

PINE BLUFF WASTEWATER UTILITY

1520 S. Ohio Street • Pine Bluff, Arkansas 71601-6055 • 870-535-6603 • FAX 870-535-6243

SEMI-ANNUAL COMPLIANCE REPORT FORM

General:	
Industry:	Contact Official(s):
Address:	Telephone:
City, State, Zip:	Email:
Categorical Standard:	_ Title:
Manufacturing Type:	_ Daily Flow (mgd):
Reporting Period () January – June	() July – December
Contract Lab:	
Self Monitoring Lab:	Contact:
Address:	Telephone:
City, State, Zip:	Email:

Sample Date	Parameter	Detected	Limit	Unit	Collector	Analyst

List the date, time, and action(s) taken concerning bypasses of the pretreatment system.

Date	Time	Actions Taken

TTO Certification:

Based on my inquiry of the person(s) directly responsible for managing compliance with the total toxic organics (TTO's) limitation, I _______, certify to the best of my knowledge and belief, that I have not discharged wastewater containing concentrated (TTO's) in the Pine Bluff Wastewater Utility's collections system, during the preceding six (6) months. I further certify that this facility will continue to implement the required solvent management plan to prevent the discharge of wastewater containing (TTO's).

Report Summary:

Please complete the form listed below.

Date	Compliance Schedule	Violation Notice	Noncompliance Notice	Meeting Notice

Attach a summary of any Pollution Prevention, Recycling, or Waste Minimization steps taken during the last reporting period.

Certification Statement:

In preparation of this semi-annual compliance report, I certify that all samples taken for my self-monitoring program were taken in compliance with the EPA quality assurance and quality control methodologies. Therefore, all results submitted to the Wastewater Utility by me are reliable, complete, and representative of my facility's wastewater discharge during the monitoring period expressed by this semi-annual compliance report form.

Signature: _____ Date: _____

Title: _____