Johnson County Wastewater  
Industrial Pretreatment Program

# Self-Monitoring Report

<table>
<thead>
<tr>
<th>JCW REVIEW</th>
<th>REPORTING PERIOD:</th>
<th>REPORT DUE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Init. Date</td>
<td>Quarterly</td>
<td>14th Day of January, April, July, &amp; October</td>
</tr>
<tr>
<td>This document has been reviewed by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further action necessary:</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Return to:**

Pretreatment Coordinator  
Johnson County Wastewater  
11811 S. Sunset Drive, Suite 2500  
Olathe, Kansas 66061-7061  
Phone: (913)715-8500 Fax: (913)715-8501  
Direct: (913)715-6940  
E-mail: michael.carter@jcw.org

---

1. **Category:** Prohibited Discharge (40CFR403)

2. **Company Name:**

   **Mailing Address:**

   **Business Address:**

   **Contact Information:**

   Name: ________________________________

   Title: ________________________________

   Phone & Fax: __________________________

   Cell Phone: ___________________________

   E-mail: ______________________________
3. **Employment:**

Average number of employees per shift: _____ 1st _____ 2nd _____ 3rd

Shift hours normally worked each day: (e.g., 8:00 AM – 5:00 PM)

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Wastewater Flows:**

*NOTE:* Estimated flows are acceptable if actual measurements are not technically feasible.

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AVERAGE (gpd)</th>
<th>MAXIMUM (gpd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated Wastewater</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treated Wastewater</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooling Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Potable Water Used</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Flow Determinations:**

**Untreated Wastewater**  Wastewater flow from all regulated process operations which flow to the sanitary sewerage system without any pretreatment.
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated Wastewater</td>
<td>Wastewater flow from all regulated process operations which flow to the sanitary sewerage system after pretreatment.</td>
</tr>
<tr>
<td>Cooling Water</td>
<td>Cooling water discharged continuously or intermittently to the sanitary sewerage system.</td>
</tr>
<tr>
<td>Sanitary</td>
<td>Wastewater from hand washing sinks, toilets, and showers. Unless it is measurable, use 25 gallons per day per employee to estimate flow.</td>
</tr>
<tr>
<td>Potable Water Used</td>
<td>Total potable gallons used in one month, based on Johnson County Wastewater billing.</td>
</tr>
</tbody>
</table>

**Estimated**

(describe)

________________________________________

________________________________________

________________________________________

________________________________________

5. **Sample Collection:**

*NOTE:* Samples shall be representative of normal work cycles and expected pollutant discharges.

Sampling Location(s):

________________________________________

________________________________________

________________________________________

________________________________________

Person(s) who collected sample:

Name:  

Employer:  

______________________________

______________________________
6. **Sample Handling:**

   How and when was the sample preserved for analysis?

<table>
<thead>
<tr>
<th>POLLUTANT</th>
<th>PRESERVATION METHOD</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Toxic Organics (TTO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Laboratory where samples were analyzed:

Company: _______________________

Address: _______________________

Phone: _______________________

*NOTE: Laboratory must use EPA approved methodology and be certified to do so by the Kansas Department of Health and Environment.*

7. **Nature and Concentration of Pollutants:**

   *NOTE: Report nature and concentration of pollutants specified in your Industrial Wastewater Discharge Permit in the attached table. Enclose laboratory analytical results with the completed Self-Monitoring Report.*
8. **Certified Statement:**

Pretreatment standards for this company are _____ are not _____ *(check one)* being met on a consistent basis.

Additional operation and maintenance required to insure compliance are as follows:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional pretreatment required to meet standards is as follows:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**NOTE:** Attach compliance schedule, including timetable for schedule milestones and projected completion date, if standards are not being met.
9. **Signature Requirement:**

“I have personally examined, and am familiar with, the information submitted in this document and attachments. Based upon my inquiry with those individuals immediately responsible for obtaining the information herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.”

“Based upon my inquiry with the person or persons directly responsible for managing compliance with the Federal Pretreatment Standards for total toxic organics (TTO), I certify that to the best of my knowledge and belief, we are not currently discharging concentrated toxic organics, as specified in this company’s Industrial Wastewater Discharge Permit, to the Johnson County Wastewater’s sanitary sewerage system.”

“Also, based upon my inquiry with the person or persons directly responsible for managing compliance with the conditions specified in this report, I certify that to the best of my knowledge and belief, we are not currently discharging prohibited pollutants, as specified in this company’s Industrial Wastewater Discharge Permit, to the Johnson County Wastewater’s sanitary sewerage system.”

________________________________________________________________________

Signature of Authorized Representative *  
________________________________________________________________________

Title  
________________________________________________________________________

Date  
________________________________________________________________________

Authorized Signatory Identity Number  

________________________________________________________________________

Signature of Qualified Professional **  
________________________________________________________________________

Print Name  
________________________________________________________________________

Print Name  
________________________________________________________________________

Title  
________________________________________________________________________

Date  

* Signature of authorized person, or designee, as reported to Johnson County Wastewater

** Person primarily responsible for the regulated process and pretreatment system
NOTE: If the Authorized Representative is the person responsible for the regulated process and pretreatment system, then the Qualified Professional section need not be completed.