## Instructions for Completing FRSA Self Monitoring Report Form For Categorical Industrial Users - Grab Samples

#### **INTRODUCTION**

The General Pretreatment Regulations and the Four Rivers Sanitation Authority Code of Ordinances requires that all categorical and non-categorical Significant Industrial Users (SIUs) submit, at a minimum, semi-annual self-monitoring reports. The **minimum** reporting requirements are listed in your Wastewater Discharge Permit.

If your facility monitors any regulated pollutant more frequently than the minimum required in the SIU's Wastewater Discharge Permit, the results of this monitoring shall be reported on the appropriate report forms and submitted to the Authority on a monthly basis.

The results of industrial self-monitoring, upon approval by the Authority, shall be included with Authority sampling and analysis data to determine compliance with all applicable pretreatment discharge standards. Should the self-monitoring report indicate analyses of Authority provided split samples, these results, if approved, will be averaged with the Authority's analytical results for the same sample.

In order for the self-monitoring data to be accepted, the samples need to be:

- \* collected at the discharge location shown in the SIU's Wastewater Discharge Permit;
- \* taken following the proper sample procedures; and
- \* analyzed following the approved methods listed in 40 CFR Part 136.

Specific detailed instructions on the completion of the self-monitoring report form and the collection of samples are provided in the accompanying sections of this document. Further information can be obtained by contacting the Authority at (815) 387-7634 or (815) 387-7636.

## I. COVER PAGE INSTRUCTIONS

#### A. General

Identify the company name, address and phone number.

Authoritystaff reviews industry's sampling data on a monthly basis to determine compliance with the pretreatment standards and to identify those companies that will be reported as being in Significant Non-Compliance (SNC) for the year. In order for the Authority to review "monthly" industrial self-monitoring data it should be submitted to the Authority as soon as the sample results are made available to the industrial user. "Semi-Annual" self-monitoring reports are due on or before the 20th of January or July for the preceding six months, unless otherwise specified in your Wastewater Discharge Permit. The Authority has the self-monitoring report forms available in both hard copy and on the District's Web site:

If you are required to monitor for TTO or TOP you may make certification to the Authority, as described in subparagraph "a" below. Certification may be made in lieu of providing analysis for the organic priority pollutants, as required in your self-monitoring requirements listed in your Wastewater Discharge Permit.

#### a. Certification Statement

"Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standards for organic priority pollutants (TTO and/or TOP), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the Solvent Management Plan submitted to the Authority"

In order to "certify" you must also include a current Toxic Organic Management Plan or have one on file at the Authorityoffice. A Toxic Organic Management Plan should specify the toxic organic compounds used; the method of disposal, such as reclamation, contract hauling, or incineration; and procedures for assuring that toxic organics do not routinely spill or leak into the wastewater.

#### B. <u>Compliance Certification Statement</u>

- 1 Indicate whether your facility is or is not in consistent compliance. Consistent compliance is typically defined as <u>NOT</u> being in Significant Non-Compliance (SNC).
- 2 Attach a separate statement if your facility is <u>NOT</u> in consistent compliance indicating what steps will be taken to bring the facility back into consistent compliance.
- 3 The Compliance Certification Statement must be reviewed by an Authorized Representative and Qualified Professional. The position of Authorized Representative and Qualified Professional is defined in 40 CFR Part 403.12 (l)(1-3). www.access.gpo.gov/nara/cfr/cfrhtml\_00/Title\_40/40cfr403\_0(Space is provided on the self-monitoring report form for the appropriate signatures.

## II. ANALYTICAL PORTION OF SELF-MONITORING REPORT FORM (BACK SIDE OF FORM)

- \* <u>FRSA Discharge Number</u> Identify the facility's FRSA discharge number. This number is issued by the Authority and can be found in the upper right-hand corner on the cover page of your Wastewater Discharge Permit under "FRSA".
- \* <u>Sample Location</u> The location where the sample was taken shall be indicated. All samples must be collected from the appropriate sample point, which can be found in your Wastewater Discharge Permit.
- \* <u>Applicable National Pretreatment Standard</u> Indicate the applicable National Categorical Pretreatment Standard. This can be found in your Wastewater Discharge Permit.
- \* <u>Month/Year Sampling Conducted</u> The month/year for which the samples are collected shall also be identified. A separate form shall be submitted for each month/year.
- \* <u>Sample Information</u> Indicate the hold time between when the sample was collected and analyzed, the type of sample container and the preservative used.
- \* <u>Contract Lab</u> If a contract lab was used for sampling/analyzing, provide the name, address, and phone number of the lab. A copy of the Chain-of-Custody form shall accompany the self-monitoring report form when a contract lab is used.
- \* Daily & Monthly or 4-Day Average Categorical Limits Record the applicable daily maximum and average numerical categorical limits applicable to the IU across the rows labeled "Daily Categorical Limits" and "Monthly or 4-Day Avg. Categorical Limit". This information can be obtained from your Wastewater Discharge Permit.
- \* <u>Analytical Results</u> The sample results shall be entered in the row opposite the day of the sample. The numbers 1 through 31 represent the days of the month. Analytical results of each sample are recorded in the column and row appropriate to the sample date and pollutant type. Results shall be provided in units consistent with the units column (mg/L). Your facility's reporting requirements can be found in your Wastewater Discharge Permit along with the required reporting frequenty and number of samples per report.
- \* <u>FRSA Split Sample</u> If the sample is a Authority split sample, an "S" shall be entered into the "FRSA Split Sample" column in the row corresponding with the day of the sample.
- \* <u>Wastewater Flow Allocation</u> If the total flow for the facility has increased or decreased by 20 percent or more, the CIU shall measure the flows and identify all wastewater sources necessary to allow use o fthe Combined Waste-stream Formula (CWF).

#### III. SUMMARY OF APPROVED SAMPLE COLLECTION AND ANALYSES PROCEDURES

Sampling and analysis shall be performed in accordance with the techniques described in 40 CFR Part 136. Where 40 CFR Part 136 does not contain sampling or analytical techniques for the pollutant in question, or where the USEPA determines that 40 CFR Part 136 sampling and analytical techniques are inappropriate for the pollutant in question, sampling and analysis shall be performed using validated analytical methods or any other applicable sampling and analytical procedures, including the procedure suggested by the FRSA or other parties approved by the USEPA.

#### A. Sample Collection

- 1 Samples must be collected from the correct location, i.e. discharge location identified in your Wastewater Discharge Permit.
- 2 When specific pollutant parameters are immediately affected by biological, chemical or physical interactions, or have short holding times, such as pH, hexavalent chromium, cyanide, or volatile organics, individual grab samples must be taken.

3	Proper preservatives,	sample containers	and hold times mus	st be observed	prior to analysis.
---	-----------------------	-------------------	--------------------	----------------	--------------------

Parameter	eter <u>Container<sup>1</sup></u> <u>Preservative</u>		Hold Time
Cyanide	Plastic or Glass	Cool, <u>≤</u> 6°C or NaOH to pH >12 0.69 ascorbic acid	6 days
FOG	Glass	Cool, $\leq 6^{\circ}$ C, HCl or H <sub>2</sub> SO <sub>4</sub> to pH <2	28 days
VOC	40 mL vials Glass, Teflon lined septum	$Cool, \leq 6^{\circ}C$	14 days
Metals	Polyethylene or Glass	HNO3 to pH <2, or at least 24 hours prior to analysis	6 months

#### B. Sample Analysis

- 1 Samples must be analyzed in accordance with the approved methods listed in 40 CFR Part 136.3. The methods in 40 CFR Part 136 are derived from five different sources.
  - a. <u>Methods for the Chemical Analyses of Water and Wastes;</u>
  - b. Standard Methods for the Examination of Water and Wastewater;
  - c. <u>ASTM</u>
  - d. Methods for Analyses of Inorganic Substances in Water and Fluvial Sediments; and
  - e. additional sources
- 2 Cyanide samples must undergo manual distillation followed by titration or spectrophotometric analysis.

## IV. GENERAL INFORMATION

All laboratory results of properly collected and analyzed samples are required to be submitted to the Authority regardless of whether the samples are in compliance. Discharge sample results that exceed a pretreatment limit are required to be reported to the Authority within twenty-four (24) hours of the time the industry becomes aware of the violation. The discharge must be re-sampled and analyzed within thirty (30) days of the violation.

#### Four Rivers Sanitation Authority Self Monitoring Report Form for Grab Samples (Categorical Significant Industrial Users)

## A. GENERAL

COMPANY:	ADDRESS:	PHONE:

This report shall contain the results of all sampling and analysis of your facility's discharge, including flow and the concentration of those pollutants which are limited by Title 2 of the District's Code of Ordinances and are listed in your Wastewater Discharge Permit.

If your facility monitors any pollutant more frequently than required by its permit, using test procedures prescribed in 40 CFR Part 136 or other Rock River Water Reclamation Authority approved methods, as specified in your permit, the results shall be reported in this Self Monitoring Report and submitted to the Rock River Water Reclamation Authority on a monthly basis. Such monitoring shall be included in all calculations used by the Authority to determine the compliance status of the facility.

The monitoring results obtained shall be summarized and reported on this form. Use a separate form for each month reported. The semi-annual self monitoring reports are due on or before the 20th of January and July for the preceding six months, unless otherwise specified in your permit. The report shall indicate the nature and concentration of all regulated pollutants in the effluent for which sampling and analyses were peformed.

If your permit lists TTO among the pollutants required to be analyzed and you elect to "Certify", attach a copy of your "Certification Statement" with this report. This certification<u>must</u> be provided for <u>each</u> reporting period you are certifying for. In order to "Certify", you must also attach a current Toxic Organic Management Plan or have one on file at the Authority

office Please indicate below: (NOTE: This section only applies if "Certification" is being provided in lieu of TTO monitoring)

A Toxic Organic Management Plan for this facility is on file at the Authority.

A Toxic Organic Management Plan is attached.

## B. COMPLIANCE CERTIFICATION STATEMENT (PLEASE ANSWER QUESTION 1 BELOW)

- 1. Based upon the information reported in this form and my inquiry of those individuals directly responsible for compliance with the applicable pretreatment standards, this facility **IS** [ ], **IS NOT** [ ] in consistent compliance with the pretreatment standards and requirements. (**NOTE: Consistent compliance is typically defined as** <u>NOT</u> being in Significant Non-Compliance (SNC).
- 2. If the facility is <u>not</u> in consistent compliance with the applicable pretreatment standards, a separate statement is to be attached to this form detailing what additional operation and maintenance and/or pretreatment is necessary to bring the facility in compliance with those standards. This statement shall satisfy the requirements of the General Pretreatment Regulations (40 CFR Part 403.12(b)(7) concerning the compliance schedules and be completed by the individuals signing this form.
- 3. 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 pesron(s) who manage the system, or those psersons directly responsible for gathering 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, includeing the possibility of fine and imprisonment for knowing violations.

AUTHORIZED REPRESENTATIVE	QUALIFIED PROFESSIONAL
NAME	NAME
TITLE:	TITLE:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
SIGNATURE:	SIGNATURE:
DATE:	DATE:

# Four Rivers Sanitation Authority

## Self Monitoring Report Form for Grab Samples - Categorical Industrial Users

FRSA DISCH	ARGE NUMBER :		ADD 40 CED DADT.	SAMPLE LOCATIO	in :		
APPLICABLE	E NATIONAL PRET	COLLECTED DUBL	ARD, 40 CFR PART:	AD OF:			
SAMDLE HOL	D TIME	COLLECTED DUKI	CONTAINED TYPE:	AK UF:	DECEDVATIVE IN	SED.	
(If a contract la	ab was used for samp	ling/analyzing please r	rovide the information	helow).	I RESERVATIVE US	JED.	
(ii a contract ii	ab was used for samp	ing analyzing pieuse p	sovide the information				
LAB NAME:			ADDRESS:		-	PHONE #:	-
			Total	Non-Polar		Other (Specify)	Other (Specify)
P	ollutant	CN-T	FOG	FOG	TTO <sup>5</sup>	( )	( )
Daily Cate	gorical Limit <sup>3</sup> ->						
Monthly or 4-	day Average Limit <sup>3</sup> ->						
DAY	FRSA		Total			List Pollutant	List Pollutant
OF	SPLIT	CN-T	FOG	NP-FOG	TTO	( )	( )
SAMPLE	SAMPLE <sup>4</sup>	mg/L	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

If the total of the flows for the applicable sources listed below have changed >20% or <20% within the past 12 months, complete the section below. If not, skip the section. List the wastewater allocation of the total flow by source, in GPD.

Wastewater Source	Sanitary	Categorical Process	Non-Categorical Process	
Cooling	Boiler	Scrubber	Other:(List Source: )	

<sup>1</sup> As found in Section II.B of your Wastewater Discharge Permit

<sup>4</sup> Indicate with an "S" if the sample taken was a Authority split sample <sup>5</sup> Report the total of all quantifiable values greater than 0.01 mg/L for the TTO

 $^{2}\,$  At discharge point where the sample is collected.

compounds as defined in the Federal Regulations. Attach copies of the analytical reports.

<sup>3</sup> Record the pollutant discharge limit as found in Section II of your Wastewater Discharge Permit.