HRSD
Sustainable, Innovative Wastewater Treatment

Semi-Annual Categorical Summary Report

Facility Name: _____

HRSD Permit No: _____

Sampling Point Name [as found in Permit] _____
(NOTE: A separate summary report must be submitted for each sampling point)

Reporting Period (Select one): ◯ **January – June, 20 ____**
◯ **July – December, 20 ____**

For the period of January through June the report must be received in this office between June 1st and July 10th of each calendar year. For the period of July through December the report must be received in this office between December 1st and January 10th of each calendar year.

FLOW VOLUMES (select if measured or estimated)

_____ **Average Daily (Gallons) [Measured** ◯ **Estimated** ◯ **]**

_____ **Maximum Daily (Gallons) [Measured** ◯ **Estimated** ◯ **]**

TTO CERTIFICATION STATEMENT

Based on my inquiry of the person or persons directly responsible for managing compliance with the 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 wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the control authority.

Select **Yes** if you are regulated under 40 CFR 433 Metal Finishing or 40 CFR 413 Electroplating and have submitted a Solvent/Toxic Organic Management Plan. Select **No** if you are regulated under a different Category or are required to perform self-monitoring for TTO per an HRSD Direct Wastewater Discharge Permit.

Yes ◯ No ◯

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.

NAME _____ **Title** _____
(Print)

NAME _____ **Date** _____
(Signature)

A copy of this statement must contain an original signature of an authorized industry representative. Original signatures are not required for submittals to HRSD; however, original certification statements/signatures that are not submitted to HRSD's P3 Department must be retained by the industry for a period of three (3) years.