



1001 Temple Street  
 Little Rock, Arkansas 72202  
 Bus. 501-688-1532

EA USE ONLY
Date Received: _____
Initials: _____

## INDUSTRIAL WASTEWATER PERIODIC REPORT ON CONTINUING COMPLIANCE

Company Name \_\_\_\_\_

Six Month Reporting Period: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Location of Plant (if different from above) \_\_\_\_\_

**Sampling for completion of this form must be conducted between the months of June through November and December through May. Sampling can be conducted anytime in that period. This Report is required by the 40 CFR 403.12 and the Industrial Discharge Permit to be submitted every 6 months in June and December by the last day of the month. Please complete all sections of this report. (This must be completed in addition to the Monthly Self Monitoring Report.)**

A. REPORTED DATA			
Parameter	Reported Value 6-Month Average, mg/L	Parameter	Reported Value 6-Month Average, mg/L
Oil and Grease		TTO*	

\*Rather than monitor for Total Toxic Organics (TTO), the Industrial User (IU) may request that their Control Authority allow them to make the following Certification:

*This industry has implemented a toxic organic management plan in lieu of TTO monitoring and based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for TTO, I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing of the last semiannual compliance report. I further certify that this facility is implementing the toxic organic management plan submitted to Little Rock Water Reclamation Authority,*

\_\_\_\_\_  
 Signature of Responsible Company Official (Not Required if TTO analyses are performed) Date \_\_\_\_\_

CERTIFICATION BY PERMITTEE

40 CFR 403.12 requires that this report be signed by a Chief Executive Officer of at least the level of Vice President, a general Partner or Proprietor, or a Duly-Authorized Representative.

*“ 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 or imprisonment for knowing violations”.*

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Signature of Responsible Company Official

Date

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Print Name/Title of Official

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Please submit this report monthly to: Little Rock Water Reclamation Authority, 1001 Temple Street, Little Rock, Arkansas 72202

Attn.: Pretreatment Sampling Administrator