

**GREEN BAY METROPOLITAN SEWERAGE DISTRICT  
INDUSTRIAL WASTEWATER PRETREATMENT PROGRAM  
PERIODIC COMPLIANCE REPORT #5 – PULP, PAPER, AND PAPERBOARD**

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.

☐ I hereby certify that no chlorophenolic-containing biocides are used at this facility.

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