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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Wastewater pretreatment annual report  For publicly-owned treatment works (POTW)  National Pollutant Discharge Elimination System (NPDES) Permit Program  Doc Type: Annual Compliance Report) |

**Instructions** for completing this annual report are contained within each section of the report. Please read all instructions carefully before completing each section of the annual report.

**Submittal Instructions:** This annual report must be submitted by email to [wq.submittals.mpca@state.mn.us](mailto:wq.submittals.mpca@state.mn.us?subject=Wastewater%20pretreatment%20annual%20report) along with the [Water Quality Submittals form](https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-71.docx) found on the Minnesota Pollution Control Agency’s (MPCA) website at [https://www.pca.state.mn.us/water/discharge-monitoring-reports](https://www.pca.state.mn.us/water/discharge-monitoring). The email subject should be “WQ Submittal – [insert your Permit No.].” Save the completed form to your computer in a location where you can easily find it.

**Section 1: Facility information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permit number: | |  | | | | | Report covers calendar year: | | | |  | |
| Name of Permittee/POTW: | | | | |  | | | | | | | |
| POTW pretreatment contact name: | | | | | |  | | | | | | |
|  | | | | | | *(Name of person to be contacted for purposes of the information contained in this report.)* | | | | | | |
| Title of contact: | | |  | | | | | | | | | |
| Mailing address: | | |  | | | | | | | | | |
| City: |  | | | | | | State: |  | | Zip code: | |  |
| Telephone number: | | | |  | | | Email address: | |  | | | |

**Section 2: Significant industrial user (SIU) information form**

The attached *SIU information form* lists the current SIUs associated with this POTW as reflected in the Agency’s records.

The form consists of an Effluent data information section and an Inspection information section. **Complete both sections** of the attached *SIU information form* in accordance with the instructions provided with the *SIU information form*.

**Section 3: SIU monitoring form**

Please complete a *SIU monitoring form* for each SIU and return with the annual report. (Make additional copies prior to completing any data entry.) Refer to instructions located at the bottom of the form and the *SIU monitoring parameters and units list*.

**Section 4: Changes to pretreatment program**

## **If the POTW has made changes to its legal authority, control mechanisms, or pretreatment procedures, please describe below:**

|  |
| --- |
|  |

1. **Date when SIU agreement/permit limits were first established? Were limits reevaluated within past five years?**

|  |  |  |
| --- | --- | --- |
| SIU name | Date limits first established | Reevaluated within past five years? |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

**Section 5: Problems and pretreatment program effectiveness**

|  |  |  |
| --- | --- | --- |
| **A.** | **Problems caused by industry (interference or pass through)** | |
|  | 1. | Has the POTW experienced upset that may have been caused by an industrial user? |
|  |  |  |
|  | 2. | Has the POTW violated its permit limits, for any limited parameter, because of an upset caused by the discharge from an industrial user? (interference) |
|  |  |  |
|  | 3. | Has the POTW been overloaded by an industrial user? |
|  |  |  |
|  | 4. | Has the POTW violated its permit limits because a pollutant discharged by an industrial user has passed through the POTW inadequately treated? (pass-through) |
|  |  |  |
| **B.** | **POTW evaluation of pretreatment program, problems and effectiveness:**  Is the POTW’s pretreatment program effective? | |
|  |  | |

**Certification**

**Minn. R. 7049.0630 requires the signature to be “a principal executive officer, ranking elected official, or other duly authorized employee. The duly authorized employee must be an individual or position having responsibility for the overall operation of the facility or the pretreatment program. This authorization must be made in writing by the principal executive officer or ranking elected official and submitted to the agency prior or together with the report being submitted.”**

“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 gathered and evaluated 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.”

***By typing/signing my name below,*** *I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

**Authorized Signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  | Title: |  | |
|  | *(This document has been electronically signed.)* | Date (mm/dd/yyyy): | |  |