



Central Valley Water Reclamation Facility

ZERO DISCHARGE PERIODIC SELF-MONITORING COMPLIANCE REPORT

Industrial Users subject to self-monitoring requirements must submit the information contained in this reporting form at the frequency specified in their Zero Wastewater Discharge Control Permit. Failure to comply with self-monitoring requirements violates Federal Pretreatment Regulations (40 CFR 403.12) and the Central Valley Water Reclamation Facility (CVWRF) Pretreatment Rule.

Facility Name: _____

Address: (street) _____

(city, zip) _____

Reporting period: From _____ to _____

I certify that the above-named facility has not discharged any process/commercial wastewater or other hazardous chemicals into the Sanitary Sewer Collection System.

OR

I certify that the above-named facility has not consistently complied with the no discharge of process/commercial wastewater or hazardous chemicals as stipulated in the permittee's Zero Wastewater Discharge Control Permit. I understand that this statement in no way releases my facility from any administrative or other enforcement action that may be taken by CVWRF or other applicable State or Federal agencies.

Have any violations occurred? Yes No

If yes, you must notify CVWRF within 24 hours of becoming aware of the violation. You must also re-sample and submit the results of the repeat analysis to CVWRF within 30 days of becoming aware of the violation unless exempted by the CVWRF Pretreatment Manager.

Date and Time CVWRF Contacted: Date _____ Time _____

Are there any change(s) in production or flow, in chemical or process usage or in company representatives / pretreatment operation or operators? Yes No

Comments: _____

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/or imprisonment for knowing violations.

Signature of Authorized Representative

Date