



**City of St. Joseph, Missouri – Water Protection Division
Industrial Pretreatment Program
Semi-Annual Compliance Report**



Name of Facility: _____

Facility Address: _____

Wastewater Contribution Permit #: _____

Outfall: _____ (Facilities with more than one outfall must complete a separate form for each outfall.)

Reporting Period (check one): January – June July – December Year: _____

Please fill in the following table with the dates of sample collection, the field pH and field temperature.

Date	pH (in S.U.)	Temperature: <input type="checkbox"/> Deg. C / <input type="checkbox"/> Deg. F (Select One)

Please fill in the following table with the volume of incoming water used and wastewater discharged from the facility by month for the six-month monitoring period (January – June or July – December). If required by Permit, please submit daily effluent discharged as a separate document.

Month	Incoming Water Flow (total gallons)	Volume Discharged (total gallons)	Average Daily Flow (gpd)	Maximum Daily Flow (gpd)

Measurement of Pollutants - The nature and concentration of wastewater pollutants discharged to the POTW from the facility during the previous six (6) month monitoring period are summarized as indicated below. Check the applicable statement(s).

- Attached are results from wastewater sampling and analyses conducted during the previous six (6) month monitoring period as required by my permit. These results are representative of the facility's discharge to the POTW.
- Facility is regulated by production-based discharge limits or alternative categorical limits. Additional data (production rates, Individual waste stream flow, etc.) required for supporting the required calculations are attached.

"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."

Printed Name of Permittee's Authorized Representative

Job Title of Authorized Representative

Signature of Authorized Representative

Date of Signature