Florida Department of Environmental Protection
Pretreatment Program
Chapter 62-625, F.A.C.

Abbreviated Local Limits Re-evaluation Checklist

Program Name: _____
Submission Date: _____
Permit Number: _____

Submission Requirements	**Y or comment number**	**Document reference and page #**
A. WWTF History		
1. Compliance history addressed? *(no incidents of pass-through or exceedances of WQS that are attributed to the pretreatment program and no influent concentrations above applicable thresholds*		
2. Changes to wastewater flows addressed? (should not have significant changes greater than <20%)		
3. Modification to WWTF addressed? (should not have any significant modification to treatment processes)		
4. Changes to effluent or residuals disposal practices addressed? (if changes were made, complete re-evaluation may be needed)		
5. Changes to applicable environmental criteria addressed? (reuse water contracts with specific limits, may not be applicable to most programs)		
B. Applicable Statements		
1. Statement that there have been no significant violations of regulatory standards?		
2. Statement that there have been no significant changes to WWTF? (including facility operations, upgrades, flows)		
3. Statement that there have been no changes to the WWTF discharge permit issues by the Department that would affect local limits?		
C. Local Limit Data/Documentation		
1. A list of the current pollutants of concern, including all local limit pollutants, as applicable.		
2. Summary of analytical data collected during the re-evaluation period (may be DMR data, additional data. Historical data should be since last evaluation)		
3. Comparison of annual average pollutant loading rates to maximum allowable headworks loadings provided? (comparison should be since last evaluation)		
4. Summary of influent flows and industrial user flows for the re-evaluation period provided?		

Notes:

Based upon this review, I have found the program submission to be:

☐Adequate ☐inadequate ☐Adequate, contingent on addressing comments

Date: _____ Reviewed by: _____

Note: This review is a preliminary determination and is not necessarily the final determination by the Department.