PRETREATMENT PROGRAM
ANNUAL REPORT

COVER SHEET

Pretreatment Program Name: _____

Report Date: _____/_____/_____

Period covered by this report: from ____/_____/____ to _____/_____/_____

Period covered by previous report: from ____/_____/____ to _____/_____/_____

Name of treatment plant(s):	Permit number(s):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Person to contact concerning information contained in this report:

Name: _____
Title: _____
Organization: _____
Mailing Address: _____
_____ zip code: _____
Telephone No.: _____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

_____ (Date)

_____ Signature of Official [see 62-625.600(12), F.A.C]

_____ Name of Official

_____ Title

Number of Significant Industrial Users (SIUs):
SIUs (do not include NSCIUs): _____
SIUs w/o control mechanisms: _____
SIUs not inspected: _____
SIUs not sampled: _____
SIUs in SNC w/
Pretreatment Standards: _____
SIUs in SNC w/
Reporting Requirements: _____
SIUs in SNC w/
Pretreatment Schedule: _____
SIUs in SNC
Published in Newspaper: _____
SIUs on Schedules: _____
Violation Notices
Issued to SIUs: _____
Administrative Orders
Issued to SIUs: _____
Civil Suits Filed
Against SIUs: _____
Criminal Suits File
against SIUs: _____

Number of Categorical Industrial Users (CIUs):
CIUs (including NSCIUs): _____
CIUs in SNC: _____

Penalties:
Dollar Amount of Penalties Collected: _____
Count of Industrial Users (IUs) from
which Penalties have been collected: _____

Incidents:
Pass-Through/Interference Indicator: Yes / No

Acceptance of Wastes,
Acceptance of Hazardous Waste: Yes / No
Acceptance of Non-Hazardous Hauled Industrial
Waste: Yes / No
Acceptance of Hauled Domestic Wastes Yes / No

Annual Frequency:
Annual Frequency of Influent
Toxicant Sampling: _____
Annual Frequency of Effluent
Toxicant Sampling: _____
Annual Frequency of Sludge
Toxicant Sampling: _____

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Section 1: WWF Operations

A. Attach summaries of monitoring data for each WWF covered by the pretreatment program. Include influent, effluent and biosolids monitoring data for the current reporting year.

B. Indicate what effluent and biosolids disposal methods were used during the reporting year. Please list the methods used for each WWF covered by the pretreatment program. When reporting multiple methods of disposal for the effluent, please indicate the period when each method was used solely during the year. See example below.

WWF Name	Effluent (surface water & Class, UIC, reuse)	Biosolids (land application, distribution and marketing, landfill, incineration)

C. Incidents. Please summarize any incidents of pass through or interference noted from the data review. Additional types of incidents to be reported here include permit violations, WWF upsets, reductions in residuals quality, and unsafe or prohibited conditions within the treatment plant or collection system.

Type of Incident	Date of Occurrence	Reason for Incident	Corrective Action	IU causing Incident

Section 2: Program Modifications

A. The control authority:

	yes	no
1. Made changes/modifications to the pretreatment program during the reporting year?	_____	_____
2. Anticipates any changes for the upcoming year?	_____	_____

B. If modifications have been made, or plan to be made, check the program element affected from the list below:

1. Sewer use ordinance _____
2. Contracts or agreements (multijurisdictional) _____
3. Control mechanisms _____
4. Local limits/prohibitions _____
5. Staffing and Funding _____
6. Monitoring program (WWF or IU) _____
7. IU inspection program _____
8. Sludge disposal methods _____
9. Confidentiality procedures _____
10. Changes that result in an increased pollutant loading at a WWF _____
11. Changes that result in less stringent requirements being imposed on any IU ___
12. Other (describe below) _____

C. Description of modifications indicated in B. above. Please attach a separate sheet of paper if more space is needed.

Section 3: Pollution Prevention Activities

Section 4: Industrial User Information

A. General Information.

Facility Status	Facility Name	Facility Address	Facility Type (SIU/CIU/NSCIU)	40 CFR CategorySection	Contact Person	Contact Phone Number

Briefly describe any deletions:

_____

_____

_____

B. IU Permit Information.

Facility Name	Average Flow (gpd)	Permit Issue Date	Permit Expire Date	F/L limits	Monitoring Waiver? (Only CIUs)	If Yes, List Pollutants	IU on C/S ?[1]

[1]Attach a copy of each compliance schedule

Section 5: Sampling and Inspection Schedule

Enter the number of actual events for each IU as appropriate. Please indicate not required **(NR)** in column 6 if sampling and analyses is performed by the control authority in lieu of the SIU. *See example below.*

Facility Name	If NSCIU, evaluated to meet criteria? (Y/N/NA)	IU on reduced monitoring? (Y/N)	Actual control authority sampling for this year	Actual control authority inspections for this year	Actual IU self-monitoring for this year

Section 6: Industrial User Violations

If there are more than one violation of the same type for an IU, list each separately. Codes from the attached code list can be used for violations and actions taken.

Facility Name	Violation Code	Violation Date	Action Taken Code	Action Taken Date	Violation Resolved? (Y/N)	Penalty Amount (if any)	Comments

Section 7: Industrial User SNC Status

A. Put an X in each cell to indicate if the IU is in SNC for each applicable area.

Facility Name	SNC for reporting	SNC for self-monitoring	SNC for standard violation	SNC for compliance schedule violation	SNC for other reason

B. Briefly explain any SNC for other reasons indicated above.

C. Attach a copy of the newspaper publication for those IUs published for SNC.