

# 90-DAY COMPLIANCE REPORT

<b>Company Name:</b> _____	<b>Permit #:</b> _____	<b>RWF Use Only</b>
<b>Discharge Address:</b> _____		Sample #: _____
<b>Reporting Period:</b> _____ to _____	<b>Due Date:</b> _____	Date Received: _____
<b>Sample Date:</b> _____	<b>Sampled By:</b> _____	Received By: _____
<b>Sample Time:</b> _____	<b>Sample Point Description:</b> _____	Date Entered: _____

**ANALYTICAL RESULTS** *Attach Original Laboratory Report*

**ALL VIOLATIONS MUST BE REPORTED TO YOUR INSPECTOR WITHIN 24 HOURS OF RECEIVING SAMPLE RESULTS**

Parameter	Detection Limit	Result	Grab/Composite (G/C)	Parameter	Detection Limit	Result	Grab/Composite (G/C)	Attach one Form for each Sample Point or Sample. Additional forms included: Yes? <input type="checkbox"/> No? <input type="checkbox"/>
Antimony				Total Toxic Organics (TTO)*			G	<b>Laboratory Used:</b> _____  <b>QA/QC Provided:</b> Yes? <input type="checkbox"/> No? <input type="checkbox"/>  <b>Chain of Custody Provided:</b> Yes? <input type="checkbox"/> No? <input type="checkbox"/>  <b>ARE ALL DISCHARGE STANDARDS BEING MET FOR THIS REPORTING PERIOD?</b> Yes? <input type="checkbox"/> No? <input type="checkbox"/>  If "no", what additional measures necessary to achieve consistent compliance?  <b>Enclose a statement or report.</b>  <b>Flow Measurement by:</b> <input type="checkbox"/> Effluent Meter <input type="checkbox"/> Bills <input type="checkbox"/> Influent Meter  <b>Date Flow Meter Last Calibrated:</b> _____  <b>Sample Information:</b> <input type="checkbox"/> Composite Sample Sample Duration (hours): _____ or <input type="checkbox"/> Batch Sample Representative of: _____
Arsenic				Phenols			G	
Beryllium				Oil & Grease			G	
Cadmium				Cyanide (A)			G	
Chromium (T)				Cyanide (T)			G	
Copper				pH			G	
Lead				Other:				
Mercury				Other:				
Nickel				Other:				
Selenium				Other:				
Silver				Other:				
Zinc				Other:				

* Totalize all TTO listed in your Industrial Wastewater Discharge Permit with results greater than 10 ppb (µg/L) (T) = Total (A) = Amenable	<b>ARE ALL SAMPLES COLLECTED AND ANALYZED USING METHODS SPECIFIED IN 40 CFR 136?</b> Yes? <input type="checkbox"/> No? <input type="checkbox"/>	
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Process and Flow Data – Gallons per Day (GPD)	Average Flow (GPD)	Maximum Flow (GPD)
Process Name: _____		
Process Name: _____		
Process Name: _____		

**CERTIFICATION STATEMENT**

"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 assure 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 fine and imprisonment for knowing violations."

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CERTIFIED BY A CORPORATE OFFICER**

<b>PREPARED BY:</b>  _____ <i>Signature</i> <span style="float: right;"><i>Date</i></span>  _____ <i>Printed Name and Title</i>	<b>CERTIFIED BY:</b>  _____ <i>Signature</i> <span style="float: right;"><i>Date</i></span>  _____ <i>Printed Name and Title</i>
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