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# Guidance for Completing Oregon DEQ Pretreatment Annual Report Forms



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# Instructions

**Note:** All pretreatment delegated municipalities in Oregon must submit a hard copy of a completed Pretreatment Annual Report in accordance with this format, pursuant to NPDES/WPCF permit Schedule E and 40 CFR 403.12(i). Send reports to the Department's Pretreatment Program Coordinator in Portland. **Be sure to submit an electronic copy to the regional permit compliance officer.**

**Form 1: Cover Sheet** – Provide general information about the POTW

- For "NPDES/WPCF/WPCF Permit Number(s)" include DEQ's NPDES/WPCF Permit Number(s) and EPA's "OR" Reference Number(s) found on the cover page of the NPDES/WPCF Permit(s); include Population Served by your POTW.
- Pretreatment program contact information
- Certification statement and POTW's Authorized Signatory

**Form 2: Program Status and Update** – List all pretreatment program materials (i.e., sewer use ordinances, local limits, implementation procedures, forms, etc.) that fall into the following categories:

Item 1. Approval date of original pretreatment program and date incorporated into NPDES/WPCF permit.

Item 2. Materials that are currently being revised or developed by the POTW. Include status of the revisions and the general reason for the proposed changes. In particular, any materials that have been returned by DEQ with comments, and any responses required in Pretreatment Compliance Inspections (PCIs) or Audits, must be addressed in this section. Also, include an approximate date that the materials will be submitted to DEQ for review and approval.

Item 3. Materials that have been submitted to DEQ for review and approval. Please indicate the date that these materials were sent to DEQ.

Item 4. Materials that were approved by DEQ.

- Identify the most recent program modifications made since original pretreatment program approval for each program element (Municipal Code/SUO, IGA, Local Limits, ERP, Pretreatment Implementation Procedures, Industrial User Survey, and Funding and Resources.)

- Approval Date
- If incorporated into the permit, Dates the modifications were incorporated into your NPDES/WPCF permit

Item 5. Insert the date that program was last audited by DEQ.

Item 6. Provide in table form the list of pollutants for which local limits are currently established, as well as the dates of most recent technical evaluation for local limits, and the date of most recent adoption of technically-based local limits.

Item 7. List any other noteworthy pretreatment activities or accomplishments for the calendar year.

**Form 3: Treatment Plant Monitoring** – The POTW must include all treatment plant influent, effluent and sludge toxics and non-conventional pollutants monitoring data collected during the calendar year (please do not include Discharge Monitoring Report (DMR) data for conventional pollutants). This will include, at a minimum, the six days of monitoring required by most NPDES/WPCF permits that contain pretreatment conditions.

- All data must be provided. Averages or selected representative results are not sufficient.
- Where the POTW has monitored more frequently than required by its permit, the additional data must also be provided.
- The POTW must ensure that its laboratory or its contract laboratory uses detection levels or minimum recovery levels that are adequate to evaluate for pass through.
- The POTW must ensure that it meets minimum toxic pollutant monitoring requirements of its NPDES/WPCF permit.
- The Department recommends that the POTW schedule toxic pollutant monitoring events to ensure enough time to resample in the event that any required samples are invalidated for any reason.

The POTW can select the most convenient method of presenting these data as long as the following information is included:

- Date samples were collected.
- Analytical results for all parameters (including units).
- Treatment plant flow (influent and effluent) at the time of sampling.

- Treatment plant removal rates for either each day of sampling, or for each consecutive-day sampling event. (**Average removal efficiencies for the year are not acceptable.**)
- Any additional sampling results pertaining to treatment plant removal efficiencies, domestic/background loadings, or in-stream pollutant levels.
- Any changes in the method of disposal of wastewater or sludge (e.g., change from land application to landfill).
- A statement that all data were gathered and analyzed using approved test methods (40 CFR Part 136 for wastewater and 40 CFR Part 503 for biosolids).
- A discussion of all data anomalies including cause and actions taken to prevent recurrence.

**Form 4: Headworks Loading Comparison**—Compare the POTW’s maximum allowable headworks loading (MAHL, lb/day), as determined by the approved local limits submission, to the highest single day treatment plant influent loading determined for the calendar year.

- Comparison should be performed for each pollutant for which local limits have been developed.
- The results can be presented in a table (preferable) or as part of the narrative described below.
- If this comparison reveals that the **actual loading is 90% or more of the allowable loading**, a detailed narrative discussing the reasons for this must be included.
- In addition to the numerical comparison, a brief narrative must be provided to describe any problems encountered in the application of the approved local limits, any additional pollutants of concern that may have been observed in either industrial effluent or POTW influent, and any plans to revise or augment existing limits.

All MAHL exceedances must be evaluated for pass through, and results documented in Form 4. Use the following format:

- Compare the exceedance with the Water Quality (WQ) MAHL. If the WQ MAHL was not exceeded, pass through did not occur.
- If the WQ MAHL was exceeded, compare the corresponding effluent concentration with the appropriate WQ Standard. If the WQ Standard was not exceeded at the “end of pipe,” pass through did not occur.
  - If the WQ Standard was exceeded at the “end of pipe,” use a mass

balance calculation, effluent concentration, and flow, receiving stream ambient concentration, receiving stream flow at edge of mixing zone, and appropriate dilution, to evaluate for pass through.

**Form 5: Treatment Plant Upsets/Problems** – Identify whether there have been any incidences of interference, pass through, fire or explosions (including flash point violations), corrosive structural damage (including pH<5.0), flow obstructions, excessive flow or pollutant concentrations, excess heat, interference due to oil or grease, toxic fumes, or illicit dumping of hauled waste during the reporting period.

Additionally, identify all treatment plant upsets that occurred as the direct or indirect result of a non-domestic discharge. In particular, the POTW must identify discharges that resulted in “pass through” or “interference,” as defined in the POTW’s ordinance. If the cause of the upset is unknown, the incident should still be listed. For each incident the POTW must identify the following:

- Date and time (where possible) of the incident.
- Description of the effect(s) on the POTW’s operation.
- Effects on the POTW’s effluent and sludge quality (including permit violations).
- Steps taken to identify the source of the discharge.
  - Identity of each discharger responsible for the incident.

**Form 6: List of Regulated Users** – The list of regulated users must include the following information:

- At a minimum, the list must include all Significant Industrial Users (SIUs) that discharge process wastewater to the POTW and all users subject to categorical pretreatment standards (**discharging or non-discharging**) that are in any way connected to the POTW.
- Any new users appearing on this list should be underlined (e.g., Metal Finishing, Inc.).
- Any user deleted from this list should be struck through (e.g., ~~Metal Finishing, Inc.~~).
- Whether the user is an SIU (as defined by the POTW, per 40 CFR Part 403.3 (v))
- Non-discharging categorical industrial users (NDCIUs) subject to zero discharge categorical standard limits are considered SIUs.
- Whether the user is subject to categorical standards, (if yes include the CFR

part number applicable to the user). Only industries that have specific numerical categorical pretreatment standards and discharge process wastewater should be identified as CIUs.

- NDCIUs NOT subject to zero discharge standards should also be clearly identified as such in a separate column.
- Note Non-Significant CIU status, if applicable.
- Note Middle Tier CIU status, if applicable.
- Include the Standard Industrial Classification (SIC) code or the North American Industry Classification System (NAICS) code.
- Whether a permit has been issued to the user.

Note: POTWs that have not adopted provisions for NSCIUs/MTCIUs can continue to use the Form 6 used for prior Annual Report forms this year, *provided* a footnote is included that states this is the reason the alternate form is being used.

**Form 6A: Industrial Survey Update** – List new non-domestic users, identified during the calendar year associated with this reporting period, which may potentially have a discharge to the POTW. If there are no such new users, indicate so on this form. This form is self-explanatory.

**Form 7: Compliance/Oversight Summary (SIUs Only)** – This form is intended to summarize the compliance activities of the POTW and the industrial user for all Significant Industrial Users (SIUs).

- The first two items, SIU name and permit expiration date, are self-explanatory.
- “Number of Inspections” should reflect only complete facility inspections that are documented in the POTW’s files.
- “POTW Sampling” shall reflect the number of times the POTW monitored the industry for all regulated pollutants.
- “SIU Self-Monitoring” shall reflect the number of times the user monitored for all regulated pollutants. Where continuous monitoring is performed by a user (e.g., for pH), the information should not be included in the total, but may be footnoted if appropriate.
- “Significant Noncompliance” (SNC) should be reported, for each calendar quarter, using the “A, B, C, or D” coding format noted on the bottom of this form. Please refer to the EPA memo [“Application and Use of the Regulatory Definition of SNC for Industrial Users” \(EPA 1991\)](#) for further information regarding the application of SNC. If the POTW tracks SNC on a more frequent basis (e.g., monthly) it may report this in a similar format.



**Form 8: Noncompliance/Enforcement Summary (SIUs Only)** – This form is intended to summarize the violations of pretreatment standards and requirements for all Significant Industrial Users (SIUs) and the POTW's response to each violation. If there were no violations identified for a user during the calendar year, the user need not be listed here. The format shown on the DEQ form is simply a suggestion. If the following information is provided, the format is left up to the POTW:

- Name of industrial user, SIUs only.
- Nature of violation. This must include procedural violations (e.g., late reports, failure to notify, etc.) as well as limits violations.
- Date of violation.
- POTW response (enforcement action).
- Date of POTW response.
  - Date of return to compliance. Include the POTW's definition of "return to compliance."

**Form 9: Resource Summary** – This form is intended to summarize the resources dedicated to the pretreatment program for the reporting year and planned for the upcoming year. Use estimates where necessary.

**Form 10: Pretreatment Program Evaluation** – This form is intended to provide an overview of the POTW's performance during the past year.

- Items 1-3 are self-explanatory.
- Item 4: Include as SIUs only (a) categorical, (b) non-categorical SIUs, (c) non-discharging categorical users (NDCIUs) that are subject to zero discharge categorical limits – and that have not been designated as NSCIUs under your local ordinance, and (d) "Middle Tier" CIUs.

Note regarding NDCIUs subject to a zero-discharge categorical limit: These NDCIUs remain both CIUs and SIUs unless they have been designated as NSCIUs. Until or unless you adopt and apply the NSCIU provisions for these categorical IUs they are to be counted as SIUs. (Please do not include them in total number CIUs to avoid over-counting – the # NDCIUs subject to a categorical discharge limit will be added to total CIU number you report.) The total number of SIUs should be equal to the total of the combined subcategories of SIU, noted above.

If the Control Authority has not adopted streamlining provisions for NSCIU or MDCIU, please indicate "N/A" in the space provided.

Other Industrial Users should be included as separate items as indicated on the form. A pretreatment-delegated Municipality is billed by the Department for the pretreatment program portion of its annual NPDES/WPCF permit compliance determination fee based on the number of SIUs that were permitted or identified during any portion of the calendar year covered by the Pretreatment Annual Report. For billing purposes, the Department uses the summary information in Form 10, Item 4, to determine the number of SIUs for each Municipality.

- Items 5-19 are self-explanatory.
- Item 20: Describe QA/QC employed. For example: splits, blanks, duplicates, etc.
- Items 21-28 are self-explanatory.
- Item 29: List only those actions that were taken for purposes of enforcement. Do not include phone calls and letters that were for informational purposes.
- Items 30-34 are self-explanatory.
- Item 35: This question is intended to determine which IUs have been given a compliance schedule to meet new or revised pretreatment standards. For example, under certain circumstances, a user may be given up to 3 years to meet a newly developed categorical pretreatment standard.
- Items 36-43 are self-explanatory.

**Form 11: Sewage Treatment Plant Profile(s)** - This Form provides sewage treatment plant profile and technical information for each sewage treatment plant that is operated under an NPDES/WPCF permit. The items are self-explanatory.

**Form 12: Pretreatment Program Profile(s)** - This Form provides pretreatment program profile information for each Department approved program. The items are self-explanatory.

**Form 13: Pretreatment Data Summary Sheet** - This form summarizes the data elements required by EPA from the questions within the previous annual report forms. The form identifies the relevant Form number and Question number and provides an electronic link to the relevant question for ease in completing each data element. For each question, please provide the appropriate answer in the space provided (yes, no, number, date). This form is required, intended to

enhance efficiency for DEQ and state pretreatment programs in uploading and reporting the required EPA data elements. Thank you for your efforts and support

# Form 1 – Cover Sheet

**Control Authority Name:** \_\_\_\_\_

Treatment Plant Name(s) and Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiration Date

EPA Number:	_____	_____
DEQ permit Number:	_____	_____
DEQ File Number:	_____	_____
Population Served:	_____	_____

Pretreatment Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**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 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.**

\_\_\_\_\_  
POTW Authorized Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

# Form 2 – Program Status and Update

1. Approval Date of Original Pretreatment Program and date incorporated into NPDES/WPCF permit:

2. Program Materials Under Development (Date Planned for Submission):

3. Program Materials Submitted for Review/Approval (Date Submitted):

4. Program Materials Approved Since Original Pretreatment Program Approval

<b>Date Approved</b>	<b>Description of Modification</b>	<b>Date Incorporated into NPDES/WPCF Permit</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Date of last Pretreatment Compliance Audit: \_\_\_\_\_ Date: \_\_\_\_\_

6. Local Limits:

a) Date of most recent technical evaluation for local limits: \_\_\_\_\_ Date: \_\_\_\_\_

b) Date of most recent adopted technically based local limits: \_\_\_\_\_ Date: \_\_\_\_\_

c) Pollutants for which local limits have been established: \_\_\_\_\_



# Form 3 – Treatment Plant Monitoring

**Provide all treatment plant influent, effluent and biosolids (sludge) data for toxic pollutants and non-conventional pollutants collected during the calendar year. Discuss all data anomalies including cause and actions taken to prevent recurrence. Include all re-sampling results for samples taken to meet NPDES/WPCF permit monitoring requirements because of monitoring that was invalidated for any reason. (See *Instructions for completing FORM*).**

***All effluent data collected and analyzed must be in accordance with 40 CFR 136; and 40 CFR Part 503 for Biosolids.***

# Form 4 – Headworks Loading Comparison

1. Provide a comparison of POTW's "maximum allowable headworks loading (MAHL in lb/day)" to the highest recorded actual loading for each local limit pollutant.

For each MAHL exceedance provide a narrative discussion and show associated calculations to demonstrate whether pass through occurred.

2. Provide a narrative discussion of the POTW's local limits: any problems encountered in the application of the approved limits, any additional pollutants of concern that may have been observed in either industrial effluent or POTW influent, and any plans to revise or augment existing limits.



# Form 5 – Treatment Plant Upsets/Problems

1. Has the control authority experienced any of the following?

	Yes	No	Unknown	Explain
Interference				
Pass through				
Fire or explosions (including flash point violations)				
Corrosive structural damage (including pH < 5.0)				
Flow obstructions				
Excessive flow or pollutant concentrations				
Heat problems				
Interference due to oil or grease				
Toxic fumes				
Illicit dumping of hauled waste				

2. Provide a description of each instance of treatment plant upset (pass through or interference) due in whole or in part to a non-domestic discharge (See Instructions for completing *FORM 5*).









# Form 9 – Resource Summary

Item	Report Year	Planned	Comments
<b>Labor (man-hours)</b>			
Sampling			
Inspection			
Management			
Administration			
Laboratory			
Enforcement			
<b>TOTAL HOURS</b>			
<b>Operating Cost</b>			
Laboratory			
Sampling and Inspection			
Permit Writing			
Enforcement			
<b>TOTAL COSTS (\$)</b>			
<b>Income Revenue</b>			
Sewer Use			
Extra Strength			
Impervious Area			
Penalties			
<b>TOTAL INCOME (\$)</b>			

# Form 10 – Pretreatment Program Evaluation

1. Has a change in contributing jurisdictions occurred since the last Annual Report?  Yes  No

If yes, identify the jurisdictions that have been added or removed:

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2. Has the Control Authority updated its Industrial User Survey to identify new Industrial Users (IUs) or changes in wastewater discharges at existing IUs? [(403.8(f)(2)(i)] If yes:  Yes  No

- a) Are any of these IUs located in new service areas (describe)?  Yes  No
- b) Have any IUs located in contributing jurisdictions where the POTW has no inter-jurisdictional agreements or IU Contracts?  Yes  No

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3. For any new Categorical Industrial Users or processes identified during the Report period:

- a) Baseline Monitoring Report (BMR) Submitted?  Yes  No
- b) Final (90-day) Compliance Report (FCR) Submitted?  Yes  No

4. How many IUs are currently permitted, or identified by the Control Authority in each of the following categories during the Report period?

\_\_\_\_\_ TOTAL SIUs

(a) \_\_\_\_\_ Categorical Industrial Users (CIUs)

(b) \_\_\_\_\_ Significant Non-categorical IUs

(c) \_\_\_\_\_ NDCIUs subject to zero discharge limits

(d) \_\_\_\_\_ "Middle Tier" categorical industrial users\*

\_\_\_\_\_ NDCIUs that are not subject zero discharge categorical limits

\_\_\_\_\_ Non-Significant Categorical Industrial User (NSCIU)\*

\_\_\_\_\_ Other regulated non-categorical IUs (Describe):

❖ For both NSCIUs and MTCIUs please indicate N/A if the POTW has NOT adopted these provisions. "0" if you have adopted the provisions but do not currently permit any IUs as such)

5. Is the Control Authority's definition of "Significant Industrial User" the same as EPA's?  Yes  No  
[403.3(v)(1)(i-ii)]

If not, the Control Authority has defined "Significant Industrial User" to mean:

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6. How many SIUs are required to be covered by an individual control mechanism? \_\_\_\_\_

How many SIUs are not covered by an existing, unexpired permit or other control mechanism? \_\_\_\_\_

Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Were individual control mechanisms issued/reissued for 90% of the SIUs within 180 days of the expiration date?  Yes  No

How many control mechanisms were not issued within 180 days of the expiration date? \_\_\_\_\_

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

8. How many NDCIUs have been issued a control mechanism? 

#	%
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a) How many NDCIUs subject to a zero-discharge prohibition have been issued a control mechanism? (Number/percent) 

#	%
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b) How many NDCIUs NOT subject to a zero discharge and have been issued a control mechanism? 

#	%
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c) Does the POTW require annual certification of NDCIUs in lieu of issuing a control mechanism?  Yes  No

Comments, if any:  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the POTW accept hauled domestic waste?  Yes  No

10. Does the POTW accept hauled non-hazardous industrial waste?  Yes  No

11. Does the Control Authority have a control mechanism for regulating IUs whose waste are trucked to the treatment plant?  Yes  No  
 N/A

If yes, does control mechanism designate a discharge point?  Yes  No

(Describe): \_\_\_\_\_



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12. Are all applicable categorical standards and local limits applied to IUs whose wastes are trucked into the POTW?  Yes  No  
 N/A

If not, why:

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13. Has the Control Authority evaluated the need for SIUs to develop slug discharge control plans? [403.8(f)(2)(vi)]  Yes  No

If yes, when was the evaluation last conducted and what criteria were used to identify the IUs for slug plans?

		During Report Period	Total	
How many slug control plans	Required?			
	Received?			
	Approved?			

14. Are TTO standards or alternatives (solvent management plans or oil & grease monitoring) being implemented for IUs subject to TTO limitations?  Yes  No  
 N/A

If not, why?

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Are TTO standards being applied to other IUs?  Yes  No  
 N/A

15. How many times were the following monitored during the past year?

	Influent	Effluent	Sludge	Ambient (Receiving Water)
Metals				
Priority Poll.				
Biomonitoring				
TCLP				
EP Tox				
Other:				

16. Has the Control Authority had any problems performing compliance monitoring?  
 Scheduled:  Yes  No      Unscheduled:  Yes  No      Demand:  Yes  No

If yes, explain:

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17. How many, and what percentage of SIUs were (a) not sampled at least once, or (b) not inspected at least once during the reporting period [403.8(f)(2)(vi)]

a) Number and % not sampled: \_\_\_\_\_ ( \_\_\_\_\_ %)

b) Number and % not inspected: \_\_\_\_\_ ( \_\_\_\_\_ %)

18. Does the Control Authority routinely split samples with industrial personnel?

a.) If requested:

Yes  No

b.) To verify IU self-monitoring:

Yes  No

19. Provide the following analytical information regarding pollutant analyses:

	Analytical Method	Name of Laboratory
Mercury		
Other Metals		
Cyanide		
Organics		
Other:		

20. Does the Control Authority use QA/QC for sampling and analysis?

Yes  No

If yes, describe:

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21. How much time normally elapses between sample collection and obtaining analytical results?

\_\_\_\_\_

22. Is there an established protocol clearly detailing sampling location and procedures?

Yes  No

23. How frequently does the Control Authority use the closed cup flashpoint test,

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specified in 40 CFR Part 261.21, to monitor SIUs? [403.5(b)(1)]

- Once per year
- Prior to each sampling
- Other:

Did the Control Authority find any problems?  
If yes, explain:

Yes  No

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24. Does the Control Authority compare all monitoring data to applicable pretreatment standards and requirements contained in the control mechanism within 15 days of its receipt?  Yes  No

25. Does the Control Authority use EPA's definition of Significant Noncompliance (SNC)? [403.8(f)(2)(viii)]  Yes  No

26. Are SIUs required to notify the Control Authority within 24 hours of becoming aware of a violation and to submit additional monitoring within 30 days after the violation is identified? [403.12(g)(2)]  Yes  No  
 N/A

27. If the Control Authority conducts monitoring in lieu of the user, does the Control Authority resample and obtain results within 30 days of identifying and violation?  Yes  No  
 N/A

28. Date that administrative penalties were last updated: \_\_\_\_\_ Date: \_\_\_\_\_

29. Indicate the compliance/enforcement options that are available in the event of IU noncompliance:

- Notice of Violation or Letter of Violation
- Compliance Schedule
- Injunctive Relief
- Imprisonment
- Termination of Service
- Administrative Order
- Revocation of Permit
- Fines (Maximum Amount)

- a) Civil \$ \_\_\_\_\_/day/violation
- b) Criminal \$ \_\_\_\_\_/day/violation
- c) Administrative \$ \_\_\_\_\_/day/violation

30. For each of the listed enforcement actions, identify the following for the ones the Control Authority has

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used during the reporting period:

	<b>Total # of Actions</b>	<b># of Industries Affected</b>
Written notice or letter of violation		
Administrative orders		
Administrative fines		
Show cause hearings		
Compliance orders		
Permit revocation		
Civil action		
Criminal action		
Termination of service		
Other (specify):		

31. For each of the listed enforcement actions, identify the following for the ones the Control Authority has used during the reporting period:

	<b>Number</b>	<b>Amount (\$)</b>
Civil		
Administrative		
Total		

32. Indicate the number and percent of SIUs that were identified as being in SNC (as defined by EPA) with the following during the reporting period:

	<b># of SNC SIUs</b>	<b>% of SNC SIUs</b>
Applicable pretreatment standards		
Self-monitoring requirements		
Reporting requirements		
Pretreatment compliance schedule		
Other:		

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33. Did the Control Authority publish all SIUs in SNC in newspapers, or general arbitration that provides meaningful public notice within the instructions served by the POTW? [403.8(f)(2)(vii)]  Yes  No  
If yes, attach copy, or attach copy of affidavit of publication.

34. Indicate the number of SIUs that are currently in SNC with self-monitoring and were not inspected or sampled: \_\_\_\_\_

35. How many SIUs are currently on compliance schedules in order to meet new or revised national pretreatment standards or requirements? \_\_\_\_\_

36. Have any CIUs been allowed more than 3 years from the effective date of a categorical standard to achieve compliance? [403.6(b)]  Yes  No

37. Have any IUs requested that data be held confidential?  Yes  No

38. Have any requests been made by the public to review files?  Yes  No

39. Are all records maintained for at least 3 years?  Yes  No

40. Are there significant public or community issues impacting the POTW's pretreatment program?  Yes  No

If yes, explain:

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41. Have any problems in program implementation been observed which appear to be related to inadequate funding, resources, or staff?  Yes  No

If yes, explain:

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42. Does the Control Authority have adequate resources to implement the pretreatment program?  Yes  No

43. Does the Control Authority have the technical documents necessary for implementing its pretreatment program?  Yes  No

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44. Does the Control Authority have access to adequate:

	<b>Yes</b>	<b>No</b>	<b>Explain:</b>
Sampling equipment			
Safety equipment			
Vehicles			
Analytical equipment			

# Form 11 – Sewage Treatment Plant Profile(s)

Complete this section for each sewage treatment plant operated under an NPDES/WPCF Permit.

**DEQ NPDES/WPCF Permit Number:** \_\_\_\_\_

1. Treatment Plant Design Dry Weather Flow (MGD) \_\_\_\_\_

2. Treatment Plant Actual Dry Weather Flow (Ave.) (MGD) \_\_\_\_\_

3. Treatment Plant Design Wet Weather Flow (MGD) \_\_\_\_\_

4. Treatment Plant Actual Peak Wet Weather Flow (MGD) \_\_\_\_\_

5. Sewerage System:

a) Separate (%) \_\_\_\_\_

b) Combined (%) \_\_\_\_\_

c) Number of CSOs \_\_\_\_\_

6. Industrial Contribution

a) Flow (MGD) \_\_\_\_\_

b) % of Influent \_\_\_\_\_

c) Number of contributing SIUs (non-CIUs) \_\_\_\_\_

d) Number of contributing CIUs \_\_\_\_\_

7. Level of Treatment and Description

a) Preliminary  \_\_\_\_\_

b) Primary  \_\_\_\_\_

c) Secondary  \_\_\_\_\_

d) Tertiary  \_\_\_\_\_

e) Type of Disinfection  \_\_\_\_\_

8. Receiving Water

a) Name: \_\_\_\_\_

b) Classification (NPDES/WPCF Permit Hydro Code): \_\_\_\_\_

c) Designated Beneficial Uses (OAR 340-41 Basin Standards) \_\_\_\_\_

9. Effluent Discharged to Any Location Other than Receiving Water?  Yes  No

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If yes, Indicate Where, When, and Describe:

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10. Indicated methods of biosolids (sludge) disposal (Mg/Kg (dry weight) / year)

- a. Land Application \_\_\_\_\_
- b. Municipal Solid Waste Landfill \_\_\_\_\_
- c. Sale or Donation to Public \_\_\_\_\_
- d. Other (Specify) \_\_\_\_\_



# Form 12 – Pretreatment Program Profile(s)

1. Information pertaining to contributing jurisdictions (Complete for each jurisdiction)

a) Name of contributing jurisdiction \_\_\_\_\_  
DEQ approved IJA or IGS  Yes  No  
Date approved by DEQ: \_\_\_\_\_  
Date incorporated into NPDES/WPCF permit: \_\_\_\_\_  
Number of CIUs in contributing jurisdiction \_\_\_\_\_  
Number of other SIUs in contributing jurisdiction \_\_\_\_\_

b) Name of contributing jurisdiction \_\_\_\_\_  
DEQ approved IJA or IGS  Yes  No  
Date approved by DEQ: \_\_\_\_\_  
Date incorporated into NPDES/WPCF permit: \_\_\_\_\_  
Number of CIUs in contributing jurisdiction \_\_\_\_\_  
Number of other SIUs in contributing jurisdiction \_\_\_\_\_

c) If relying on contributing jurisdictions, indicate, for each, which activities they are required to perform:

Name: \_\_\_\_\_  
 Industrial Waste Survey (IWS)  
 Permit Issuance  
 Inspection Sampling Enforcement  
 Notification of Industrial Users (IUs) of Pretreatment Requirements  
 Receipt and Review of IU Reports  
 Analysis of Samples Other (Specify)

Name: \_\_\_\_\_  
 Industrial Waste Survey (IWS)  
 Permit Issuance  
 Inspection Sampling Enforcement  
 Notification of Industrial Users (IUs) of Pretreatment Requirements  
 Receipt and Review of IU Reports  
 Analysis of Samples Other (Specify)

Name: \_\_\_\_\_  
 Industrial Waste Survey (IWS)  
 Permit Issuance  
 Inspection Sampling Enforcement  
 Notification of Industrial Users (IUs) of Pretreatment Requirements  
 Receipt and Review of IU Reports

Analysis of Samples Other (Specify)

2. Indicate approved pretreatment program compliance and inspection frequency requirements:

a) Inspections

1. CIUs \_\_\_\_\_

2. Other SIUs \_\_\_\_\_

b) Sampling by Control Authority (i.e., the municipality or POTW)

1. CIUs \_\_\_\_\_

2. Other SIUs \_\_\_\_\_

c) Industrial user (IU) self-monitoring

1. CIUs \_\_\_\_\_

2. Other SIUs \_\_\_\_\_

d) Reporting by IUs

1. Other CIUs \_\_\_\_\_

2. Other SIUs \_\_\_\_\_

3. Removal Credits:

a) Is the Control Authority currently authorized to issue removal credits?  Yes  No

b) Has the POTW applied for authorization to issue removal credits?  Yes  No

Date: \_\_\_\_\_

c) Has the Control Authority issued any removal credits?  Yes  No

Date: \_\_\_\_\_

d) Date of most recent removal credits approval (if applicable): Date: \_\_\_\_\_

4. Is any part of the pretreatment program being operated under any pretreatment- related consent decree, administrative order, compliance schedule, or other enforcement action?

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List effluent and sludge quality

List NPDES/WPCF Permit effluent and biosolids limits violated and suspected causes:

<b>Parameters Violated/Date</b>	<b>Cause(s)</b>
_____	_____
_____	_____
_____	_____

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6. Have treatment plant biosolids violated any TCLP tests?

Yes  No

If Yes, Explain:

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# Form 13 –Pretreatment Data Summary Sheet

Form/Question	Question
<a href="#">Form 2 Question 6</a>	Date of Most Recent Technical Evaluation for Local Limits? _____ Date of Most Recent Adoption of Technically Based Local Limits? _____ Local Limit Pollutants? _____
<a href="#">Form 10 Question 4</a>	Has City adopted NSCIU/MTCIU? _____ Number of SIUs _____ Number of CIUs _____ Number of Non Categorical SIUs _____ Number of NDCIU subject to zero discharge? _____ Number of NDCIU NOT subject to zero discharge? _____ Number of NSCIU? _____ Other Permitted IUs (not SIUs or CIUs) _____
<a href="#">Form 10 Question 6</a>	SIUs Without Control Mechanism? _____
<a href="#">Form 10 Question 9</a>	Acceptance of Hauled Domestic Wastes <input type="checkbox"/> Yes <input type="checkbox"/> No
<a href="#">Form 10 Question 10</a>	Acceptance of Non-Hazardous Industrial Wastes? <input type="checkbox"/> Yes <input type="checkbox"/> No
<a href="#">Form 10 Question 17</a>	SIUs Not Sampled? _____ SIUs not Inspected? _____

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<p><a href="#">Form 10</a> <a href="#">Question 30</a></p>	<p>Violation Notices Issued to SIUs? _____</p> <p>Administrative Orders Issued to SIUs? _____</p> <p>Civil Suits Filed Against SIUs? _____</p> <p>Criminal Suits Filed Against SIUs? _____</p>
<p><a href="#">Form 10 Q31</a></p>	<p>Industrial Users (IUs) from which Penalties have been collected? _____</p> <p>Dollar Amount of Penalties Collected? \$ _____</p>
<p><a href="#">Form 10</a> <a href="#">Question 32</a></p>	<p>SIUs in SNC with Pretreatment Standards? _____</p> <p>SIUs in SNC with Self-Monitoring Standards? _____</p> <p>SIUs in SNC with Reporting Requirements? _____</p> <p>SIUs in SNC with Pretreatment Compliance Schedule? _____</p>
<p><a href="#">Form 10</a> <a href="#">Question 33</a></p>	<p>SIUs in SNC Published in Newspaper? _____</p> <p>Removal Credits Application Status? _____</p>
<p><a href="#">Form 12</a> <a href="#">Question 3</a></p>	<p>Date of Most Recent Removal Credits Approval? _____</p> <p>Removal Credits _____</p>