



# PERIODIC COMPLIANCE REPORT (PCR)

DEPARTMENT OF ENVIRONMENTAL SERVICES - PRETREATMENT DIVISION

City of Baton Rouge - Parish of East Baton Rouge, 345 Chippewa St., Baton Rouge, LA 70805

Telephone: (225) 389-5456 Fax: (225) 389-5640



## INDUSTRIAL USER INFORMATION:

<b>Facility Name:</b>			
<b>Site Address:</b>			
<b>Person completing report:</b>	<b>Name:</b>	<b>Title:</b>	
	<b>Company:</b>	<b>Phone #:</b>	
<b>Reporting Period:</b>	<b>From:</b>	<b>To:</b>	

**Industrial Users:** Completion of the Periodic Compliance Report (PCR) is required by the Industrial User Permit issued to your facility<sup>1</sup>. Refer to your permit, Part II for reporting requirements. To complete this form, please address every section on the front and back, check all the boxes that apply, and submit all information as required. Record only the information **FOR THIS REPORTING PERIOD** as specified in your permit. Failure to accurately complete this report may result in non-compliance with the City-Parish pretreatment regulation.

## COMPLIANCE STATUS:

### Permit (CHOOSE ONE)

- I hereby certify that the facility and operations are in compliance with the Industrial User Permit during this reporting period.
- The facility and operations are NOT in compliance with the Industrial User Permit during reporting period. An explanation is attached.

### Local/Federal Limits (CHOOSE ONE IF SAMPLES ARE COLLECTED)

- All analytical and/or monitoring results are within the required applicable local/federal limits.
- Analytical and/or monitoring results indicate violation(s) of required applicable local/federal limits. A separate sheet is attached listing the violation (s), the reason for violation(s), and a description of corrective action(s) taken.

## Certification Statement

(Required for all user report submittals<sup>2</sup>)

"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(s) 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<sup>3</sup>

\_\_\_\_\_  
Title & Company

\_\_\_\_\_  
Date

<sup>1</sup> Reference City/Parish Ordinance Number 9195, Title 2, Chapter 5, Section 2:276.

<sup>2</sup> Reference City/Parish Ordinance Number 9195, Title 2, Chapter 5, Sections 2:268.

<sup>3</sup> Reference City/Parish Ordinance Number 9195, Title 2, Chapter 5, Sections 2:253.

➡ Continue onto the next page ➡

For Pretreatment Division use only		
Date Received:	Reviewed by:	Date Reviewed:

**Note: The following sections below are excerpts from Part 2-7 of the issued permit.**

<p><b>A. Self-Monitoring Report (CHECK ONE)</b></p> <p><input type="checkbox"/> All Self-Monitoring Reports have been completed as required and documentation has been submitted on time*. Attached is a summary report covering the PCR period.</p> <p><input type="checkbox"/> Attached is a status report of Self-Monitoring Report(s) <b>NOT</b> completed as of the date of this PCR.</p> <p><i>*The documentation includes: State certified laboratory name, address, telephone number; reporting limits; units; QA/QC data; completed Chain of Custody reports; Signed Verification of Sample Collection and Handling Procedures Form and Verification of Data Accuracy Form; Flow measurement reports</i></p>	<p><b>D. Notification of Changes (CHECK ALL THAT APPLIES)</b></p> <p><input type="checkbox"/> Formal written notification has been submitted to DES for any changes in facility operations or productions*.</p> <p><input type="checkbox"/> Formal written notification has been submitted to DES for changes in Hazardous Waste Usage or Introduction of New Hazardous Waste in facility operations or productions.</p> <p><input type="checkbox"/> There are <b>NO</b> changes in facility operations or productions during this reporting period.</p> <p><i>*This includes: changes in management key personnel, notification of shutdown periods</i></p>
<p><b>B. Operation &amp; Maintenance (CHECK ALL THAT APPLIES)</b></p> <p><input type="checkbox"/> All Operation &amp; Maintenance Logs are maintained on-site as required from the issued permit.</p> <p><input type="checkbox"/> All copies of the manifests/receipts for off-haul of process liquids, sludges or solids or hazardous wastes are maintained on-site and submitted to DES as required.</p> <p><input type="checkbox"/> There are <b>NO</b> Operation &amp; Maintenance Logs or Manifests maintained on-site during this reporting period. An <b>EXPLANATION</b> is attached.</p>	<p><b>E. Special Approvals/Conditions (CHECK ONE)</b></p> <p><input type="checkbox"/> I hereby certify that the facility and operations are in compliance with the Special Approvals/Conditions identified in the permit.</p> <p><input type="checkbox"/> The facility and operations are <b>NOT</b> in compliance with the Special Approvals/Conditions identified in the permit. An <b>EXPLANATION</b> is attached.</p> <p><input type="checkbox"/> There are <b>NO</b> Special Approvals/Conditions requirements identified in the permit.</p>
<p><b>C. Accidental or Slug Discharge (CHECK ALL THAT APPLIES)</b></p> <p><input type="checkbox"/> All Accidental or Slug Discharge incident(s) has been reported to DES as required and documentation has been submitted.</p> <p><input type="checkbox"/> Attached is a status report of Accidental or Slug Discharge incident(s) that causes UPSET or BYPASS as of the date of this PCR.</p> <p><input type="checkbox"/> There are <b>NO</b> Accidental or Slug Discharge incident(s) during this reporting period.</p>	<p><b>F. Compliance Schedule (CHECK ONE)</b></p> <p><input type="checkbox"/> All Compliance Schedule items have been completed as required and documentation has been submitted.</p> <p><input type="checkbox"/> Attached is a status report of Compliance Schedule items <b>NOT</b> completed as of the date of this PCR.</p> <p><input type="checkbox"/> There are <b>NO</b> Compliance Schedule requirements in the issued permit that is due during this reporting period.</p>

**Total Toxic Organics (TTO) Certification (CHECK ONE)**

Does facility have an approved TTO Management Plan on file? If YES, sign certification below. If NO, leave it blank.

- YES  
 NO

*"Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation and/or pretreatment standard for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the public sewer system has occurred since the filing of the last compliance report. I further certify that this facility is implementing the TTO Management Plan submitted to and approved by the Industrial Pretreatment Program of the Department of Environmental Services of the City of Baton Rouge-Parish of East Baton Rouge."*

\_\_\_\_\_  
 Signature of Authorized Representative<sup>3</sup>

\_\_\_\_\_  
 Title & Company

\_\_\_\_\_  
 Date