

Pretreatment Program

Baseline Monitoring Checklist

BMR Checklist (to be compiled in your report)

Requirements	Reference	Completed _____
1. Name and address of facility (40CFR403.12(b)(1))		_____
Name of the operator and owners		_____
2. List of environmental control permits (40CFR403.12(b)(2))		_____
3. Brief description of operations, including (40CFR403.12(b)(3)) average rate of production		_____
Schematic of process diagram		
(a) All regulated processes		_____
(b) All points of discharge to sanitary sewer		_____
(c) All sampling locations used		_____
4. Flow Measurement (avg. And max. daily) (40CFR403.12(b)(4))		
(a) From regulated process streams (40CFR414.56)		_____
(b) From all other process streams (40CFR403.6(e))		_____
(c) Method of flow measurement		_____
5. Measurement of pollutants (40CFR403.12(b)(5))		
(a) Identify applicable Pretreatment Standards		_____
(b) Sampling and Analysis		_____
(1) Sampling representative of daily operations		_____
(2) 24 hour composite sample obtained		_____
or grab sample approved		
(3) Laboratory data sheets submitted		_____
(4) State certified laboratory used		_____
(c) Total Toxic Organics non-use statement (Enclosed)		_____
6. Certification statement (Enclosed) (40CFR403.12(b)(6))		_____
7. Compliance schedule, if sample/s not in limits stated in City of Richmond Industrial Discharge Permit (40CFR403.12(b)(7))		_____