

**GREEN BAY METROPOLITAN SEWERAGE DISTRICT  
INDUSTRIAL WASTEWATER PRETREATMENT PROGRAM  
PERIODIC COMPLIANCE REPORT #1 – ELECTROPLATING UNDER  
10,000 GALLONS PER DAY (GPD)**

COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
LOCATION ADDRESS \_\_\_\_\_  
REPORTING PERIOD: \_\_\_\_\_ SAMPLE TYPE: \_\_\_\_\_  
1/1 - 6/30 7/1 - 12/31 \_\_\_\_\_ (YEAR) GRAB \_\_\_\_\_  
FLOW COMPOSITE \_\_\_\_\_  
TIME COMPOSITE \_\_\_\_\_  
SAMPLE POINT NUMBER \_\_\_\_\_

SAMPLE DATE \_\_\_\_\_  
FLOW gallons \_\_\_\_\_  
ARSENIC (total) mg/L \_\_\_\_\_  
CADMIUM (total) mg/L \_\_\_\_\_  
CHROMIUM (total) mg/L \_\_\_\_\_  
COPPER (total) mg/L \_\_\_\_\_  
CYANIDE (total) mg/L \_\_\_\_\_  
CYANIDE (amenable) mg/L \_\_\_\_\_  
LEAD (total) mg/L \_\_\_\_\_  
MERCURY (total) mg/L \_\_\_\_\_  
NICKEL (total) mg/L \_\_\_\_\_  
ZINC (total) mg/L \_\_\_\_\_  
pH s.u. \_\_\_\_\_

FLOW SUMMARY FOR REPORTING PERIOD:  
MAXIMUM GPD \_\_\_\_\_  
AVERAGE GPD \_\_\_\_\_  
OR  
ZERO DISCHARGE  
WASTE HAULED OFFSITE FOR  
DISPOSAL

LABORATORY PERFORMING  
ANALYSES \_\_\_\_\_

DNR LAB CERTIFICATION  
NUMBER \_\_\_\_\_

CHOOSE ONE Analysis for Total Toxic Organics (T.T.O.) attached.  
Based on my inquiry of the person(s) directly responsible for  
managing compliance with pretreatment standards for T.T.O., I  
certify that to the best of my knowledge and belief, no release of  
concentrated toxic organics has occurred since filing of the last  
discharge monitoring report. I further certify that this facility is  
implementing the toxic organics management plan submitted to  
GBMSD.

CHOOSE ONE The above data is in compliance with the GBMSD Sewer Use  
Ordinance, and all other appurtenant regulations.  
The above data is not in compliance with the GBMSD Sewer Use  
Ordinance, and all other appurtenant regulations.

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Printed) \_\_\_\_\_

TITLE \_\_\_\_\_