

# Pretreatment Program

## Baseline Monitoring Checklist

**BMR Checklist** (to be compiled in your report)

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	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 average rate of production (40CFR403.12(b)(3))		_____
	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))		_____