



**ANNUAL SMR
 WATER TREATMENT FACILITIES**

1. **Permittee Name:** _____ **Permit No.** _____

2. **Facility Address:** _____

Billing Address Changed? Yes No Changes: _____

Mailing Address Changed? Yes No Changes: _____

3. **Reporting Period Jan-Dec Year:** _____

4. Total days of operation during this reporting period: _____

5. Total discharge days during this reporting period: _____

6. Average number of employees during this reporting period: _____

7. Volume determinations for this reporting period: _____

Complete sections A-C below

A. Incoming water sources:

	Volume in gallons	Determination method	Comments
Groundwater			
Surface Water			
Other			
Total			

B. Water **not** discharged to sanitary sewer:

	Volume in gallons	Determination method	Comments
Storm Sewer/Receiving Water			
Lawn Irrigation			
Water Distribution System			
Other			
Total			

C. Wastewater discharged to sanitary sewer:

	Volume in gallons	Determination method	Comments
Domestic Waste			
Industrial/Process Waste			
Other			
Total			

8. **Process Changes:** Have there been significant changes in the process, production rate, pretreatment, or discharge volumes since the last reporting period? Yes No If Yes, please explain in item 14 of this form.

9. **Planned Changes:** Are there planned or expected changes that will impact discharge volume or quality? Yes No If Yes, please explain in item 14 of this form.

10. Sampling: Were samples collected of the industrial waste discharged to the sanitary sewer during this reporting period? Yes No If yes, please attach analytical results and QA/QC data to submission.

10a. If sampling occurred, were sampling procedures conducted as outlined in Section A.1 of the Permit?
 Yes No If no, please explain in item 14 of this form.

11. Daily Discharge Log: Indicate the method used to submit the daily discharge log:

- Attached to this report;
- Emailed to the MCES Permit Engineer.

12. Compliance Status: During the reporting period, the facility is:

- In compliance
- Not** in compliance with the Industrial Discharge Permit.

If not in compliance, please explain in item 14 of this form.

13. Certification Statement:

"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 ensure 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."

Name (print): _____

Title: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

Reports must be received by MCES on or before January 31st following the end of each January – December reporting period. Incomplete reports will not be accepted.

14. Explanations and Changes:

ITEM	EXPLANATION/CHANGES

Additional sheets may be submitted if needed.