

Attachment I

COMPLIANCE SCHEDULE

COMPLIANCE SCHEDULE INSTRUCTIONS

This report must be completed by industrial dischargers who are not meeting pretreatment standards (40 CFR 403.7). In cases where the pretreatment standards were modified at the time of the Baseline Report, submittal by an exemption order, a removal allowance, the Combined Wastestream Formula, and/or a Fundamentally Different Factors variance, the information required by this report shall pertain to the modified standards.

Item 1.

Give the complete name and address of the facility to which this report applies. Include division, plant or building number where necessary. Give the name and title of the person at this facility to be contacted with regard to wastewater issues.

Item 2.

List the regulated discharges which do not meet the pretreatment standards. Where applicable, list the Category under which the discharge is regulated (i.e., 40 CFR 433, Metal Finishing), the process producing the discharge (i.e., Chrome Plating), the sample point for the regulated discharge (i.e., Clarifier Discharge), and the compliance date of each as listed in the Federal Register or in the Muskegon County Wastewater Management System (MCWMS) Director=s Compliance Order to the facility.

Item 3.

Develop the shortest possible compliance schedule required to meet the pretreatment standards. Indicate the dates of commencement and completion of all major increments in the schedule (such as engineering studies, preliminary planning, completing final plans, executing contracts, commencing construction, completing construction, etc.) **NO SINGLE INCREMENT MAY EXCEED NINE (9) MONTHS.**

The final completion date in this schedule shall not be later than the compliance date as listed in the Director=s Order or the Federal Register (if for Categorical processes, except where the listed compliance date is earlier than the date of this schedule).

SUBMIT THE COMPLETED COMPLIANCE SCHEDULE TO:

Pretreatment Coordinator
Muskegon County Wastewater
Management System
698 N. Maple Island Rd.
Muskegon, MI 49442

MUSKEGON COUNTY WASTEWATER MANAGEMENT SYSTEM

COMPLIANCE SCHEDULE

Refer to 40 CFR 403.12(b)(7) for complete requirements.

1. Identifying Information

Facility Name: _____
Street Address: _____
Mail Address: _____
City: _____ Zip Code: _____
Telephone: _____ Fax: _____

Contact Person at Facility: _____
Title: _____

2. Compliance Dates of Applicable Pretreatment Standard

Category	Process	Sample Point	Compliance Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Schedule of Increments of Progress

Description of Major Event	Commencement Date	Compliance Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use a separate sheet if more space is required.

4. Schedule Prepared By:

_____	_____	_____
Name	Title	Date

Signature		

CERTIFICATION STATEMENT

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

Additionally, I certify that the sampling and analysis conducted is representative of normal work cycles and expected pollutant discharge to the sewer system.

_____	_____	_____
Name	Title	Date

Signature		

FOR MCWMS USE ONLY

Date Received: _____

- Approved
- Disapproved

Comments: _____

Reviewed By: _____ Date: _____