GREEN BAY METROPOLITAN SEWERAGE DISTRICT
INDUSTRIAL WASTEWATER PRETREATMENT PROGRAM
PERIODIC COMPLIANCE REPORT #8 – PHARMACEUTICAL MANUFACTURING

COMPANY NAME _____
MAILING ADDRESS _____
LOCATION ADDRESS _____

REPORTING PERIOD:
☐ 1/1 - 6/30 ☐ 7/1 - 12/31 _____ (YEAR)

SAMPLE TYPE:
GRAB _____
FLOW COMPOSITE _____
TIME COMPOSITE _____
SAMPLE POINT NUMBER _____

SAMPLE DATE _____
FLOW gallons _____
ACETONE mg/L _____
n-AMYL ACETATE mg/L _____
ETHYL ACETATE mg/L _____
ISOPROPYL ACETATE mg/L _____
METHYLENE CHLORIDE mg/L _____

FLOW SUMMARY FOR REPORTING PERIOD:
MAXIMUM GPD _____
AVERAGE GPD _____
OR
☐ ZERO DISCHARGE
☐ WASTE HAULED OFFSITE FOR DISPOSAL

LABORATORY PERFORMING ANALYSES _____

DNR LAB CERTIFICATION NUMBER _____

CHOOSE ONE

☐ The above data is in compliance with the GBMSD Sewer Use Ordinance, and all other appurtenant regulations.

☐ The above data is not in compliance with the GBMSD Sewer Use Ordinance, and all other appurtenant regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

☐ I hereby certify that no Acrylonitrile containing products are used at this facility; OR
☐ Analysis for Acrylonitrile attached.

SIGNATURE _____ DATE_____

NAME (Printed) _____
TITLE _____

Submit original, completed report to:

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