PERIODIC SELF-MONITORING COMPLIANCE REPORT

Industrial users subject to self-monitoring requirements must submit the information contained in this report form at the frequency specified in their Waste Water Contribution Permit. Failure to comply with self-monitoring requirements violates Federal Pretreatment (40 CFR 403.12) and Provo city Ordinances (10.04.170.).

1. Name of facility reporting ____________________________________________________________

2. Reporting period from: __________________________ to __________________________

3. Flows:
   a. Total discharge from process waste streams during reporting period: _____________ Gallons
   b. Highest daily discharge from process waste streams: ___________________ Gallons per Day
   c. Total Discharge of non-process waste water during reporting period (sanitary, non-contact, wash down, etc.): ___________________ Gallons
   d. Zero Discharging Facility (if yes, continue to continue 13) : Yes [ ] No[ ]

4. Number of days your facility was in operation during reporting period:

5. Type of sample(s):
   Grab [ ] Composite [ ]
   Flow Proportioned [ ] Time Proportional [ ]

6. Collection Method: Hand [ ] Automatic Sampler [ ]

7. Name of person collecting sample:

8. Sampling location:

9. Certified laboratory performing analysis:

10. 40 Code of Federal Regulation (CFR) 136 procedures were followed for analysis? Yes [ ] No [ ]

11. Attach copies of all laboratory reports, pH readings, flow readings, and meter calibration certificates. This report is due by the tenth day of the month following the month/quarter for which you are reporting.
    Send reports to:

    Mailing Address: Provo City Pretreatment
    Provo City Pretreatment
    Public Works Department 1685 South East Bay Blvd.
    1377 South 350 East Provo, UT 84606
    Provo, UT 84606

    Hand Deliver To: Provo City Pretreatment
    1685 South East Bay Blvd.
    Provo, UT 84606
### 12. Compliance Assessment: (Reference page two (2) of Waste Water Contribution Permit)

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>DATE OF SAMPLING</th>
<th>COMPLIANCE EVALUATION</th>
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<tbody>
<tr>
<td></td>
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<td>DAILY MAX   mg/L</td>
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<td>LIMIT</td>
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<td>TEST RESULTS  mg/L</td>
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<td>TEST RESULTS  AVERAGE</td>
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Flow (GPD)

Have any violations occurred? Yes [ ] No [ ]

If yes, you must notify Provo City within twenty-four (24) hours of becoming aware of the violation. You must continue to resample within three (3) days of receipt of test results until two consecutive samples show compliance with discharge limitations. Those results of repeat analysis must be submitted to Provo City within thirty (30) days of becoming aware of the violation unless exempt by the City Pretreatment Coordinator.

Provo City Pretreatment Coordinator was notified of violation on: ______________ at: ______________

(Date) (Time)

13. Compliance Signatures of Authorized Representatives:

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/or imprisonment for knowing violations.

__________________________  ____________________
Signature of Authorized Representative  Date

Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the waste water has occurred since filing the last discharge monitoring report (Periodic Self-Monitoring Compliance Report). I further certify that this facility is implementing the toxic organic management plan submitted to the permitting authority (Provo City Water Reclamation Facility).

__________________________  ____________________
Signature of Authorized Representative  Date