

# CITY OF MCALLEN INDUSTRIAL BASELINE MONITORING REPORT

**Instructions:**

Please complete this form in as much detail as possible. Include additional information on attached sheets as necessary. Refer to the supplemental instructions and return this report to the address shown in the instructions.

**1. IDENTIFYING INFORMATION:**

A. Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

B. Facility Name: \_\_\_\_\_

Location: \_\_\_\_\_

C. Name of Owners: \_\_\_\_\_

D. Name of Operators: \_\_\_\_\_

E. Facility Contact - provide the name, title and phone number of a designated person to contact if additional information is necessary.

\_\_\_\_\_

F. Number of Employees: \_\_\_\_\_

G. Number of Shifts: \_\_\_\_\_

H. Number of Months/Year in Operation: \_\_\_\_\_

I. Provide the name of the Publicly Owned Treatment Works (POTW) that the facility will discharge to: \_\_\_\_\_

\_\_\_\_\_

J. Provide the date the facility began/will begin discharging to the POTW: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. PERMITS:**

Describe all the environmental control permits held by or held for the facility.

<u>Title Of Permit</u>	<u>Permit No.</u>	<u>Issuing Office</u>	<u>Issue Date Begin / End</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. DESCRIPTION OF OPERATIONS:

A. List Raw Materials Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List Chemicals Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Describe Manufacturing or Service Activities and Final Products: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Summarize each Regulated Process: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Process Description</u>	<u>Production Rate</u>	<u>Pretreatment Standard Category</u>	<u>Subpart</u>	<u>SIC Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



5. Measurement of Pollutants:

A. Provide on a Separate Sheet:

1. The user shall identify the Pretreatment Standards applicable to each regulated process.
2. A description of any and all wastewater treatment utilized (show treatment system location in relation to process flows and sampling points on schematic drawing required by Question 3 E.).

B. Analysis of Regulated Flows:

The industrial user must perform sampling and analysis of the effluent from all regulated processes (after pretreatment, if applicable). Attach the analytical data and chain-of-custody for each regulated process to this form. (Only those pollutants specifically regulated by the applicable category need be reported.)

Composite samples are required except where not feasible or where grab samples are specifically required. (Refer to 403.12 (b) (5) (iii)). Indicate on the report the process sampled, the sample location, sample type, number and frequency of samples, and analytical methods used.

C. Analysis of Total Plant Flow: (If appropriate)

An industrial user (IU) may sample and analyze the total plant flow and calculate an equivalent concentration limit using the combined waste stream formula if regulated process flows are mixed with other flows prior to treatment and/or sampling. Attach the analytical results for all regulated pollutants to this form.

Composite samples are required except where not feasible or where grab samples are specifically required. (Refer to 403.12 (b) (5) (iii)). Indicate on the report the process sampled, the sample location, sample type, number and frequency of samples, and analytical methods used.

6. Certification:

A. Is the facility meeting applicable categorical pretreatment standards on a consistent basis?

YES \_\_\_\_\_ NO \_\_\_\_\_

B. If **NO**, do you require:

1. Additional operation and maintenance (O&M) to achieve compliance?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. New or additional pretreatment facilities to achieve compliance?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Name of qualified Professional that reviewed this certification:

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

7. Compliance Schedule:

A. If additional O&M or new or additional pretreatment will be required to meet the categorical pretreatment standards on a consistent basis, attach a schedule on a separate sheet projecting increments of progress indicating dates for the commencement and completion of major events leading to compliance with the standard. Note: the final compliance date schedule shall not be later than the completion date for the applicable pretreatment standard. Written progress reports are required within 14 days of each of the compliance dates specified in the compliance schedule.

B. Signatory Requirements

I certify under penalty of law that I have personally examined and am familiar with the information in this Baseline Monitoring Report and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the report. I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Name - Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date

# INSTRUCTIONS

## INDUSTRIAL USER BASELINE MONITORING REPORT

### General Instructions:

Please complete the attached form and return it by \_\_\_\_\_ to the following address:

**City of McAllen**  
**Wastewater Division**  
**Pretreatment Department**  
**P.O. Box 220**  
**McAllen, TX 78505-0220**

If you have any questions please contact the following person:

**Oscar Javier Hinojosa, Assist. Director of Wastewater Systems (956) 681-1750**

### Specific Instructions

#### Item 1:

A - J. Provide all requested information about the facility producing the discharge of wastewaters.

#### Item 2:

Self-explanatory.

#### Item 3:

**A - B.** Provide a listing of all the primary raw materials and chemicals used in the facility's operations. Avoid the use of trade names of chemicals. If trade name(s) are used, provide information regarding the active ingredients. **C.** Self-explanatory. **D.** List each regulated process, the production rate (i.e. 10,000 lbs. of (production name/year), the category and subpart of the applicable Categorical Pretreatment Standard as well as the SIC code for each process.

**E.** In order to provide the reviewing agency a complete understanding of the facility's processed, location of pretreatment facilities and sampling points, the discharges is required to submit a schematic of each process and a schematic of wastewater flows. Flow rates may be estimated. Refer to Figures 1 and 2 for example schematics. Be sure to indicate on the flow or process schematic where samples are taken.

#### Item 4:

**A.** Provide the total plant flow rate (average and maximum) to the sanitary sewer in gallons per day (gpd). If accurate flow measurements are unavailable, provide the best estimate.

**B.** Provide a breakdown of the sources of the total plant flow to the sanitary sewer including regulated and unregulated flows, sanitary wastewater, cooling water, etc. Also indicated the flow rate (gpd) and the type of discharge (batch, continuous, or none.)