

CITY OF TOLEDO
DIVISION OF ENVIRONMENTAL SERVICES
WATER RESOURCES SECTION
BASELINE MONITORING REPORT
(One Form Required Per Facility)

SECTION A. GENERAL INFORMATION

1. Company Name: Click or tap here to enter text.
2. Mailing Address (PO Box or Street Address): Click or tap here to enter text.
3. City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.
4. Facility Address: Click or tap here to enter text.
City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.
5. Person to contact regarding information contained in this report: Click or tap here to enter text.
Title: Click or tap here to enter text. Phone: Click or tap here to enter text.
6. Name of person who completed this report: Click or tap here to enter text.
Title: Click or tap here to enter text. Phone: Click or tap here to enter text.

Signature: _____

SECTION B. PRODUCT OR SERVICE INFORMATION

1. Brief description of manufacturing or service activity at this facility:
Click or tap here to enter text.
2. Primary SIC Code: Click or tap here to enter text.
3. List each product and daily rate of production indicating appropriate units. Include any by-products which can be used or sold, if applicable.

Product	Daily Rate of Production	
	Average	Maximum

4. List type and amount of raw materials utilized indicating appropriate units.

Raw Material	Amount Used Per Day	
	Average	Maximum

SECTION C. SITE AND FLOOR PLAN

Provide a general site and floor plan, which shows the physical location of the building to the property lines, streets, alleys, and other topographic features. Also show the layout of the plant by major areas of activities such as processes, chemical, or material storage, maintenance, and office areas. Show all sewers and service connections and assign a number to each sewer. Show all inspection manholes and sampling chambers where process wastes can be collected. Indicate any watercourse or other drainage systems, which receive any plant discharge.

SECTION D. FACILITY OPERATIONAL CHARACTERISTICS

1. a) Do scheduled shut-downs occur? Yes No
 b) If yes, list time period(s): [Click or tap here to enter text.](#)
2. a) Is production seasonal? Yes No
 b) If yes, indicate period(s) of maximum production and products: [Click or tap here to enter text.](#)
3. Select days per week of operation: [Choose an item.](#)
4. Select hours per day of operation: [Choose an item.](#)
5. Shift Information:

	1 st	2 nd	3 rd
Starting Time			
# Employees per shift			
Total of all employees			

SECTION E. WATER USE INFORMATION

1. Indicate water use and discharge information:

Type of Use	Use		Method of Discharge				Gallons per day
	Yes	No	Storm	Sanitary	Other	None	
Process Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling Water, Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling Water, Noncontact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling Tower/ Blowdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boiler Water Blowdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Pollution Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contained in Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. List average daily plant water use (GPD): [Click or tap here to enter text.](#)
3. a) Are other sources of water used (well, river, etc.)? Yes No
 b) If yes, list source and usage: Source:[Click or tap here to enter text.](#)
 Usage: [Click or tap here to enter text.](#)Gal/Day
4. a) Does usage vary widely during the production day? Yes No
 b) Indicate the maximum peak use time: [Click or tap here to enter text.](#)
 c) Indicate the maximum peak GPD: [Click or tap here to enter text.](#)
5. a) Are corrosion or biological inhibiting chemicals added to the facility water systems which are then discharged to the sewer? Yes No
 b) If yes, list chemicals: [Click or tap here to enter text.](#)

6. For each process listed above (5), indicate the characteristic of the wastewater, the sewer number (identified in Section C), the type of discharge, and the metered or estimated average and maximum daily discharges.

Process	Wastewater Characteristics	Sewer No.	Type		Daily Discharge	
			Batch	Continuous	Average	Max (GPD)

SECTION G. PRETREATMENT

1. a) Are wastewaters pretreated prior to discharge to the sanitary sewer system? Yes No

b) If yes, indicate which systems are used:

- Air Flotation
- Chemical Precipitation
- Chlorination
- Filtration
- Flow Equalization
- Grease or Oil Separation
- Grease Trap
- Biological Treatment, type: [Click or tap here to enter text.](#)
- Rainwater diversion or storage, type: [Click or tap here to enter text.](#)
- Other Chemical Treatment, type: [Click or tap here to enter text.](#)
- Other Physical Treatment, type: [Click or tap here to enter text.](#)
- Other, type: [Click or tap here to enter text.](#)
- Grit Removal
- Ion Exchange
- Neutralization/pH Control
- Reverse Osmosis
- Screening
- Sedimentation
- Solvent Separation

2. Describe any residue treatment prior to disposal: [Click or tap here to enter text.](#)
3. Indicate quantity and method of disposal: [Click or tap here to enter text.](#)
4. Is the residue considered a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA)? Yes No
5. a) Are air pollution control devices employed? Yes No Unknown
- b) If yes, indicate the control device(s), quantity, and method of residue disposal: [Click or tap here to enter text.](#)
- c) Is the residue considered a hazardous waste under RCRA? Yes No Unknown
- d) If yes, the residue is a hazardous waste because it is: Listed Characteristic

SECTION H. CHEMICAL USE INFORMATION

1. List Chemicals, which are stored in bulk quantities (1,000 gallons or greater). Include fuel oil used for building heat and process operation.

Chemical Name	Amount Stored

2. Does the facility have a SPCC Plan? Yes No None Required
3. Does the facility have a Slug Control Plan? Yes No None Required
4. Describe any spill control methods or facilities: [Click or tap here to enter text.](#)

SECTION I. WASTEWATER DISCHARGE CHARACTERISTICS

1. Indicate substances generally contained in your wastewater:
- | | |
|--|---|
| <input type="checkbox"/> Acids and acidic wastes | <input type="checkbox"/> Metal finishing wastes |
| <input type="checkbox"/> Alcohols | <input type="checkbox"/> Oils |
| <input type="checkbox"/> Aldehydes, ketones | <input type="checkbox"/> Organic Acids |
| <input type="checkbox"/> Alkali and caustic wastes | <input type="checkbox"/> Organic Solvents, thinners |
| <input type="checkbox"/> Benzene & benzene derivatives | <input type="checkbox"/> Paints & Pigments |
| <input type="checkbox"/> Brominated Organic Compounds | <input type="checkbox"/> Pesticides & Herbicides |
| <input type="checkbox"/> Chlorinated Organic Compounds | <input type="checkbox"/> Phenol containing wastes |
| <input type="checkbox"/> Dyes, coloring agents | <input type="checkbox"/> Photographic wastes |
| <input type="checkbox"/> Electroplating & other wastes | <input type="checkbox"/> Pickling wastes |
| <input type="checkbox"/> Ethers | <input type="checkbox"/> Radioactive wastes |
| <input type="checkbox"/> Fats, grease | <input type="checkbox"/> Resins, monomers |
| <input type="checkbox"/> Hot wastes | <input type="checkbox"/> Sanitary Waste ONLY |
| <input type="checkbox"/> Inks & Printing Wastes | <input type="checkbox"/> Soaps, Surfactants, Detergents |
| <input type="checkbox"/> Latex wastes | <input type="checkbox"/> Waxes |
| <input type="checkbox"/> Metal cleaning and preparation wastes | <input type="checkbox"/> Other Wastes |

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2. In the table below, please select all Priority Pollutants that are used by and/or discharged from your facility, including those indicated by your analytical results. Indicate using the boxes provided if each compound listed is used and/or if it is discharged and if any discharge is intermittent or continuous.

Item	Used	Discharged
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.

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3. Provide a laboratory analysis for the substances indicated as being discharged in question 1 and 2. Include a diagram showing sampling location(s). These may be indicated on the site and floor plan from Section C.

SECTION J. DISCHARGERS COMPLIANCE REPORT

Parameter	Toledo Discharge Standards	Test Results	Compliance	
	Local Limit (mg/L)	Daily Maximum (mg/L)	Yes	NO
Arsenic			<input type="checkbox"/>	<input type="checkbox"/>
Biological Oxygen Demand (BOD)	300		<input type="checkbox"/>	<input type="checkbox"/>
Cadmium			<input type="checkbox"/>	<input type="checkbox"/>
Chemical Oxygen Demand (COD)	600		<input type="checkbox"/>	<input type="checkbox"/>
Chromium, Hexavalent			<input type="checkbox"/>	<input type="checkbox"/>
Chromium, Total	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Copper			<input type="checkbox"/>	<input type="checkbox"/>
Cyanide			<input type="checkbox"/>	<input type="checkbox"/>
Lead			<input type="checkbox"/>	<input type="checkbox"/>
Mercury	0.0002 (BMPs)		<input type="checkbox"/>	<input type="checkbox"/>
Nickel			<input type="checkbox"/>	<input type="checkbox"/>
Oil & Grease	250		<input type="checkbox"/>	<input type="checkbox"/>
pH	5-12 s.u.		<input type="checkbox"/>	<input type="checkbox"/>
Phenols, Total			<input type="checkbox"/>	<input type="checkbox"/>
Phosphorus (P)	15		<input type="checkbox"/>	<input type="checkbox"/>
Selenium	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Silver			<input type="checkbox"/>	<input type="checkbox"/>
Sulfide	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Total Suspended Solids (TSS)	400		<input type="checkbox"/>	<input type="checkbox"/>
Total Petroleum Hydrocarbons (TPH)	250		<input type="checkbox"/>	<input type="checkbox"/>
Total Toxic Organics (TTO)	2.10		<input type="checkbox"/>	<input type="checkbox"/>
Xylene	0.41		<input type="checkbox"/>	<input type="checkbox"/>
Zinc			<input type="checkbox"/>	<input type="checkbox"/>

SECTION K. SIGNATURES

I have personally examined and am familiar with the information submitted in this form and attachments. Based upon my own observations and inquire of those individuals immediately responsible for obtaining information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official	Title	Date
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I certify that, to the best of my knowledge, the wastewater discharged from this facility is in compliance with the City of Toledo Sewer Use Ordinance as defined in Sections 930.03, 930.04, and 930.05.

Signature of Official	Title	Date
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The discharge from this facility is not in compliance with limits defined in the City of Toledo Sewer Use Ordinance, Sections 930.03, 930.04, and 930.05. Therefore, we are providing with this form, compliance schedule as required by Section 930.13(b) of the City of Toledo Sewer Use Ordinance.

Signature of Official	Title	Date
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