

City of Round Rock
Baseline Monitoring Report 40 CFR 403.12(b)



1 General Information - Identifying Information 40 CFR 403.12(b)(1)

Company Name			
Applicant Name		Owner Name	
Street Address	city	state	zip
Mailing Address	city	state	zip
Contact Person for Application		telephone	
Contact Person for Wastewater Operations		telephone	
Email:			

2 Type of Business 40 CFR 403.12(b)(3) *(Briefly describe the business. Complete either 2(A) or 2(B).)*

Attach schematic process diagram which indicates points of discharge from regulated processes.

A. Commercial/Trade/Service/Institution

Standard Industrial Classification Code(s):

B. Industrial/Manufacturing (see Table 1)

Standard Industrial Classification Code(s):

3 Principal Products -

Product(s)	Past Calendar Year				Estimate This Calendar Year		
	Max	Ave.	Units		Max	Ave.	Units

4 Facility Operation -

A. Hours of Operation

1st shift _____ 2nd shift _____ 3rd shift _____

Holiday Shutdowns?

B. Employees

1st shift _____ 2nd shift _____ 3rd shift _____

5 Type and Volume of Wastewater 40 CFR 403.12(b)(4) - BMR

Report the discharge capacity per day and per month. Refer to Table 2 for descriptions of wastewater types. Mark all batch discharges.	Daily Capacity in gallons		Monthly Average Capacity in gallons	
	Sanitary	Process	Utility	Cleaning

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6 Lab Analysis - Measurement of Pollutants 40 CFR 403.12(b)(5) BMR

Attach copy of laboratory report, chain of custody and all applicable quality control/quality assurance data. See **Measurement of Pollutant section** of "Instructions for Completing the Baseline Monitoring Report" for full details of this requirement.

7 Hazardous/Radioactive Wastes -

List any hazardous wastes found at 40 CFR 261 that you discharge to the city sewer. Give the EPA hazardous waste number.

8 Wastewater Treatment -

A. Commercial/Trade/Service/Institution

Check all that apply and describe size and maintenance of the device. Attach additional schematics or information as necessary.

Oil or grease trap Sand trap Other (please describe)

B. Industrial/Manufacturing

Attach a simplified wastewater diagram. Show the types and volumes of wastewaters you have listed on the front page of this form. Show any pretreatment units and their function - for example: neutralization, settling, or oil and grease trap. Mark location where a wastewater stream can be sampled or flow-measured and describe equipment and facilities - for example: a manhole, cleanout or meter.

9 Spill Prevention and Pollution Prevention Activities

Briefly describe any plans or procedures the facility has to prevent the accidental discharge of prohibited or controlled wastes into the city sewer. [Attach any applicable spill/slug control plans or Toxic Organic Management Plans (TOMP)] Describe or list any type of pollution prevention activities being performed (Environmental Management Systems, recycling, conservation, etc.)

10 Compliance Schedule - 403.12(b)(7) - For EXISTING SOURCES ONLY

If necessary, statement by the IU must indicate whether additional operation and maintenance (O&M) and/or additional pretreatment is required for the IU to meet the pretreatment standards and requirements.

Not applicable for any existing user

11 Attach or list below all environmental permits held by the facility. 40 CFR 403.12(b)(2)

If facility does not hold any other permits indicate such.

12 Certification 40 CFR 403.12(b)(6)

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.

Signature of Business Owner/Operator*	Name and Official Title	Date Signed

*The person signing this certification must be the owner or operator of the facility or a duly authorized representative of the owner or operator.