



State of Ohio Environmental Protection Agency  
Division of Surface Water

## Annual Pollutant Minimization Program (PMP) Reporting Instructions

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The goal of the PMP is to move the POTW's effluent level toward, and to achieve as soon as is practicable, the level specified by the underlying water quality based effluent limit necessary to comply with the mercury water quality criteria. The annual report should identify individual facilities or targeted groups within the various sectors covered by the plan and provide the status of these facilities with respect to the goals laid out for the different sectors.

The goal of these forms is to provide the POTW with a more defined and descriptive way of reporting this information to Ohio EPA. The Annual PMP Report may be submitted with the Annual Pretreatment Report, if a POTW has an approved Pretreatment Program, or before March 1<sup>st</sup> of each year. An Annual Report cannot be considered complete unless all of the applicable information addressed in these forms is included. The POTW may choose an alternate method or format for submitting this information.

In addition to the Annual PMP Report form there are optional forms provided for the POTW to use in implementing some of the elements of their PMP. These forms include an Annual Report Form for Medical Facilities; a Medical Facility Baseline Inventory; a Dental Facility Visit Form; and an Annual Report Form for Dental Facilities, Schools and Industrial Facilities.

### The Annual Report Form

This form consists of seven sections: the cover sheet; summary of treatment plant analytical data; medical facility inventory and compliance evaluation; dental facility inventory and compliance evaluation; school and educational facility inventory and compliance evaluation; industrial inventory and compliance evaluation; and the POTW's summary of PMP effectiveness.

#### Cover Sheet

The general background information required by this section should identify the facility or facilities covered by the report, the POTW's contact person for PMP related information, and the signed certification statement.

#### Section I. Mercury PMP Summary of Resources

This section of the report requires information on the individuals that are specifically implementing the PMP and any implemented or anticipated changes that have or will significantly change the POTW's efforts in implementing the PMP. These changes could include: involving or hiring more personnel; purchasing equipment to help implement the PMP; or conducting additional compliance, collection system, or treatment plant monitoring. Include any efforts to collaborate with other departments, agencies, organizations, or even other municipalities to help reduce mercury. Recycling efforts and any cooperating partners should be presented as well.

#### Section II. Mercury PMP Summary of Treatment Plant and Collection System Analytical Data

Provide the treatment plant's influent and effluent sampling results for the previous year as well as any collection system sampling conducted in this section. It would be appropriate to provide a simple schematic to illustrate where the sampling has taken place in the collection system with the accompanying sampling results. Attach any applicable collection system sampling results to this section.

#### Section III. Medical Facility Inventory and Compliance Evaluation

#### Section IV. Dental Facility Inventory and Compliance Evaluation

#### Section V. School and Educational Facility Inventory and Compliance Evaluation

#### Section VI. Industrial User Inventory and Compliance Evaluation

Provide an inventory of all medical facilities (hospitals, clinics, doctor's offices, veterinary facilities and diagnostic laboratories), dental facilities, schools and educational facilities, and industrial users. Inspections, the submission of the facilities' annual report form, and an evaluation of the facilities' compliance status with their sector-specific BMPs should be provided. If a facility is determined to be out of compliance with their BMPs, the POTW will need to identify specific BMPs that are not being met.

**Section VII. POTW's Summary of PMP Effectiveness**

Provide a self-evaluation of the POTW's efforts for implementing the PMP. Discuss any areas identified as needing attention and provide an evaluation of the different sectors' performance. The goal of this section is to identify areas of the program that need more attention and provide direction for implementing the PMP in the coming year.

**Optional Forms**

These forms are meant to provide guidance in controlling the different sector-specific sources of mercury. These forms should not be submitted as a part of the Annual PMP Report but should be inventoried as a part of the PMP program documentation at the POTW. It is not necessary to use these forms however; program elements that are fundamentally similar in content should be utilized when implementing the PMP.

**Medical Facility Annual Report Form**

This form provides a list of the BMPs that apply to the medical facility sector. Individual facilities may submit this form to the POTW as an annual report to outline which BMPs have and have not been met. The facility should keep a copy of this form as a reference for BMP compliance. The POTW can choose to waive wastewater sampling based on the level of compliance with BMP implementation.

**Medical Facility Baseline Mercury Inventory**

This form will help establish a baseline inventory of all possible sources of mercury at a medical facility. Once established, the medical facility can use this form to determine particular areas on which to focus and to measure progress made in eliminating mercury from their facility.

**Dental Facility Visit Form**

This form provides a guide for conducting a visit and inspection at a dental facility.

**Dental Facility Annual Report Form**

This form provides a list of the BMPs that apply to the dental facility sector. Individual facilities may submit this form to the POTW as an annual report to outline which BMPs have and have not been met. The facility should keep a copy of this form as a reference for BMP compliance. The POTW can choose to waive wastewater sampling based on the level of compliance with BMP implementation.

**School and Educational Facility Annual Report Form**

This form provides a list of the BMPs that apply to the school and educational facility sector. Individual facilities may submit this form to the POTW as an annual report to outline which BMPs have and have not been met. The facility should keep a copy of this form as a reference for BMP compliance. The POTW can choose to waive wastewater sampling based on the level of compliance with BMP implementation. It may be helpful to contact the local health department and work together on these types of facilities.

**Industrial Facility Report Form**

This form provides a list of the BMPs that apply to the industrial sector. Individual facilities may submit this form to the POTW as an annual report to outline which BMPs have and have not been met. The facility should keep a copy of this form as a reference for BMP compliance. There is a wide range of industrial operations the POTW may need to consider to determine whether a facility specific BMP plan should be developed. For POTWs with approved pretreatment programs, reporting for permitted industrial users should correspond with the requirements of the approved program.

NPDES Permit Holder or Sewer Authority Name:	
Initial Plan: <input type="checkbox"/> Annual Report: <input type="checkbox"/> Date Initial Plan Submitted:    /    /	
Report Date:    /    /                      Period Covered by this Report:    /    /	

**Mercury PMP Report Attachments**

I. Mercury PMP Summary of Resources  
 II. Mercury PMP Summary of Treatment Plant Analytical Mercury Data  
 III. Medical Facility Inventory and Compliance Evaluation  
 IV. Dental Facility Inventory and Compliance Evaluation  
 V. School and Educational Facility Inventory and Compliance Evaluation  
 VI. Industry Inventory and Compliance Evaluation  
 VII. POTWs Summary of PMP Effectiveness

Name of Treatment Plant	NPDES Permit Number	Mercury Effluent Limit (ng/l)

**Person to contact concerning information contained in this report**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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

Date:    /    /                      Title of Official: \_\_\_\_\_  
 Name of Official: \_\_\_\_\_  
 Signature of Official: \_\_\_\_\_

Person(s) implementing PMP	Title

Are there any anticipated changes in treatment plant resources that would significantly change program hours or costs during the subsequent year, such as involving or hiring more personnel, purchasing equipment to implement the pollutant minimization program, or conducting compliance monitoring?  Yes (explain below)  No

Ohio EPA encourages collaboration on mercury reduction activities. Did any other municipal departments, county agencies, non-profit organizations or other municipalities help implement part of your mercury reduction program?

Yes (explain below)  No

Ohio EPA requires a program for collecting mercury from the permittee's sewer system. List all available options for recycling mercury including household hazardous waste centers, clean sweep events and collection events hosted by the POTW.

Recycling Option	Partner	Frequency of Availability



### III. Medical Facility Inventory and Compliance Evaluation

Include all hospitals, clinics and veterinary facilities with diagnostic laboratories (including laboratories contracted or managed independently of the medical facility). Copy and attach additional pages as necessary.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Copy and attach additional pages as necessary.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date:    /    /                      Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No                      If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date:    /    /                      Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No                      If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date:    /    /                      Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No                      If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No If no, specify reason for non-compliance below.

Include all middle schools, high schools, technical schools, colleges and universities. Copy and attach additional pages as necessary.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No If no, specify reason for non-compliance below.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Type of Facility: \_\_\_\_\_  
 Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
 In Compliance?  Yes  No If no, specify reason for non-compliance below.

## VI. Industry Inventory and Compliance Evaluation

Include all industries and businesses identified by the POTW as having potential for mercury wastewater contributions (see instructions). Copy and attach additional pages as necessary.

Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
_____	_____	_____	
Contact:	_____		Phone: ( ) _____
Type of Facility:	_____		
Inspection Date:	/ /	Submitted Annual Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In Compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify reason for non-compliance below.	
BMP Language in permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sampling Results (ng/l): _____	

Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
_____	_____	_____	
Contact:	_____		Phone: ( ) _____
Type of Facility:	_____		
Inspection Date:	/ /	Submitted Annual Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In Compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify reason for non-compliance below.	
BMP Language in permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sampling Results (ng/l): _____	

Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
_____	_____	_____	
Contact:	_____		Phone: ( ) _____
Type of Facility:	_____		
Inspection Date:	/ /	Submitted Annual Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In Compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify reason for non-compliance below.	
BMP Language in permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sampling Results (ng/l): _____	

## VI. Industry Inventory and Compliance Evaluation

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.  
  
BMP Language in permit?  Yes  No Sampling Results (ng/l): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.  
  
BMP Language in permit?  Yes  No Sampling Results (ng/l): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Type of Facility: \_\_\_\_\_  
Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Submitted Annual Report?  Yes  No  
In Compliance?  Yes  No If no, specify reason for non-compliance below.  
  
BMP Language in permit?  Yes  No Sampling Results (ng/l): \_\_\_\_\_

Provide a self-evaluation of the successes and failures of the program in the past year. Include any identified or foreseeable difficulties in implementing the program. The POTW should use this section to elaborate on their individual program.

<b>Sector: Medical Facilities</b>			
Percent Inspected:	_____	Percent Submitted Annual Report:	_____
Percent in Compliance	_____	Percent not in Compliance:	_____

<b>Sector: Dental Facilities</b>			
Percent Inspected:	_____	Percent Submitted Annual Report:	_____
Percent in Compliance:	_____	Percent not in Compliance:	_____

<b>Sector: School and Educational Facilities</b>			
Percent Inspected:	_____	Percent Submitted Annual Report:	_____
Percent in Compliance:	_____	Percent not in Compliance:	_____

<b>Sector: Industrial Facilities</b>			
Percent Inspected:	_____	Percent Submitted Annual Report:	_____
Percent in Compliance:	_____	Percent not in Compliance:	_____