

BUSINESS OR AGENCY NAME:					
SITE ADDRESS:					
INDUSTRY CONTACT:					
INDUSTRY CONTACT.					
TITLE:					
TELEPHONE NUMBER:					
OWNER'S NAME:					
I. INFORMATION ON PREVIOUS SUBMISSION					
Has a Baseline Monitoring Report (BMR) been submitted for this industry? ☐ YES ☐ NO					
If "YES" provide date of submission and the name of agency to which it was submitted. Attach a copy of the previously submitted material. Date of submission:					
Name of agency it was submitted to:					
II. INDUSTRY INFORMATION					
Check one: New Source Existing Source					
A. List all environmental permits held by your company - (e.g. RCRA, NPDES, etc.).					

II. INDUSTRY INFORMATION (cont'd)

schematic	drawing indicating, flow direction, procling point(s) location, and points of disch	regulated by categorical standards. Attach a ess tank location, pretreatment system(s) arge from regulated processes into WSSC's			
1.	Describe the nature of the operation(s) regulated by categorical standards.				
2.	State a reasonable estimate of your average production rate.				
3.	List North American Industry Classification System (NAICS) codes for operations carried out by this facility.				
4.	Record the measurement of your regular appropriate source. If unable to meas	ulated process wastewater flow(s) under the ure flows, provide estimated flows.			
	a. Existing Source (measured gpd)				
	Process	Process			
	daily average	daily average			
	daily maximum	daily maximum			
	b. New Source (estimated gpd)				
	Process	Process			
	daily average	daily average			

daily maximum

daily maximum

II. INDUSTRY INFORMATION (cont'd)

C. Characterization of regulated wastestream(s).

If your industry is an existing source, you must monitor for the specified regulated pollutants by identifying the applicable Pretreatment Standards. This monitoring is required to quantify the concentration of regulated pollutants for all regulated wastestream(s). Attach act-tual and estimated daily maximum and average concentrations. If your industry is a new source, an estimated quantity may be reported if no historical data is available. Existing sources shall provide the following information:

- 1. Sample type (time proportioned, flow proportioned, grab);
- Sample frequency;
- 3. Time, date, location of sampling event;
- 4. Methods of analysis;
- 5. Person(s) who performed sampling;
- 6. Person(s) who performed analysis;
- Comparison of results with applicable pretreatment standards; state whether process discharges are in compliance with, or in violation of, applicable categorical pretreatment standards; and
- 8. Certification that sampling is representative of normal production.

D.	If your industry basis?	is an existing source, are pretreatment standards being met on consistent
	☐ YES	□ NO
Ε	•	t is necessary, include information on the pretreatment equipment you pro, or have installed, to meet applicable pretreatment standards.

III. SAMPLING REQUIREMENTS

A. Grab Sample

If your industry is required to sample for any of the following pollutants: pH, cyanide, total phenols, oil and grease, sulfide and volatile organics, a minimum of four (4) grab samples must be collected.

B. Composite Sample

For all other pollutants, a minimum of one 24-hour composite sample shall be collected using flow-proportional composite sampling. This requirement may be waived if the Industrial User demonstrates that flow-proportional sampling is not feasible. In such cases, samples may be composited through time-proportional composite sampling or through four (4) grab samples where the industry demonstrates that this will provide a representative sample of the effluent being discharged.

All samples shall be taken immediately downstream from pretreatment facilities if such exist or immediately downstream from the regulated process if no pretreatment exists.

Sampling and analysis shall be performed in accordance with techniques prescribed in 40 CFR 136 and amendments thereto. Where 40 CFR 136 does not contain sampling or analytical techniques for the pollutant in question, sampling and analysis shall be performed by using validated analytical methods or any other applicable sampling and analytical procedures, including procedures suggested by WSSC.

IV. CERTIFICATION

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.

* Signature	of	Authorized	Representative / Date
Print Name			
 Title			

Mail Completed Report To:

Washington Suburban Sanitary Commission Regulatory Services Group 14501 Sweitzer Lane Laurel, MD 20707

^{*} Authorized Representative as defined in 40 CFR 403.12 (I) (1). See document titled "Signatory Authority: Designation of Authorized Representative."