City of Helena Pretreatment Program
316 N Park Avenue
Helena, MT 59601
(406) 447-8096

Industrial User Monitoring Report Form

Name of Business: **Decorative Industrial Plating** Permit Number: **DIP005-A, Amended**
Address: **2531 Dodge Avenue**
Contact Person Name: **Paul Graham, Owner**
Telephone No. **406-449-6626**

Reporting Period: Month _____ Year_____

Complete the following table, and include laboratory results for each parameter analyzed.

Pollutant Parameter	Daily Max (mg/l)	Monthly Average (mg/l)	Analytical Results in mg/l	Sample Date
Arsenic	0.67	0.67		
Cadmium – T	0.11	0.07		
Chromium – T	2.77	1.71		
Chromium III	3.04	3.37		
Chromium VI	1.48	0.96		
Copper –T	3.38			
		.0034 lb/day	lb/day	
Cyanide – T	1.20	0.65		
Lead – T	0.69	0.43		
Mercury	0.039	0.22		
Molybdenum	3.93	3.16		
Nickel – T	3.98	2.38		
Selenium	2.90	0.46		
Silver – T	0.43	0.24		
Zinc – T	0.33	0.33		
Total Toxic Organics	2.13	N/A		

Process Water
Beginning Meter Reading_____ Ending Meter Reading _____

(Beg – End) = HCF: HCF X 748 = gallons Total gallons discharged_____

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pH must be maintained between 5.5 and 10.5 **Month_____ Year_____**

DATE	pH	DATE	pH	DATE	pH
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21			
11		22			

Incidences of Non-Compliance and Corrective Actions Taken

Was Non-Compliance experienced this reporting period? Yes _____ No _____

If yes, describe non-compliance_____

_____

Corrective Action Taken: _____

_____

Analytical data attached (Y/N)_____ **Hauled Waste (Y/N)_____**

If yes attach copy of manifest

pH must be maintained between 5.5 and 10.5 **Month_____ Year_____**

DATE	pH	DATE	pH	DATE	pH
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
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Was Non-Compliance experienced this reporting period? Yes _____ No _____

If yes, describe non-compliance_____

_____

Corrective Action Taken: _____

_____

Analytical data attached (Y/N)_____ **Hauled Waste (Y/N)_____**

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Was Non-Compliance experienced this reporting period? Yes _____ No _____

If yes, describe non-compliance_____

_____

Corrective Action Taken: _____

_____

Analytical data attached (Y/N)_____ **Hauled Waste (Y/N)_____**

If yes attach copy of manifest

Certification Statements ***(must be signed by authorized representative)***

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/or imprisonment for knowingly or negligently submitting false or misleading information.

Signed: _____ Date and Time: _____

Printed Name: _____

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

Signed: _____ Date and Time: _____

Printed Name: _____

Self-monitoring Reports are due by the 28th of the month following the reporting period. Industrial Users submitting reports more than 30-days late are considered in Significant Non-Compliance and will be subject to enforcement by the City of Helena.

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