
****					
<b>VI</b>	<b>Certification</b>				
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 City of Detroit Ordinance 08-05, Section 56-3-61.1 (e)(8) provides authority to the Publicly Owned Treatment Works, in this case the Great Lakes Water Authority (GLWA) requires 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 30<sup>th</sup> and December 31<sup>st</sup> 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 to Complete 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 the respective period of the report.

#### **Item II**

- A. SIUs subjected to production-based standards under the Federal Categorical Pretreatment Regulation must specify the materials processed on-site and actual average production rates (e.g. pound/unit time, sq. ft./unit time, sq. meter/unit time, kg/unit time, etc.).
- B. 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**

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.

Provide the date(s) and time of sampling which includes when the sampler was installed and when the sample was retrieved/collected and also the name(s) of person(s) obtaining the samples.

#### **Item IV**

All Industrial Users subject to self-monitoring requirements shall include:

- A. Only original analytical reports/laboratory reports are accepted by the GLWA. Reports should indicate a representative discharge sample 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). The analytical report should include also the name and address of the laboratory, the date of sample received (Chain of Custody),
- B. Date(s) of analysis,
- C. Name(s) of person(s) performing the analysis,
- D. Analytical techniques or methods used. The report should be signed by an authorized representative of the laboratory.
- E. Denote the status of PCB analyses whether submitted, to be submitted, has been submitted or exempted from the self-monitoring requirement.
- F. Denote the status of Total Phenols or Individual Phenolic Compounds analysis whether submitted, to be submitted, has been submitted or exempted from the self-monitoring requirement.
- G. 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.

- H. When applicable, Industrial Users, who are determined to be a significant source of PFAS, are required to submit PFAS analyses.
- I. Significant Industrial Users (SIU) subject to Metal Finishing and Electroplating categories are required to submit Total Toxic Organics (TTO) analysis per year for those individual compounds which would reasonably be expected to be present in their wastestream.
- J. As an alternative to the TTO analysis, the SIU, as described in H above, may submit a Toxic Organic Management Plan (TOMP) to the GLWA for its approval. Should the TOMP be approved, the SIU shall include the following certification with each SMR submitted to the GLWA.

*“Based on my inquiry of the persons directly responsible for managing compliance with the pretreatment standard for toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing of the last semi-annual compliance report. I further certify that this facility is implementing the solvent management plan submitted on **specify date.**”*

*(Signed and dated by the Authorized Company Representative.)*

- K. if required, submit copies of waste manifests and
- L. if required, submit Operating Day Logs.

#### **Item V**

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

#### **Item VI**

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

*SMR forms can be availed through your respective GLWA-IWC Field Engineer.*