



# PERIODIC COMPLIANCE REPORT (PCR)

Central Contra Costa Sanitary District • Source Control Section  
5019 Imhoff Place Martinez, California 94553-4392 • (925) 229-7288

## INDUSTRIAL USER INFORMATION:

Facility Name:			
Site Address:			
Person completing report:	Name: _____	Title: _____	
	Company: _____	Phone #: _____	
Reporting Period:	From: _____	To: _____	

**Industrial Users:** Completion of the Periodic Compliance Report (PCR) is required by the Industrial User Permit issued to your facility. Refer to the Appendix of your permit for reporting requirements. When completing this PCR, 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 citation by the District.

## COMPLIANCE STATUS:

### Permit (CHECK 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 this reporting period. An explanation is attached.

### Local / Federal Limits (CHECK ONE IF SAMPLES COLLECTED):

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

## CERTIFICATION

*(Required for all PCR Submittals)*

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision and in accordance with the system designed to insure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manages the system, or those 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 knowingly submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

\_\_\_\_\_  
Signature of Authorized Representative<sup>1</sup>

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

\_\_\_\_\_  
Date

<sup>1</sup>Reference CCCSD Code Title 10.04.020 (B) for definition of authorized representative.

**➡ Continued on Reverse ➡**

For Source Control use only		
Date Received:	Reviewed by:	Date Reviewed:

**Note: Each section below corresponds to each Appendix of the permit.**

<p><b>A. COMPLIANCE SCHEDULE (CHECK ONE)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All Compliance Schedule items have been completed as required and documentation has been submitted.</li> <li><input type="checkbox"/> Attached is a status report of Compliance Schedule items not completed as of the date of this PCR.</li> <li><input type="checkbox"/> There are no Compliance Schedule requirements in the Appendix of the permit due during this reporting period.</li> </ul>	<p><b>D. OPERATION &amp; MAINTENANCE (O&amp;M) LOG REQUIREMENTS (CHECK ONE)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> O&amp;M Logs are maintained on-site as required.</li> <li><input type="checkbox"/> The O&amp;M Logs are <b>NOT</b> complete. An explanation is attached.</li> </ul>
<p><b>B. SPECIAL APPROVALS &amp; CONDITIONS (CHECK ONE)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I hereby certify that the facility and operations are in compliance with the Special Approvals and Conditions identified in the permit.</li> <li><input type="checkbox"/> The facility and operations are <b>not</b> in compliance with the Special Approvals and Conditions identified in the permit. An explanation is attached.</li> <li><input type="checkbox"/> There are no Special Approvals and Conditions requirements identified in the permit.</li> </ul>	<p><b>E. REPORTING REQUIREMENTS (CHECK ALL THAT APPLY)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copies of O&amp;M Logs are attached as required.</li> <li><input type="checkbox"/> Copies of the manifests/receipts for off-haul of process liquids, sludges or solids or hazardous wastes are attached as required.</li> <li><input type="checkbox"/> Production data is attached as required for the date(s) of sampling.</li> <li><input type="checkbox"/> pH recorder tape/chart is attached as required.</li> <li><input type="checkbox"/> Flow recorder tape/chart is attached as required.</li> </ul>
<p><b>C. ZERO DISCHARGE OPERATIONS (CHECK ONE)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I hereby certify that the facility and operations are in compliance with the Zero Discharge Operations identified in the permit.</li> <li><input type="checkbox"/> The facility and operations are <b>not</b> in compliance with the Zero Discharge Operations identified in the permit. An explanation is attached.</li> <li><input type="checkbox"/> There are no Zero Discharge Operations requirements identified in the permit.</li> </ul>	<p><b>Flow Monitoring Data for the Dates of Sampling: (CHECK ALL THAT APPLY)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Process discharge flow meter totalizer readings as required: Start: _____ End: _____</li> <li><input type="checkbox"/> Process water meter totalizer readings as required: Start: _____ End: _____</li> <li><input type="checkbox"/> Flow monitoring data is not required during this reporting period.</li> </ul>

**F. COMPLIANCE SAMPLING AND MONITORING**

**Compliance Sampling Information (CHECK ONE):** (Attach additional sheets for additional sampling information).

- Compliance sampling is not required during this reporting period.
- The original analysis reports and chain of custody are attached. The report includes: State certified laboratory name, address, and telephone number; reporting limits; units; QA/QC data; and the date and time of all samples.

**Sampling performed by:**

(name, company, phone no)

Sampling Locations	Sampling Start Date/Time	Sampling End Date/Time	No Discharge at Location*

\*Check "No Discharge" box if no discharge occurred at sampling location during this reporting period.

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

- Yes**    **No** – Does facility have an approved TTO Management Plan on file? If yes, sign certification below. If no, leave blank.

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 Central Contra Costa Sanitary District.

\_\_\_\_\_  
Signature of Authorized Representative<sup>1</sup>

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

\_\_\_\_\_  
Date