

PRETREATMENT PERFORMANCE SUMMARY (PPS)

NOTE: ALL QUESTIONS REFER TO THE TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM (TPDES) INDUSTRIAL PRETREATMENT PROGRAM AS APPROVED BY THE EPA/TCEQ. THE PERMITTEE SHOULD NOT ANSWER THE QUESTIONS BASED ON CHANGES MADE TO THE APPROVED PROGRAM WITHOUT TCEQ AUTHORIZATION.

I. General Information

Control Authority Name _____

Address _____

City _____ State/ZIP _____

Pretreatment Contact Person _____

Contact Telephone _____ (Area Code) _____ (Position)

TPDES/NPDES Permit Nos. _____

Reporting Period _____ (Beginning month and year) To _____ (Ending month and year)

Total Number of Categorical IUs _____

Total Number of Significant Noncategorical IUs _____

II. Significant Industrial User Compliance

	SIGNIFICANT INDUSTRIAL USERS	
	Categorical	Noncategorical
1) No. of SIUs Submitting BMRs/Total No. Required	_____	N/A*
2) No. of SIUs Submitting 90-Day Compliance Reports/No. Required	_____	N/A*
3) No. of SIUs Submitting Semiannual Reports/ Total No. Required	_____	_____
4) No. of SIUs in SNC with Compliance Schedule/ Total No. Required to Meet Schedule.	_____	_____
5) No. of SIUs in Significant Noncompliance/ Total No. of SIUs.	_____	_____
6) Ratio of Significant Noncompliance for all SIUs (categorical and noncategorical).	_____/_____	

III. Compliance Monitoring Program

	SIGNIFICANT INDUSTRIAL USERS	
	Categorical	Noncategorical
1) No. of Control Documents Issued/Total No. Required	_____	_____
2) No. of Nonsampling Inspections Conducted	_____	_____
3) No. of Sampling Visits Conducted	_____	_____
4) No. of Facilities Inspected (nonsampling). . .	_____	_____
5) No. of Facilities Sampled.	_____	_____

IV. Enforcement Actions

	SIGNIFICANT INDUSTRIAL USERS	
	Categorical	Noncategorical
1) No. of Compliance Schedules Issued/No. Schedules Required	_____	_____
2) No. of Notices of Violations Issued to SIUs	_____	_____
3) No. of Administrative Orders Issued to SIUs	_____	_____
4) No. of Civil Actions.	_____	_____
5) No. of Criminal Actions	_____	_____
6) No. of Significant Violators (attach newspaper publication).	_____	_____
7) Amount of Penalties Collected* (total dollars/No. of IUs assessed)	_____	_____
8) Other Actions (sewer bans, etc.).. . . .	_____	_____

**NOTE: Do not include surcharges*

The following certification must be signed in order for this form to be considered complete:

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 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 for knowing violations.

Authorized Representative

Date