



## WATER RESOURCES DEPARTMENT INDUSTRIAL PRETREATMENT PROGRAM

### Industrial Waste Discharge Questionnaire/Permit Application/Permit Renewal Application

Notice to Industry Officials: Federal Regulation (40 CFR, part 403.8) requires that the Clermont County Water Resources Department implement a program to monitor and control the discharge of inimical industrial wastes into its sewer system. In order to develop that program, it is necessary to determine what types of industrial wastes are being discharged into the County's sewers.

This questionnaire deals with the disclosure of the nature of industrial wastes being discharged to the sanitary sewers. Disclosure is required by Section 6111.05 of the Ohio Revised Code, and Section 403.12 of title 40 of the Code of Federal Regulations. Your cooperation in providing the requested information will be appreciated. Typing your responses will be greatly appreciated.

In accordance with 40 CFR, part 403.14, information relating to the nature and frequency of industrial waste discharges shall be made available to the public upon request. 40 CFR, Part 2 provides that certain types of information may be afforded confidential status, if requested. Requests for confidential status must be made to Ohio EPA.

Please contact Clermont County's Industrial Pretreatment Program Coordinator, at (513)732-7995 if you have question on Program or reporting requirements.

**\*THIS FORM REQUIRES A "WET INK" SIGNATURE - MAIL THE HARD COPY\***  
**(Emailing a copy to [srisner@clermontcountyohio.gov](mailto:srisner@clermontcountyohio.gov))**

*Please note that this statement must be "wet ink" signed by the duly authorized representative of the Industrial User in accordance with 40 CFR 403.12 and CCWRD Rules and Regulations Article II.*  
***Please USPS mail the original hard copy.***

**Please complete this questionnaire and USPS mail it to:**  
Clermont County Water Resources  
Shannon Risner, Industrial Pretreatment Coordinator  
4400 Haskell Lane  
Batavia, OH 45103

**SECTION A - GENERAL INFORMATION**

1. **Legal Business Name/Billing Name:** \_\_\_\_\_

2. **Company Name (what is the name on signage) :** \_\_\_\_\_

<u>Mailing Address</u> Street/PO Box _____ City _____ State _____ Zip _____
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<u>Facility Address (if different from mailing address)</u> Street: _____ City _____ State _____ Zip _____
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<u>Address of Corporate Headquarters (if applicable):</u> Street/PO Box _____ City _____ State _____ Zip _____
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3. **Name and Title of Signing Official:** \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email address: \_\_\_\_\_

**Alternate person to contact concerning information provided herein:**

Name and Title: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email address: \_\_\_\_\_

**SECTION B - PRODUCT OR SERVICE INFORMATION**

1. Describe the principal nature/function(s) of this business, including primary products and/or services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Provide the 1987 Standard Industrial Classification (SIC) 4-digit Code(s) for all activities (In descending order of importance):

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_ f. \_\_\_\_\_

**SECTION C - WATER/WASTEWATER INFORMATION**

1. Water Sources: (Check as many as are applicable)

\_\_\_ Clermont County Water Dept. \_\_\_ Private Well \_\_\_ Surface Water  
 \_\_\_ Municipal Water Service (Specify): \_\_\_\_\_ \_\_\_ Other Specify): \_\_\_\_\_

2. Customer name on water bill: \_\_\_\_\_

3. Water service account number: \_\_\_\_\_

a. **Include a copy of the most recent Water Bill**

4. If water is supplied by landlord, give name and address of landlord:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. As applicable, list average water usage on premises:

Type	Estimated Average Water Usage (gallons per day)	Type	Estimated Average Water Usage (gallons per day)
a. Cooling Water		e. Facility & Equipment Washdown	
b. Boiler Feed		f. Irrigation & Lawn Watering	
c. Process		g. Other (Specify):	
d. Sanitary		h. Total of a, through g.	

6. As applicable, list average volume of discharge or water losses to:

Outlet	Estimated Average Discharge (gallons per day)	Outlet	Estimated Average Discharge (gallons per day)
a. County/Municipal Sewer – DOMESTIC (Kitchen, bathroom, etc.)		e. Other (Specify):	
b. County/Municipal Sewer – PROCESS		f. Contained in Product	
c. Waste Haulers		g. Evaporation	
d. Boiler/Cooling Tower Blowdown		h. Total of a, through g.	

7. List average water usage and average wastewater discharge for SIC processes itemized in Section B; Question 2: (Attach additional sheets if needed. \_\_\_\_\_)

Brief Process Description (Total equal 6b: PROCESS Discharge)	SIC Number	Average Water Usage (gallons per day)	Estimated Average Discharge (GPD)
a.			
b.			
c.			

8. Describe any water treatment or conditioning processes utilized:

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**SECTION D - FACILITY OPERATIONAL CHARACTERISTICS**

1. Operation description:

- a. Average number of employees per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
- b. Shift start times: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
- c. Days of operation (check all that apply):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

2. Is operation subject to seasonal variations: Yes (  ) No (  ) (if yes, complete a., b., c.)
- a. When is your peak season: \_\_\_\_\_
- b. Seasonal maximum waste flow \_\_\_\_\_ gallons per day during months of \_\_\_\_\_
- c. Seasonal minimum waste flow \_\_\_\_\_ gallons per day during months of \_\_\_\_\_

3. Does operation shut down for vacation, maintenance, or other reasons? Yes (  ) No (  )
- a. If yes, indicate period when shutdown occurs: \_\_\_\_\_

4. Are major processes: (  ) Batch (  ) Continuous (  ) Both \_\_\_\_\_ % Batch \_\_\_\_\_ % Continuous
- In a timeframe of (ex. 25 hour; weekly; monthly): \_\_\_\_\_
- a. Average number: \_\_\_\_\_ of Batches
- b. and volume (per batch): \_\_\_\_\_ in gallons
- c. Elaborate (if needed): \_\_\_\_\_

5. Are any process changes or expansions planned during the next three (3) years that would alter wastewater volumes or characteristics? (Consider production processes, as well as air or water pollution processes.) (  ) Yes (  ) No

Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional information, if needed: \_\_\_\_\_)

\_\_\_\_\_

6. Are any raw water treatment processes employed (water softener, filter, etc.)? (  ) Yes (  ) No
- If yes, list process/processes and method of residue disposal:

\_\_\_\_\_

\_\_\_\_\_

7. **Submit a Flow Diagram for each process: Attachment required:** \_\_\_\_\_
- Briefly describe recovery process, substance recovered, percent recovered, and constituents concentrations, in the spent solution (Submit an Attachment if needed: \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Which of the following Plans does your facility have?

Plan	Exists (Yes/No)	Revision Date	On File with CCWRD (Yes/No)
Slug Discharge Control Plan			
Spill Prevention, Control and Countermeasure Plan (SPCCP)			
Stormwater Management Plan (SMP)			
Stormwater Pollution Prevention Plan (SPPP)			

9. Does your company have a RCRA ID number?      ( ) Yes      ( ) No
- i. If YES, what is the number? \_\_\_\_\_
- ii. If, YES, do you discharge any RCRA wastewater      ( ) Yes      ( ) No
1. If, YES, which substances? \_\_\_\_\_
10. Does your company possess any Ohio EPA Permits ( ) Yes      ( ) No
- i. Air (permit #): \_\_\_\_\_ Effective date: \_\_\_\_\_
- ii. Stormwater (permit #): \_\_\_\_\_ Effective date: \_\_\_\_\_
- iii. Other: \_\_\_\_\_(permit #): \_\_\_\_\_ Effective date: \_\_\_\_\_

**SECTION E - SEWER INFORMATION**

1. Is the building presently connected to the public sanitary sewer system?  
    ( ) Yes      ( ) No
2. Do you have floor drains in your manufacturing or chemical storage area(s)?  
    ( ) Yes      ( ) No
3. Does this facility discharge any wastewater other than from restrooms, cafeterias, or non-contaminated cooling water?  
    ( ) Yes      If the answer to this question is yes, complete the remainder of the application.  
    ( ) No      If the answer to this question is no, you may skip to Section H.
4. **On-Site/Lateral Line Sewer Information.** Attach an 8.5 X 11 inch schematic or plot plan of your facility showing the location of all sewers. Assign a sequential reference number to each sewer starting with No. 1. Also, show location of possible sampling points for these sewers and sampling points for regulated processes. Include (for reference and field orientation) buildings, streets, alleys, and other pertinent physical structures.  
    **Exhibit attached - Attachment:** \_\_\_\_\_

5. By reference number, list size, descriptive location and flow of each sewer shown in item E-4. If more than three, attach additional information on another sheet. Attachment (if needed): \_\_\_\_\_

Reference Number	Sewer Size (in.)	Descriptive Location of Sewer Connection or Discharge Point	Estimated Average Flow (gallons per day)
1.			
2.			
3.			

6. Please indicate the quantities discharged from the activities indicated below in units of gallons per day. (Refer to Section C, items 5, 6, and 7). The quantities are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES Permit Number.

Type	Discharge Quantity by Sewer Referenced in E-4 and E-5						Total (refer to C-5,6&7)
	1.	2.	3.				
Process (from C-7):							
a.							
b.							
c.							
Domestic (kitchen, bathroom, etc.)							
Boiler							
Cooling/Uncontaminated Water							
Facility and Equipment Washdown							
Air Pollution Control Liquid Waste							
Other (Specify):							
Total:							

**SECTION F - PRETREATMENT**

1. Is any form of pretreatment practiced/planned for at this facility? (See list below)  
 Yes     No    Object of Pretreatment System \_\_\_\_\_  
 \_\_\_\_\_

For all waste streams which are treated before discharge, check the appropriate boxes for types of pretreatment used at this facility:	
<input type="checkbox"/>	Dissolved air flotation (DAF)
<input type="checkbox"/>	Biological treatment, type:
<input type="checkbox"/>	Chemical precipitation
<input type="checkbox"/>	Chlorination
<input type="checkbox"/>	Cyclone
<input type="checkbox"/>	Filtration
<input type="checkbox"/>	Grit removal
<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Flow equalization
<input type="checkbox"/>	Filtration
<input type="checkbox"/>	Flow equalization
<input type="checkbox"/>	Grease or oil separation, Type:
<input type="checkbox"/>	Grease trap
<input type="checkbox"/>	Grinding filter
<input type="checkbox"/>	Grit removal
<input type="checkbox"/>	Ion exchange
<input type="checkbox"/>	Neutralization, pH correction
<input type="checkbox"/>	Ozonation
<input type="checkbox"/>	Reverse osmosis
<input type="checkbox"/>	Septic tank
<input type="checkbox"/>	Screen
<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Solvent separation
<input type="checkbox"/>	Sump
<input type="checkbox"/>	Other chemical treatment, type:
<input type="checkbox"/>	Other physical treatment, type:
<input type="checkbox"/>	Other, specify:

2. Please furnish a Process Flow Diagram for the facility and for each existing or planned pretreatment system. Include process equipment, by-product disposal method, concentrations, waste and by-product volumes, design and operating conditions.  
 i. Attachment/s: \_\_\_\_\_

3. Is any form of additional pretreatment planned for this facility within the next three (3) years?  
 Yes     No  
 If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION G - CHARACTERISTICS OF WASTEWATERS DISCHARGED**

1. Does your wastewater discharge to the County sewers contain any of the following:

	No	Possibly	Yes
a. Materials of a flammable nature.			
b. Volatile materials that might combust explosively in an enclosed space.			
c. Corrosive materials.			
d. Materials causing the wastewater pH to fall below 5.0 pH units.			
e. Materials causing the wastewater pH to increase above below 10.0 pH units.			
f. Materials of a solid or viscous nature that might obstruct or reduce sewer flows			
g. Materials which might interfere with wastewater treatment processes.			
h. Excessive heat (discharge temperature exceeds 120 degrees F).			

2. Place a checkmark next to the substances contained in your wastewater.

- |  |   |
|--|---|
| <input type="checkbox"/> acids and acidic wastes                     | <input type="checkbox"/> cadmium containing wastes      |
| <input type="checkbox"/> alkali and caustic wastes                   | <input type="checkbox"/> chromium containing wastes     |
| <input type="checkbox"/> pickling wastes                             | <input type="checkbox"/> copper containing wastes       |
| <input type="checkbox"/> other metal cleaning and preparation wastes | <input type="checkbox"/> lead containing wastes         |
| <input type="checkbox"/> plating wastes                              | <input type="checkbox"/> nickel containing wastes       |
| <input type="checkbox"/> electrocoating wastes                       | <input type="checkbox"/> zinc containing wastes         |
| <input type="checkbox"/> paints                                      | <input type="checkbox"/> mercury containing wastes      |
| <input type="checkbox"/> pigments                                    | <input type="checkbox"/> molybdenum containing wastes   |
| <input type="checkbox"/> inks  | <input type="checkbox"/> arsenic containing wastes      |
| <input type="checkbox"/> dyes, coloring agents                       | <input type="checkbox"/> selenium containing wastes     |
| <input type="checkbox"/> oils  | <input type="checkbox"/> siloxane containing wastes     |
| <input type="checkbox"/> fats, grease                                | <input type="checkbox"/> hot wastes                     |
| <input type="checkbox"/> benzene, and benzene derivatives            | <input type="checkbox"/> radioactive wastes             |
| <input type="checkbox"/> chlorinated organic compounds               | <input type="checkbox"/> phthalate esters               |
| <input type="checkbox"/> brominated organic compounds                | <input type="checkbox"/> soaps, surfactants, detergents |
| <input type="checkbox"/> organic solvents, thinners -----            | <u>List each solvent below:</u>                         |
| <input type="checkbox"/> latex wastes                                | _____   |
| <input type="checkbox"/> resins, monomers                            | _____   |
| <input type="checkbox"/> waxes                                       | _____   |
| <input type="checkbox"/> phenol containing wastes                    | _____   |
| <input type="checkbox"/> alcohols                                    | _____   |
| <input type="checkbox"/> ethers                                      | _____   |
| <input type="checkbox"/> aldehydes, ketones                          | _____   |
| <input type="checkbox"/> organic acids                               | _____   |

**SECTION H - LIST OF ALL CHEMICALS USED**

1. Provide a list of chemicals and other materials (both liquid and solid) are used or stored in bulk, or are present in quantities greater than 50 gallons. (Include process chemical, sanitation chemicals, wastewater treatment chemicals, Boiler Chemicals, Chiller Tower Chemicals, etc.)

Attach additional sheets if needed: \_\_\_\_\_)

Material/Use	Estimated Quantity Used Per Year (indicate units)

2. Provide SDS for chemicals which are expected to be present in the Process Wastewater Discharge from the Facility, those categorized as Hazardous, or which may be of concern to human health (ex. pH below 2.0; pH above 12.0; Biological inhibition; Heavy Metals).

(Attachment: \_\_\_\_\_)

**SECTION I- PRIORITY POLLUTANTS**

Listed on [page13 of this document, 40 CFR Part 423, Appendix A](#) are 129 pollutants that are considered toxic and/or hazardous by the USEPA . Please indicate in the spaces provided whether any of these chemicals are used at your facility, directly or as component of process materials, or are present in the wastewater discharged. If the concentration is not known, indicate by marking unknown.

Attach additional pages, if necessary: Attachment: \_\_\_\_\_

Section G Pollutants			In Process or Wastewater				
Item No.	Chemical Name (Alternate name)	Annual Usage (lbs.)	Discharge Concentration	Present in Process Materials	Present as Generated By-Product	Suspected to be Present	Known to be Present

**SECTION J – RESIDUALS**

Residuals include any material-liquid, sludge, slurry, ash, solid-which must be disposed of after use in or removal from an industrial activity, but not discharged to the County’s sewer system.

1. Cleaning solvents which are recycled but periodically changed to provide fresh material.
2. Machining coolants which are recycled but periodically changed to provide fresh material.
3. Sludges which result from wastewater pretreatment.
4. Unusual product
5. Metal shavings from a grinding operation Describe any liquid, sludge, or solid waste generated from plant operations, including pretreatment of wastewaters which are not discharged to the sanitary sewer.

<u>Residual</u>	<u>Means of Disposal</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Are oil and grease or sand interceptors in place? ( ) Yes ( ) No ( ) In plans

Are backflow devices in place? ( ) Yes ( ) No ( ) In plans

**SECTION K - CONSTRUCTION SCHEDULE**

Provide a schedule of expected compliance dates (new or upgraded facilities only)

Pretreatment Facility Planning	_____	(month/year)
Design	_____	(month/year)
Initiate Construction	_____	(month/year)
Complete Construction	_____	(month/year)
Other: _____	_____	(month/year)

**SECTION L - AUTHORIZED SIGNATURES:** *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, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.*

NAME \_\_\_\_\_ TITLE: \_\_\_\_\_

_____	_____	_____
SIGNATURE	DATE	PHONE

*Please note that this statement must be "wet ink" signed by the duly authorized representative of the Industrial User in accordance with 40 CFR 403.12 and CCWRD Rules and Regulations Article II.  
Please USPS mail the original hard copy.*

**Attachment Verification/Supply Attachment Reference Title**

- Item C.3.a: Include a copy of the most recent Water Bill (**required**): \_\_\_\_\_
- Item C.7 Attach Wastewater discharge additional sheets if needed (optional): \_\_\_\_\_
- Item D.7 Submit a Flow Diagram for each process (**required**): \_\_\_\_\_
- Item E.4 Attach a 8.5 X 11 inch schematic or plan of facility showing all sewers (**required**): \_\_\_\_\_
- Item E.5 Attach Sewer size/location/flow sheets if needed (optional): \_\_\_\_\_
- Item F.2. Process Flow diagram for each existing for each existing or planned Pretreatment System:  
**Required if yes to F.1:** \_\_\_\_\_
- Item H.1 Provide a list of chemicals (if need additional sheets): \_\_\_\_\_
- Item H2. Provide SDS for chemicals (**required**): \_\_\_\_\_
- Item I Priority Pollutants (if need additional sheets): \_\_\_\_\_

## Appendix A to 40 CFR, Part 423--126 Priority Pollutants

001 Acenaphthene	048 Dichlorobromomethane	091 Chlordane (technical mixture and metabolites)
002 Acrolein	051 Chlorodibromomethane	092 4,4-DDT
003 Acrylonitrile	052 Hexachlorobutadiene	093 4,4-DDE (p,p-DDX)
004 Benzene	053 Hexachloromyclopentadiene	094 4,4-DDD (p,p-TDE)
005 Benzidine	054 Isophorone	095 Alpha-endosulfan
006 Carbon tetrachloride (tetrachloromethane)	055 Naphthalene	096 Beta-endosulfan
007 Chlorobenzene	056 Nitrobenzene	097 Endosulfan sulfate
008 1,2,4-trichlorobenzene	057 2-nitrophenol	098 Endrin
009 Hexachlorobenzene	058 4-nitrophenol	099 Endrin aldehyde
010 1,2-dichloroethane	059 2,4-dinitrophenol	100 Heptachlor
011 1,1,1-trichloroethane	060 4,6-dinitro-o-cresol	101 Heptachlor epoxide (BHC-hexachlorocyclohexane)
012 Hexachloroethane	061 N-nitrosodimethylamine	102 Alpha-BHC
013 1,1-dichloroethane	062 N-nitrosodiphenylamine	103 Beta-BHC
014 1,1,2-trichloroethane	063 N-nitrosodi-n-propylamin	104 Gamma-BHC (lindane)
015 1,1,2,2-tetrachloroethane	064 Pentachlorophenol	105 Delta-BHC (PCB-polychlorinated biphenyls)
016 Chloroethane	065 Phenol	106 PCB-1242 (Arochlor 1242)
018 Bis(2-chloroethyl) ether	066 Bis(2-ethylhexyl) phthalate	107 PCB-1254 (Arochlor 1254)
019 2-chloroethyl vinyl ether (mixed)	067 Butyl benzyl phthalate	108 PCB-1221 (Arochlor 1221)
020 2-chloronaphthalene	068 Di-N-Butyl Phthalate	109 PCB-1232 (Arochlor 1232)
021 2,4, 6-trichlorophenol	069 Di-n-octyl phthalate	110 PCB-1248 (Arochlor 1248)
022 Parachlorometa cresol	070 Diethyl Phthalate	111 PCB-1260 (Arochlor 1260)
023 Chloroform (trichloromethane)	071 Dimethyl phthalate	112 PCB-1016 (Arochlor 1016)
024 2-chlorophenol	072 1,2-benzanthracene (benzo(a) anthracene)	113 Toxaphene
025 1,2-dichlorobenzene	073 Benzo(a)pyrene (3,4-benzo-pyrene)	114 Antimony
026 1,3-dichlorobenzene	074 3,4-Benzofluoranthene (benzo(b) fluoranthene)	115 Arsenic
027 1,4-dichlorobenzene	075 11,12-benzofluoranthene (benzo(b) fluoranthene)	116 Asbestos
028 3,3-dichlorobenzidine	076 Chrysene	117 Beryllium
029 1,1-dichloroethylene	077 Acenaphthylene	118 Cadmium
030 1,2-trans-dichloroethylene	078 Anthracene	119 Chromium
031 2,4-dichlorophenol	079 1,12-benzoperylene (benzo(ghi) perylene)	120 Copper
032 1,2-dichloropropane	080 Fluorene	121 Cyanide, Total
033 1,2-dichloropropylene (1,3-dichloropropene)	081 Phenanthrene	122 Lead
034 2,4-dimethylphenol	082 1,2,5,6-dibenzanthracene (dibenzo(h) anthracene)	123 Mercury
035 2,4-dinitrotoluene	083 Indeno (,1,2,3-cd) pyrene (2,3-o-pheynylene pyrene)	124 Nickel
036 2,6-dinitrotoluene	084 Pyrene	125 Selenium
037 1,2-diphenylhydrazine	085 Tetrachloroethylene	126 Silver
038 Ethylbenzene	086 Toluene	127 Thallium
039 Fluoranthene	087 Trichloroethylene	126 Silver
040 4-chlorophenyl phenyl ether	088 Vinyl chloride (chloroethylene)	128 Zinc
041 4-bromophenyl phenyl ether	089 Aldrin	129 2,3,7,8-tetrachloro-dibenzo-p-dioxin (TCDD)
042 Bis(2-chloroisopropyl) ether	090 Dieldrin	
043 Bis(2-chloroethoxy) methane		
044 Methylene chloride (dichloromethane)		
045 Methyl chloride (dichloromethane)		
046 Methyl bromide (bromomethane)		
047 Bromoform (tribromomethane)		

Please contact Clermont County's Industrial Pretreatment Program Coordinator, at (513)965-4800 if you have question on Program or reporting requirements.

**\*THIS FORM REQUIRES A "WET INK" SIGNATURE – MAIL THE HARD COPY\***  
**(Emailing a copy to srisner@clermontcountyohio.gov)**

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Please USPS mail the original hard copy.*

Please complete this questionnaire and USPS mail it to:

Clermont County Water Resources  
Shannon Risner, Industrial Pretreatment Coordinator  
4400 Haskell Lane  
Batavia, OH 45103

## **References:**

### **National Pollutant Discharge Elimination System (NPDES)**

<https://www.epa.gov/npdes/national-pretreatment-program#overview>

### **State of Ohio Administrative Code- Chapter 3745-3-03 POTW pretreatment programs**

<https://epa.ohio.gov/divisions-and-offices/surface-water/regulations/effective-rules/effective-rules>

### **Clermont County - Industrial Pretreatment Program Information and Links:**

<http://wrd.clermontcountyohio.gov/industrial-pretreatment/>

### **Clermont County Water Resources Department - Rules and Regulations:**

<http://wrd.clermontcountyohio.gov/standards-and-provisions/>

### **Chapter 3745-3-06 Reporting requirements for industrial users.**

#### **-3745-3-06(B) - Baseline Monitoring Reports**

All industrial users subject to Categorical Pretreatment Standards, such as electroplaters and metal finishers, must submit a baseline monitoring report (BMR) to the Control Authority within 180 days of the effective date of the categorical pretreatment standard, or 180 days after the final administrative decision made upon a category determination submission whichever is later.. The purpose of the BMR is to provide information to the Control Authority to document the industrial user's current compliance status with a Categorical Pretreatment Standard.

#### **-3745-3-06(D) – Initial compliance report**

Report due by industrial user subject to Categorical Pretreatment Standards, containing a reasonable measure of the user's long-term production rate.

*Updated 5/7/25 sr*