

**GREEN BAY METROPOLITAN SEWERAGE DISTRICT
INDUSTRIAL WASTEWATER PRETREATMENT PROGRAM
PERIODIC COMPLIANCE REPORT #3 – NONCATEGORICAL**

COMPANY NAME _____
MAILING ADDRESS _____
LOCATION ADDRESS _____

REPORTING PERIOD:
1/1 - 6/30 7/1 - 12/31 _____ (YEAR)

SAMPLE TYPE:
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 _____
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 ☐ 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 _____

Submit original, completed report to:
ATTN: Pretreatment Coordinator
Green Bay Metropolitan Sewerage District
2231 N. Quincy St.
Green Bay, WI 54302

Version 2.1