

**CITY OF ARLINGTON  
PRETREATMENT SEMI-ANNUAL REPORT  
(PERIODIC COMPLIANCE REPORT)  
Month Year -- Month Year**

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**SECTION I – GENERAL INFORMATION**

Industry Name \_\_\_\_\_  
Industry Permit No. \_\_\_\_\_  
SIC Code(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Industry Representative \_\_\_\_\_  
Authorized Signatory \_\_\_\_\_

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**SECTION II – PRODUCTION RATE INFORMATION – 40 CFR 403.12 (e) (3)**

Complete Form A – Production Rate Information

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**SECTION III – WATER ACCOUNT INFORMATION**

Complete Form B – Monthly Water Consumption Figures per Account

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**SECTION IV – WATER FLOW / WASTEWATER USAGE INFORMATION**

Provide the following information on discharge flow rate for this six-month reporting period

1. Hours of Industrial Process Discharge (e.g., 9:00 a.m. to 5:00 p.m. or closed)  
M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_  
Sat \_\_\_\_\_ Sun \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

List Shifts & Employees per shift

Shift Times            1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Employees per shift    1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Section IV continued

2. Are any process changes or expansions planned during the next six months that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes                       No

Briefly describe:

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3. Have any process changes occurred during the previous six months that have significantly altered wastewater volumes or characteristics?

Yes                       No

Briefly describe:

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4. Are any water reclamation / reuse systems in use or planned?

Yes                       No

Briefly describe:

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Complete Form C – Water Flow / Wastewater Usage Information

Complete Form D – Batch Discharge Information

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**SECTION V – WATER FLOW USAGE INFORMATION DURING SELF-MONITORING**

Complete Form E – Water Flow Usage Information During Self-Monitoring

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**SECTION IX - SLUG DISCHARGES** – *40 CFR 403.8f(2)(v)*

A slug discharge is any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or a non-customary batch discharge.

Do you have a Slug Control Plan (SCP) to prevent spills of chemicals or slug discharges from entering the Authority’s collection system?

**Yes** Please enclose a copy, if not previously submitted.

A Slug Control Plan shall contain at a minimum, the following elements:

1. Description of discharge practices, including non-routine batch discharges;
2. Description of stored chemicals;
3. Procedures for immediately notifying the Authority of slug discharges, including any discharge that would violate a prohibition under *40 CFR 403.5 (b)*, the Authority’s Industrial Waste & Water Pollution Control Ordinance, and the Industry’s permit, with procedures for follow-up written notification within five days;
4. If necessary, procedures to prevent adverse impact from accidental spill, including inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site run-off, worker training, building of containment structures or equipment, measures for containing toxic organic pollutants (including solvents), and/or measures and equipment for emergency response.

**No** If No, please briefly explain and attach any supporting information to document your exemption.

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**Requirement to Notify** - *40 CFR 403.12 (f)*

Notice of potential problems, including slug loading. All categorical and non-categorical Industrial Users shall notify the Authority immediately of all discharges that could cause problems to the Authority/Publicly Owned Treatment Works (POTW), including any slug loadings, as defined by *40 CFR 403.5 (b)*.

Please note a “Spill/Accidental Discharge Control Plan” must specifically address “Slug Control” in the document to meet this qualification.

**SECTION X – ZERO DISCHARGE & BATCH DISCHARGE INFORMATION  
(if applicable)**

**ZERO DISCHARGE CERTIFICATION STATEMENT**

“I certify under penalty of law that \_\_\_\_\_  
located at \_\_\_\_\_ has not  
discharged to the City of Arlington’s Sanitary Sewer system any process wastewater or  
hazardous wastes since the filing of the last report (date) \_\_\_\_\_. I further certify that this  
facility is managing all process wastewater and hazardous wastes in accordance with regulations  
established by the Resource Conservation and Recovery Act (RCRA) and the Texas Commission  
on Environmental Quality (TCEQ). I am aware that there are significant penalties for submitting  
false information, including the possibility of fine and imprisonment for knowingly doing so. I  
am also aware that any changes in processes or activities that would cause a potential for  
discharge, shall be reported to the Control Authority/POTW immediately.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BATCH DISCHARGE STATEMENT**

“I certify under penalty of law that \_\_\_\_\_  
located at \_\_\_\_\_ has not  
discharged to the City of Arlington’s Sanitary Sewer system any process wastewater that did not  
meet Batch Permit Limitations or receive prior approval to discharge, since the filing of the last  
report (date) \_\_\_\_\_. I further certify that this facility is managing all process wastewater  
and hazardous wastes in accordance with regulations established by the Environmental  
Protection Agency (EPA) and the Texas Commission on Environmental Quality (TCEQ). I am  
aware that there are significant penalties for submitting false information, including the  
possibility of fine and imprisonment for knowingly doing so. I am also aware that any changes  
in processes or activities that would cause a potential for discharge, or a change in the  
characteristics of my wastewater shall be reported to the Control Authority/POTW immediately.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATION STATEMENT** – 40 CFR 122.22 (d) & 403.6 (a)(2)(ii)

The following certified statement is an affirmation of the Permittee’s commitment to maintaining compliance with pretreatment standards at all times.

All applicable Federal, State, or local pretreatment standards and requirements are being met on a consistent basis.

Yes                       No

If No, Explain:

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What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

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**SECTION XI – AUTHORIZED SIGNATURES** - 40 CFR 122.22 (a) & 40 CFR 403.12 (l)

For the purpose of this report, an Authorized Signatory is a responsible corporate officer, a president, secretary, treasurer of the corporation in charge of a principal business function, or other person who performs similar policy or decision-making functions for the corporation, or the manager of one or more manufacturing, production or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

**AUTHORIZED REPRESENTATIVE STATEMENT - 40 CFR 122.22 (d) & 40 CFR 403.6 (a) (2) (ii)**

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 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 (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PLEASE RETURN TO:            CITY OF ARLINGTON - MAILSTOP 09-0110  
   WATER RESOURCE SERVICES  
   P.O. BOX 90231  
   ARLINGTON, TEXAS 76004-3231**

**(817) 459-5902  
FAX    (817) 459-5874**

Developed 4/1/99  
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## **SECTION XII - FORMS**

**FORM A – PRODUCTION RATE INFORMATION**

**FORM B – MONTHLY WATER CONSUMPTION FIGURES PER ACCOUNT**

**FORM C - WATER FLOW/WASTEWATER USAGE INFORMATION**

**FORM D – BATCH DISCHARGE INFORMATION**

**FORM E – WATER FLOW/USAGE INFORMATION - DURING SELF-MONITORING**

**FORM F – SELF-MONITORING REPORT**

**Required Documentation for Sampling & Analysis Guidance attached**

**FORM G – WASTE DISPOSAL REPORT**

❖ **Please photocopy forms as needed.**