

**SEMI-ANNUAL REPORT SUMMARY**

**SIGNIFICANT INDUSTRIAL USERS**

**January 1, 20 through June 30, 20**

### Industry Name

Facility Address

Permit / Outfall Number

Contact Person

Telephone / Email Address

Name and Address of KDHE Certified Lab

#### Date of receipt of laboratory analyses

#### Attach all Laboratory Analyses and Return this form

##### Type(s) of Sample Taken Grab Time Composite Flow Composite

##### Is this company in compliance with local and federal pretreatment standards? YES NO

**Explanation for non-compliance (if not in compliance)**

Date of 24-hour notification of exceedance to Water Pollution Control

**(if not in compliance)**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the 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.*

Signature of Authorized Representative

Title of Authorized Representative

Date Signed

**(OVER)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDUSTRY & OUTFALL #** | | |  |  |  | |  |  | | |  |  |  |  |  |  |
| SAMPLE POINT LOCATION | | | |  |  | |  |  | | | | | | | | |
| **PLEASE ATTACH LABORATORY RESULTS** | | | | | **LIMIT\*\*** | |  | **DAY # 1** |  | **DAY # 2** |  | DAY # 3 |  | DAY # 4 |  | AVERAGE |
| SAMPLE DATE | | |  |  | N / A | |  |  |  |  |  |  |  |  |  |  |
| AVE. Daily Process Flow | | | (GPD) |  | N / A | |  |  |  |  |  |  |  |  |  |  |
| AVE. Daily Non-Process Flow | | | (GPD) |  | N / A | |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| PARAMETER | | |  |  | | ***List all results (except pH) as mg/L*** | | | | | | |  |  |  |  |
| **COD** | | | **X** |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
| **Oil & Grease** | | | **X** |  | **500 mg/L** | |  |  |  |  |  |  |  |  |  |  |
| **pH** | | | **X** |  | **5.5 – 11.0** | |  |  |  |  |  |  |  |  |  | **N/A** |
| **TSS** | | | **X** |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Ammonia (NH3) | | |  |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
| Total Kjeldahl Nitrogen (TKN) | | |  |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
| Total Phosphorus | | |  |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Arsenic (As) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Cadmium (Cd) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Chromium (Cr) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Copper (Cu) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Lead (Pb) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Mercury (Hg) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Nickel (Ni) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Silver (Ag) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Zinc (Zn) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| Cyanide (CN) | | |  |  | **See Permit** | |  |  |  |  |  |  |  |  |  |  |
| Surfactants (MBAS) | | |  |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
| Total Phenolics | | |  |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| BTEX (total) | | |  |  | 16.0 mg/L | |  |  |  |  |  |  |  |  |  |  |
| Closed Cup Flashpoint | | |  |  | Min.140o | |  |  |  |  |  |  |  |  |  |  |
| Lower Explosive Limit % | | |  |  | 10% | |  |  |  |  |  |  |  |  |  |  |
| Total Petroleum Hydrocarbons | | |  |  | **Monitor** | |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| TTO or Certification | | |  |  | N / A | |  | N /A |  | N /A |  | N /A |  | N /A |  | N /A |
|  |  | ***Please list below any other test parameters required by your permit.*** | | | | | | | | | | |  |  |  |  |
|  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |
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**\*\* Limits listed are the Unified Government’s general limits.**

**The limits in your permit may be different. Be sure to verify.**