Self-Monitoring Report

REPORTING PERIOD:              Semiannual
                               January 14th & July 14th

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


2. Company Name:  

Mailing Address:  

Business Address:  

Contact Information:

Name:  

Title:  

Phone & Fax:  

Cell Phone:  

E-mail:  

This document has been reviewed by:  

Init.  Date

Further action necessary:  Yes  No

Comments:
3. **Employment:**

   Average number of employees per shift: _____ 1<sup>st</sup> _____ 2<sup>nd</sup> _____ 3<sup>rd</sup>

   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>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
<td></td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
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</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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</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</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><strong>Treated Wastewater</strong></th>
<th>Wastewater flow from all regulated process operations which flow to the sanitary sewerage system after pretreatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cooling Water</strong></td>
<td>Cooling water discharged continuously or intermittently to the sanitary sewerage system.</td>
</tr>
<tr>
<td><strong>Sanitary</strong></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><strong>Potable Water Used</strong></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>VOC (See Permit List)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ammonia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH</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 cyanide, I certify that to the best of my knowledge and belief, that cyanide is neither used nor generated on a routine basis.”

“Also, this facility has requested and received an exemption from Johnson County Wastewater to reduce the compliance monitoring frequency for one or more regulated parameter(s), as specified in the exemption, which are neither used nor generated at this facility. It is understood that the exemption may be utilized during only one semiannual reporting period each year and that compliance monitoring for all parameters specified in our Industrial Wastewater Discharge Permit shall occur during the alternate semiannual monitoring period.”

“This facility will ____ will not ____ (check one) exercise this exemption during this monitoring period.”

________________________                     ________________
Signature of Authorized Representative *    Print Name

________________________
Title

________________________
Date

________________________
Authorized Signatory Identity Number

________________________
Signature of Qualified Professional **

________________________
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.