Reset Form | Print Form

Ohio Environmental Protection Agency
Division of Surface Water

Pretreatment Program Annual Report (For Approved Pretreatment Programs)

Instructions: Annual reports must be completed each year and submitted no later than the date specified in Part II of the permittee's NPDES permit. Please note that the "Pretreatment Priority Pollutant Reporting Form" (EPA 4221) must be submitted with this form.

Part A: Certification

Approved Program Information		
Date:		
Sewer Authority Name:		
Period Covered By Report:		
Wastewater Treatment Plant(s) Included In Program:		NPDES Permit Number(s):
1.		1.
2.		2.
3.		3.
Contact Name and Title Name:	Title:	
Mailing Address:		
City:	State:	Zip: -
Phone: ( ) -	Fax: ( ) -	E-mail:

Certification *(Must be signed by the responsible official)*	
I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	
Signature:	
Title:	Date: / /

Mail completed annual reports to:
Ohio EPA, DSW
Pretreatment Unit
PO Box 1049
Columbus, OH 43216-1049

Part B: Pretreatment Performance Summary

POTW Information
POTW:
NPDES Permit Number:
Reporting Period:
Total Significant Industrial Users (SIUs):
Total Number of Categorical Industrial Users:
Total Number of Significant Non-Categorical Industrial Users:

Compliance Monitoring Program
Number of Effective Control Documents:
Number of SIUs Inspected:
Number of SIUs Sampled:

Significant Noncompliance (SNC) Assessment
Number of SIUs In SNC (Categorical/Non-Categorical):
Number of SIUs In SNC for Sampling Violations:
Number of SIUs In SNC for Reporting Violations:
Number of SIUs In SNC for Compliance Schedule Violations:

Enforcement Activity
Number of Show-Cause Hearings:
Number of Compliance Schedules Issued:
Number of Administrative Orders Issued:
Number of Civil Suits Filed:
Number of Criminal Suits Filed:
Amount of Penalties Collected (Total dollars/Number of IUs assessed):
Number of Facility Enforcement Activities Published (Attach newspaper list):

Part C: Industrial User Inventory and Monitoring

Page_____ of _____

POTW Information *(Attach additional pages if necessary)*
POTW:
Period Covered:

Facility Name & Address/Contact Person	Local Classification	Applicable Standards	POTW IU Monitoring		IU Self-Monitoring	
			Number of Inspections	Number of Sample Events	Number of Sample Events	Reporting Frequency

Part D: Industrial Inventory Modifications **Page_____ of _____**

POTW Information *(Attach additional pages if necessary)*
POTW:
Date:

Facility Name & Address/Contact Person	Add, Change, Delete	If Deletion, State Reason for Deletion	If Addition or Significant Change, Complete the Following:				
			Process Description	Local Classification	Flow Rate	Pollutants	Applicable Standards

Part E: General Monitoring Information **Page_____ of _____**

POTW Information *(Attach additional pages if necessary)*
POTW:
Period Covered:

Industrial User Classification	POTW Industrial User Monitoring		Industrial User Self-Monitoring	
	Inspection Frequency	Sampling Frequency	Sampling Frequency	Reporting Frequency

Part F: Upsets, Interference and Pass-Through Incidents

Page_____ of _____

POTW Information *(Attach additional pages if necessary)*
POTW:
Period Covered:

Type of Incident	Date	Explanation/Reason	Corrective Action(s) Taken