



PERIODIC COMPLIANCE REPORT (PCR)

Central Contra Costa Sanitary District
Environmental Compliance 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 Central San.

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 Representative¹

Title & Company (if different from above)

Date

¹Reference District Code Title 10.04.020(B) for definition of authorized representative.

Continued on Reverse

For Environmental Compliance use only

Date Received:

Reviewed by:

Date Reviewed:

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

<p>A. Compliance Schedule (Check One)</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Compliance Schedule items have been completed as required and documentation has been submitted. <input type="checkbox"/> Attached is a status report of Compliance Schedule items not completed as of the date of this PCR. <input type="checkbox"/> There are no Compliance Schedule requirements in the Appendix of the permit due during this reporting period. 	<p>D. Operation & Maintenance (O&M) Log Requirements (Check One)</p> <ul style="list-style-type: none"> <input type="checkbox"/> O&M Logs are maintained on-site as required. <input type="checkbox"/> The O&M Logs are NOT complete. An explanation is attached.
<p>B. Special Approvals & Conditions (Check One)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I hereby certify that the facility and operations are in compliance with the Special Approvals and Conditions identified in the permit <input type="checkbox"/> The facility and operations are NOT in compliance with the Special Approvals and Conditions identified in the permit. An explanation is attached. <input type="checkbox"/> There are no Special Approvals and Conditions requirements identified in the permit. 	<p>E. Reporting Requirements (Check All That Apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copies of O&M Logs are attached as required. <input type="checkbox"/> Copies of the manifests/receipts for off-haul of process liquids, sludges or solids, or hazardous wastes are attached as required. <input type="checkbox"/> Production data is attached as required for the date(s) of sampling. <input type="checkbox"/> pH recorder tape/chart is attached as required. <input type="checkbox"/> Flow recorder tape/chart is attached as required.
<p>C. Zero Discharge Operations (Check One)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I hereby certify that the facility and operations are in compliance with the Zero Discharge Operations identified in the permit. <input type="checkbox"/> The facility and operations are NOT in compliance with the Zero Discharge Operations identified in the permit. An explanation is attached. <input type="checkbox"/> There are no Zero Discharge Operations requirements identified in the permit. 	<p>Flow Monitoring Data for the Dates of Sampling: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Process discharge flow meter totalizer readings as required: Start: _____ End: _____ <input type="checkbox"/> Process water meter totalizer readings as required: Start: _____ End: _____ <input type="checkbox"/> Flow monitoring data is not required during this reporting period.

F. Compliance Sampling and Monitoring			
<p>Compliance Sampling Information (Check One): (Attach additional sheets for additional sampling information.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compliance Sampling is not required during this reporting period. <input type="checkbox"/> 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, time, and bottle type of all samples. 			
<p>Sampling performed by: (name, company, phone)</p>			
Sampling Location(s)	Sampling Start Date/Time	Sampling End Date/Time	No Discharge at Location*

*If there was no discharge at a sampling location during the reporting period, list that sample location and mark an "X" in the No Discharge at Location column.