

PRETREATMENT PROGRAM PROFILE

INSTRUCTIONS: This attachment is intended to serve as a summary of program information. The auditor or CA should obtain the needed information from the original, approved pretreatment program submission and modifications and the NPDES permit. The auditor or CA should update this from, as appropriate, in response to approved modifications and revised NPDES permit requirements.

A. CA INFORMATION

1. CA name

2. Original pretreatment program submission date

3. Required frequency of reporting to Approval Authority

4. Specify the following CA information

Treatment Plant Name	NPDES Permit Number	Effective Date	Expiration Date

5. Does the CA hold a sludge permit or has the NPDES permit been modified to include sludge use and disposal requirements?
If yes, provide the following information.

Yes	No

POTW Name	Issuing Authority	Issuance Date	Expiration Date	Regulated Pollutants

B. PRETREATMENT PROGRAM MODIFICATIONS

1. When was the CA's NPDES permit first modified to require pretreatment implementation?

2. Identify any substantial modifications the CA made in its pretreatment program since the approved pretreatment program submission. [403.18]

Date Approved	Name of Modification	Date Incorporated in NPDES Permit

PRETREATMENT PROGRAM PROFILE (Continued)

C. TREATMENT PLANT INFORMATION					
INSTRUCTIONS: Complete this section for each treatment plant operated under an NPDES permit issued to the CA.					
1. Treatment plant name			2. Location address		
3. a. NPDES permit number	b. Expiration date	4. Treatment plant wastewater flows			
		Design <input style="width: 50px;" type="text"/> mgd	Actual <input style="width: 50px;" type="text"/> mgd		
5. Sewer System	a. Separate <input style="width: 50px;" type="text"/> %	b. Combined <input style="width: 50px;" type="text"/> %	c. Number of CSOs <input style="width: 50px;" type="text"/>		
6. a. Industrial contribution (mgd)	b. Number of SIUs discharging to plant	c. Percent industrial flow to plant			
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>			
7. Level of treatment	Type of Process(es)				
a. Primary	<input style="width: 100px;" type="text"/>				
b. Secondary	<input style="width: 100px;" type="text"/>				
c. Tertiary	<input style="width: 100px;" type="text"/>				
8. Indicate methods of sludge disposal.					
Quantity of sludge			Quantity of sludge		
a. Land application	<input style="width: 50px;" type="text"/>	dry tons/year	e. Public distribution	<input style="width: 50px;" type="text"/>	dry tons/year
b. Incineration	<input style="width: 50px;" type="text"/>	dry tons/year	f. Lagoon storage	<input style="width: 50px;" type="text"/>	dry tons/year
c. Monofill	<input style="width: 50px;" type="text"/>	dry tons/year	g. Other (specify)	<input style="width: 50px;" type="text"/>	dry tons/year
d. MSW landfill	<input style="width: 50px;" type="text"/>	dry tons/year			
D. APPLICATION OF STANDARDS					
If there is more than one treatment plant, were local limits established specifically for each plant?			N/A	Yes	No
			<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

PRETREATMENT PROGRAM PROFILE (Continued)

E. ADDITIONAL INFORMATION

ATTACHMENT B COMPLETED

BY:

TITLE:

DATE:

TELEPHONE: