**Compliance Monitoring Report**

For Office Use Only

Received

Verified

**(CMR)**

Due **June 28th** and **December 28th** of \_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_

(fill in reporting year)

Report date:\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_

Permit Number:\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of IWQ**:  Renewal  Modification

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. INTRODUCTORY INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **Unless stated otherwise, all items are to be filled out completely. Your Application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting “NA” to show that you considered the question. The use of terms such as “previously submitted” or “already on file” will not be accepted. If there is a section that does not provide enough space you may attach additional pages.** | | | | | | | | | | | | | | | | | | | |
| 1. Identifying Information | | | | | | | | | | | | | | | | | | | |
| Industry Name: | | | | | | | | | | | Permit Number: | | | | | | | | |
| Mailing Address: | | | | | | | | | | | State: | | | | | | Zip Code: | | |
| Physical Address: | | | | | | | | | | | State: | | | | | | Zip Code: | | |
| **Designated Primary Contact (First, Last):** | | | | | | | | | | | | | | **Title:** | | | | | |
| Office Phone: | | | | | | | | | Cell Phone: | | | | | | | | | | |
| E-Mail Address: | | | | | | | | | | | | | | | | | | | |
| **Designated Secondary Contact (First, Last):** | | | | | | | | | | | | | | **Title:** | | | | | |
| Office Phone: | | | | | | | | | Cell Phone: | | | | | | | | | | |
| E-Mail Address: | | | | | | | | | | | | | | | | | | | |
| **Designated Signatory Authority:** | | | | | | | | | | | | | | | | | | | |
| Note: Signatory Authorization is defined in 327 IAC 5-16-5(b) | | | | | | | | | | | | | | | | | | | |
| **Certified Operator:** | | | | | | | | | | | | | | | | | | | |
| Note:If the industry has a certified operator provide a copy of the operator’s license | | | | | | | | | | | | | | | | | | | |
| 2. Employee Schedule | | | | | | | | | | | | | | | | | | | |
|  | | | Hours of shift | | | | | | | Number of employees per shift | | | | | | | | | |
| 1st Shift | | |  | | | | | | |  | | | | | | | | | |
| 2nd Shift | | |  | | | | | | |  | | | | | | | | | |
| 3rd Shift | | |  | | | | | | |  | | | | | | | | | |
| 3. Describe any shutdown period(s): | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 4. Production Season | | | | | | | | | | | | | | | | | | | |
| Does production vary significantly (+/-20%) by season? If yes please describe below. | | | | | | | | | | | | | | | | Yes: | | | No: |
|  | | | | | | | | | | | | | | | | | | | |
| 5. Process Description [403.12(E)(3)] | | | | | | | | | | | | | | | | | | | |
| **Nature of Operation** | | | | | | | **Categorical Standard** | | | | | | | | **Production Rate** | | | | |
|  | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | |  | | | | | | | |  | | | | |
| 6. List the primary product(s) or service(s) offered by your facility: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 7. Briefly describe the manufacturing process: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 8. List the principle raw materials and process additives **used**: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 9. Are biocides added to any water discharged to the POTW? | | | | | | | | | | | | | Yes: | | | | | No: | |
| If yes, please describe: | | | | | | | | | | | | | | | | | | | |
| 10. Type of Discharge | | | | | | | | | | | | | | | | | | | |
| Batch: | | | | % Batch: | | Average number of batches in 24 hours: | | | | | | | | | | | | | |
| Continuous: | | | | % Continuous: | | | | | | | | | | | | | | | |
| Time(s) of day when discharge normally occurs: | | | | | | | | | | | | | | | | | | | |
| Scheduled cleaning day(s) and time(s): | | | | | | | | | | | | | | | | | | | |
| 11. Describe any wastewater treatment equipment or treatment process in use and attach flow diagrams. “Previously Submitted” is not a permissible response. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 12. Are any significant changes (+/-20%) in production that will affect wastewater discharge expected in the next five (5) years? | | | | | | | | | | | | | | | | | | | |
| Yes: | No: | If yes, please describe: | | | | | | | | | | | | | | | | | |
| 13. List all current waste haulers: **(both hazardous and non-hazardous materials)** | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Address | | | Phone Number | | | | Volume Hauled (gal) | | | | | | Materials Hauled | |
|  | | | | |  | | |  | | | |  | | | | | |  | |
|  | | | | |  | | |  | | | |  | | | | | |  | |
|  | | | | |  | | |  | | | |  | | | | | |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| 14. Spill Prevention Control Countermeasure (SPCC) Plan or Slug Plan | | | | | | | |
| Is a SPCC Plan or Slug Plan prepared for this facility? | | | | | Yes: | | No: |
| If yes, has the plan been updated since last submittal?  **If updated, attach plan to CMR.** | | | | | Yes: | | No: |
| 15. Does the facility have any underground storage tanks? | | | | | Yes: | | No: |
| If yes list the contents and volume of each tank. | | | | | | | |
| Contents | Volume | Contents | | Volume | | | |
|  |  |  | |  | | | |
| Contents | Volume | Contents | | Volume | | | |
|  |  |  | |  | | | |
| 16. Does the facility have any above ground storage tanks? | | | | | Yes: | No: | |
| If yes list the contents and volume of each tank. | | | | | | | |
| Contents | Volume | Contents | | Volume | | | |
|  |  |  | |  | | | |
| Contents | Volume | Contents | | Volume | | | |
|  |  |  | |  | | | |
| 17. Total Toxic Organics (TTOs) (Must be completed by Categorical SIUs) | | | | | | | |
| **Total Toxic Organics (TTOs) are specified in the Wastewater Discharge Permit to be sampled twice per year, and are to be reported in conjunction with the May and November DMRs.** | | | | | | | |
| a. Did you monitor for TTOs in May and November? | | | | | Yes: | | No: |
| If yes, laboratory results must be attached to the CMR and the results reported on corresponding DMRs**.** | | | | | | | |
| b. Do you have an approved Toxic Organic Management Plan (TOMP) on file? | | | | | Yes: | | No: |
| If yes, TOMP Semi Annual Certification (WPCP-FCD-0074) needs to be completed and mailed with CMR. | | | | | | | |
| “I certify that based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation (or pretreatment standard) for Total Toxic Organics, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last Compliance Monitoring Report. I further certify that this facility is implementing the TOMP submitted to the Water Pollution Control Plant on: (date of most recent submittal).” | | | | | | | |
| **Signature:** | | | **Date:** | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **II. Water Supply, Use, and Disposal Worksheet** | Estimated  Check if applicable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Possible Water Disposal Methods**   1. Sanitary Sewer, with pretreatment 2. Sanitary Sewer, without pretreatment 3. Storm Sewer 4. Surface waters of Indiana 5. Evaporation 6. Land applied 7. To groundwater 8. Septic tank 9. Waste hauler 10. Include others if applicable |
| Measured  Check if applicable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max.  gal/day |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total: |
| Avg.  gal/day |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total: |
| **Disposal Method(s)** | See Source List Below |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Estimated  Check if applicable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Measured  Check if applicable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max.  gal/day |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total: |
| Avg.  gal/day |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total: |
| **Water Source (S)** | See Source List Below |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Water Used For:** | **Regulated Flows** | Industrial Process | Contact Cooling | Other (Specify) | Other (Specify) | **Non-Regulated Flows** | Wash Down | Other (Specify) | Other (Specify) | **Dilution Flows** | Non-contact Cooling | Boiler Blow-Down | Sanitary | Other (Specify) | **Typical Water Sources:**   1. City-Public Supply 2. Private wells, drinking 3. Groundwater remediation wells 4. Private Ponds 5. Surface waters of Indiana, please identify 6. Include others if applicable |

**Possible Waste Disposal Methods**

1. Sanitary Sewer, with pretreatment
2. Sanitary Sewer, without pretreatment
3. Storm Sewer
4. Surface water of Indiana
5. Evaporation
6. Land applied
7. To groundwater
8. Septic tank
9. Waste hauler
10. Include others if applicable

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **III CATEGORICAL INFORMATION** | | | | | | | | | | | | | |
| 18. When were operations started or when will operations start at this facility? | | | | | | | | Date: | | | | | |
| 19. List any Environmental Control Permits (Attach Additional Sheets as Needed) | | | | | | | | | | | | | |
|  | | | | **State** | | **Local** | | | | **Federal** | | | |
| **Existing:** | | | | a. | |  | | | |  | | | |
|  | | | | b. | |  | | | |  | | | |
| **Pending:** | | | | a. | |  | | | |  | | | |
|  | | | | b. | |  | | | |  | | | |
| 20. List all Standard Industrial Classification (SIC) codes for your facility. These may be found on State Unemployment Forms, Tax Forms, account records, or from the Chamber of Commerce | | | | | | | | | | | | | |
| A. | | B. | | | | | C. | | | | | | |
| 21. Has this facility ever been considered a Categorical Industrial User (CIU) as described by the Code of Federal Regulations (40CFR)? If yes, give the complete CFR number. | | | | | | | | | Yes: | | | No: | |
| 22. Are any other facilities owned and/or operated by your company permitted as CIUs? | | | | | | | | | Yes: | | | No: | |
| If yes, list below: | | | | | | | | | | | | | |
| **Name** | | **Location** | | | | | **40 CFR Number** | | | | | | |
| a. | |  | | | | |  | | | | | | |
| b. | |  | | | | |  | | | | | | |
| 23. Check any activities listed below that are performed at your facility. **Facilities subject to categories containing production-based standards must include average daily production information with this form.** | | | | | | | | | | | | | |
| **Industrial Activity** | **40 CFR Number** | | **Check** | | **Industrial Activity** | | | | | | **40 CFR Number** | | **Check** |
| Aluminum Forming | 467 | |  | | Explosives Manufacturing | | | | | | 457 | |  |
| Asbestos Manufacturing | 427 | |  | | Feedlots | | | | | | 412 | |  |
| Battery Manufacturing | 461 | |  | | Ferro alloy manufacturing | | | | | | 424 | |  |
| Builders paper & board mills | 431 | |  | | Fertilizer manufacturing | | | | | | 418 | |  |
| Canned & preserved fruits and vegetables | 407 | |  | | Foundries, metal mold & casting | | | | | | 464 | |  |
| Canned & preserved seafood | 408 | |  | | Glass manufacturing | | | | | | 426 | |  |
| Carbon black manufacturing | 458 | |  | | Grain mills | | | | | | 406 | |  |
| Cement Manufacturing | 411 | |  | | Gum & wood chemicals mfg. | | | | | | 454 | |  |
| Coal Mining | 434 | |  | | Hospitals | | | | | | 460 | |  |
| Coil Coating | 465 | |  | | Ink formulating | | | | | | 447 | |  |
| Copper Forming | 468 | |  | | Inorganic chemical mfg. | | | | | | 415 | |  |
| Dairy products processing | 405 | |  | | Iron and Steel Manufacturing | | | | | | 420 | |  |
| Electrical, electrical components | 469 | |  | | Leather tanning and finishing | | | | | | 425 | |  |
| Electroplating | 413 | |  | | Meat products | | | | | | 432 | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Industrial Activity** | | | | **40 CFR Number** | | **Check** | **Industrial Activity** | **40 CFR Number** | **Check** |
| Metal finishing | | | | 433 | |  | Phosphate manufacturing | 422 |  |
| Metal molding and casting | | | | 464 | |  | Photographic supplies | 459 |  |
| Mineral mining and processing | | | | 436 | |  | Plastics molding and forming | 463 |  |
| Nonferrous metal, form and powders | | | | 471 | |  | Porcelain enameling | 466 |  |
| Nonferrous metals mfg. | | | | 421 | |  | Pulp, paper and paperboard | 430 |  |
| OCPSF, organic chemicals, plastics & synthetic fiber mfg. | | | | 414 | |  | Rubber manufacturing | 428 |  |
| Oil & gas extraction | | | | 435 | |  | Soap & detergent mfg. | 417 |  |
| Ore mining and dressing | | | | 440 | |  | Steam electric power generation | 423 |  |
| Paint formulating | | | | 446 | |  | Sugar processing | 409 |  |
| Paving & roofing materials mfg. | | | | 443 | |  | Textile Mills | 410 |  |
| Pesticide manufacturing | | | | 455 | |  | Timber products processing | 429 |  |
| Petroleum refining | | | | 419 | |  | Other (specify) |  |  |
| Pharmaceutical manufacturing | | | | 439 | |  | Other (specify) |  |  |
| **IV. WASTE REDUCTION INFORMATION** | | | | | | | | | |
| Please provide a description of current and projected waste reduction (pollution prevention) activities. The codes listed below are standard EPA codes found on Toxic Release Inventory and other environmental forms. Please check all applicable codes related to wastewater discharge. | | | | | | | | | |
| **Current** | **Projected** | | **Code** | | **Description** | | | | |
|  |  | | W13 | | Improved maintenance scheduling, record keeping or procedures | | | | |
|  |  | | W14 | | Changed production schedule to minimize equipment and feedstock changeovers | | | | |
|  |  | | W19 | | Other changes in operating practices (explain in comments) | | | | |
|  |  | | W21 | | Instituted procedures to ensure that materials do not stay in inventory beyond shelf life | | | | |
|  |  | | W22 | | Began to test outdated material; continue to use if still effective | | | | |
|  |  | | W23 | | Eliminated shelf life requirements for stable materials | | | | |
|  |  | | W24 | | Instituted better labeling procedures | | | | |
|  |  | | W25 | | Instituted clearinghouse to exchange materials that would otherwise be discarded | | | | |
|  |  | | W29 | | Other changes in Inventory Control (explain in comments) | | | | |
|  |  | | W31 | | Improved storage or stacking procedures | | | | |
|  |  | | W32 | | Improved procedure for loading, unloading and transfer operations | | | | |
|  |  | | W33 | | Installed overflow alarms or automatic shutoff valves | | | | |
|  |  | | W34 | | Installed secondary containment | | | | |
|  |  | | W35 | | Installed vapor recovery systems | | | | |
|  |  | | W36 | | Implemented inspection or monitoring program of potential spill or leak sources | | | | |
|  |  | | W39 | | Other spill and leak prevention (explain in comments) | | | | |
| **Current** | **Projected** | | **Code** | | **Description** | | | | |
|  |  | | W41 | | Increased purity of raw materials | | | | |
|  |  | | W42 | | Substituted raw materials | | | | |
|  |  | | W49 | | Other raw material modifications (explain in comments) | | | | |
|  |  | | W51 | | Instituted recirculation within a process | | | | |
|  |  | | W52 | | Modified equipment, layout or piping | | | | |
|  |  | | W53 | | Use of a different process catalyst | | | | |
|  |  | | W54 | | Instituted better controls on operating bulk containers to minimize discarding of empty containers | | | | |
|  |  | | W55 | | Changed from small volume containers to bulk containers to minimize discarding of empty containers | | | | |
|  |  | | W58 | | Other process modifications (explain in comments) | | | | |
|  |  | | W59 | | Modified stripping/cleaning equipment | | | | |
|  |  | | W60 | | Changed to mechanical stripping/cleaning devices (from solvents or other materials) | | | | |
|  |  | | W61 | | Changed to aqueous cleaners (from solvents or other materials) | | | | |
|  |  | | W62 | | Reduced the number of solvents used to make waste more amenable to recycling | | | | |
|  |  | | W63 | | Modified containment procedures for cleaning units | | | | |
|  |  | | W64 | | Improved draining procedures | | | | |
|  |  | | W65 | | Redesigned parts rack to reduce drag out | | | | |
|  |  | | W66 | | Modified or installed rinse systems | | | | |
|  |  | | W67 | | Improved rinse equipment design | | | | |
|  |  | | W68 | | Improved rinse equipment operation | | | | |
|  |  | | W71 | | Other cleaning and degreasing operation (explain in comments) | | | | |
|  |  | | W72 | | Modified spray systems or equipment | | | | |
|  |  | | W73 | | Substituted coating materials used | | | | |
|  |  | | W74 | | Improved application techniques | | | | |
|  |  | | W75 | | Changed from spray to other systems | | | | |
|  |  | | W78 | | Other surface preparation and finishing (explain in comments) | | | | |
|  |  | | W81 | | Changed product specifications | | | | |
|  |  | | W82 | | Modified design or composition of product | | | | |
|  |  | | W83 | | Modified packaging | | | | |
|  |  | | W89 | | Other product modifications (explain in comments) | | | | |
|  |  | | W99 | | Other (specify in comments) | | | | |
| Waste Reduction Information Comments | | | | | | | | | |
| **Corresponding Code** | | **Comments** | | | | | | | |
| a. | |  | | | | | | | |
| b. | |  | | | | | | | |
| c. | |  | | | | | | | |
| d. | |  | | | | | | | |

|  |  |
| --- | --- |
| 24. Describe disposal methods of waste products: | |
|  | |
| **V. Supporting Documentation (“Previously Submitted” is not a permissible response)** | |
| 25. **Laboratory Analysis:** Attach a copy of all laboratory analysis performed in the **last six months** on the wastewater discharge(s) from your facilities. | |
| 26. **Building Layout:** Submit scale drawings (or blueprints) showing the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered units processes (from schematic flow diagram), and public sewers. Show existing and/or proposed sampling locations. | |
| 27. **Flow Diagram(s):** For each major activity in which wastewater is or will be generated, on an attached sheet, draw a diagram of the flow of materials, products, water, and wastewater from start of the activity to its completing, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum volume of each wastestream (new facilities or new discharges may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. | |
| **VI. RESPONSIBLE CORPORATE OFFICER STATEMENT: 40 CFR [403.6(A)(2)(II) & (403.12)(1)]** | |
| “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.” | |
|  | |
| Printed Name: | Title: |
| Signature: | Date: |
| Mail completed Application to: Fort Wayne City Utilities  Industrial Pretreatment Section  2601 Dwenger Avenue  Fort Wayne, IN 46803  E-mailed submissions with not be accepted.  Should you have any questions, please contact the Industrial Pretreatment Section at (260) 427-1271. | |

**Appendix A: Compliance Monitoring Report Checklist**

NOTE: Please ensure all applicable documents listed below are submitted with the CMR

|  |  |
| --- | --- |
| **Supporting Documentation** | |
|  | **Copy of Certified Operator’s License** |
|  | **Spill Plan** (see #14) |
|  | **Laboratory Analysis Performed in Last 6 Months on Wastewater Discharge(s) from Facility** (see #25 for additional information) |
|  | **Building Layout** (see #26 for additional information) |
|  | **Flow Diagrams** (see #27 for additional information) |
| **Total Toxic Organics Monitoring** (if applicable) | |
|  | **Toxic Organic Management Plan (TOMP) Semi-Annual Certification Form** (WPCP-FCD-0074) |
|  | **Current TTO Monitoring Laboratory Analysis Results**  (\*\*do not have to submit if approved TOMP on file, unless facility chose to sample anyway) |
|  | **Sign and Date pg. 3** (see #17) |

**Mail completed CMR and supporting documents to:**

**Fort Wayne City Utilities**

**Industrial Pretreatment Section**

**2601 Dwenger Section**

**Fort Wayne, IN 46803**