

GREEN BAY METROPOLITAN SEWERAGE DISTRICT (GBMSD)

PERIODIC COMPLIANCE REPORT (PCR) INSTRUCTIONS

Choose the form that is appropriate for the facility and sample point. If the sample point is not regulated by categorical regulations, fill out PCR #3. If the sample point is regulated by categorical standards, choose the correct PCR. Part 1, Section 2 of the facility's permit will state if any sample point(s) are regulated by categorical standards.

Fill in the facility's legal company name and address(es).

Check the box for the appropriate reporting period and fill in the reporting year.

Check the box(es) for the sample type. The sample type marked on the PCR must match the sample type that is stated in Part 2 of the facility's permit.

Fill in the sample point number. This number can be found in Part 1 of the facility's permit.

Fill in the flow data in the flow summary fields. This information can be obtained from an effluent flow meter, if you have one, by reviewing water bills from your water service provider, or by reviewing your internal water logs.

Check the box for 'zero discharge' if your facility did not discharge any wastewater through this sample point during the reporting period.

Check the box for 'waste hauled offsite for disposal' if your wastewater was hauled to a centralized waste treater instead of being discharged to the sanitary sewer. If the wastewater is regulated by categorical standards, then the facility is required to provide copies of shipping manifests related to the disposal. Send the manifests with the completed report.

Fill in the sample date and the analytical results related to that sample date. Make sure that the results are in milligrams per liter units, except for pH. If you do not have a result for a parameter, write "N/A." Do not leave any fields blank. If more than one sample was collected, complete a separate report for each sample. The facility shall not use GBMSD's monitoring data for completing this report. Lab results must be obtained using approved methods listed in 40 CFR 136 and NR 219.

If the facility maintains pH logs for batch discharges, send copies of the logs with the completed report.

Fill in the name of the laboratory that performed the analysis. The laboratory must be certified by the Wisconsin Department of Natural Resources.

On PCRs #1, #2, and #7, choose the appropriate statement regarding total toxic organics.

On PCR #5, check the box next to the statement regarding chlorophenolic-containing biocides.

Check the box next to the appropriate statement regarding compliance.

Check the box next to the appropriate statement regarding the use of acrylonitrile.

Fill in the name of the person signing the PCR, his/her title, signature, and date. This person must meet the qualifications in 40 CFR 403.12(l), such as a corporate officer, president, secretary, treasurer, vice-president, manager, general partner, proprietor, or duly authorized representative.

Maintain a copy of the completed report at the facility for at least three years.

Mail the original, signed Periodic Compliance Report, the laboratory report, and chain-of-custody to:

ATTN: Pretreatment Coordinator
Green Bay Metropolitan Sewerage District
2231 N. Quincy Street
Green Bay, WI 54302