



**ANNUAL SMR**  
**ZERO CATEGORICAL DISCHARGE**

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. Average number of employees during this reporting period: \_\_\_\_\_

6. Volume determinations for this reporting period: \_\_\_\_\_ Complete sections A-C below

**A. Incoming water sources:**

	Volume in gallons	Determination method	Comments
City Water Supply			
On-site Well (s)			
Other:			
Total			

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

	Volume in gallons	Determination method	Comments
Used in Product			
Off -Site Shipments			
Loss to Evaporation			
Other:			
Total			

**C. Wastewater discharged to sanitary sewer:**

	Volume in gallons	Determination method	Comments
Noncontact Cooling Water			
Domestic Waste			
Industrial Waste			
Blowdown			
Other:			
Total			

7. **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, add an explanation in item 12 of this form.

8. **Facility Changes:** Have there been any significant changes to this facility's square footage since the last reporting period?  Yes  No If yes, add an explanation in item 12 of this form.

**9. Compliance Status:** During this reporting period, the facility is:

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

If not in compliance, please add explanation in item 12 of this form.

**10. Zero Discharge Certification:**

Based on my inquiry of the person or persons directly responsible for managing compliance with the categorical Pretreatment Standards under 40 CFR \_\_\_\_\_, I certify that, to the best of my knowledge and belief that:

The Permittee complied with all applicable Pretreatment Standards and Requirements, and did not discharge any categorical wastewater into public sewers during this reporting period.

- Yes  No

The Permittee is subject to U.S. EPA Categorical Pretreatment Standards, 40 CFR Part 433 Metal Finishing Point Source Category and/or 40 CFR Part 413 Electroplating Point Source Category and continues to operate the facility in accordance with the MCES-approved Total Toxic Organics (TTO) Management Plan.

- Yes  No  Not Applicable

**11. Certification of Information:**

*"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 fines and imprisonment for known violations."*

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_  
Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company Name: \_\_\_\_\_

\*This form must be signed by an authorized representative meeting one of the following definitions:

- 1) **Corporation:** a responsible corporate officer as defined by one of the following:
  - a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principle business function.
  - b) A manager who is authorized to make decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 2) **Partnership or Sole Proprietor:** a general partner or the proprietor.
- 3) A **duly authorized representative** of the individual designated in (1) or (2) above, if such representative is responsible for the overall operation of the facility or has overall responsibility for environmental matters for this facility\*\*

\*\* If the signatory is from category (3) above, then a written authorization similar to the one found on the following page must be on file with MCES. If written authorization is not on file with MCES and signatory is from category (3) above, then please complete the authorization form included with this permit application.

**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.**

**12. Explanation/Changes:**

ITEM	EXPLANATION/CHANGES

Additional sheets may be submitted if needed.