



SIU Periodic Compliance Report (PCR) **PCR Guidance 2011.doc**

All samples are to be collected during discharge to MSD and analyzed with MSD/Ohio EPA/U.S.EPA approved methods. Analytical results must be from the sample location pre-printed on the form provided by MSD-DIW.

Note: The upper left boxes marked *LAB REPORT*, *SIGNATURE*, *DATE RECEIVED*, and *INITIALS*, are for internal use by MSD-DIW personnel only.

Item 2. Ownership or Occupancy Change?

Please answer the question by marking the yes or no box with **X**.

Item 8. Enter Reporting Period

Your permit requires semi-annual, quarterly, or monthly self monitoring. Please indicate the sampling period, i.e. 2nd half 2011, or 3rd quarter 2011, or July 2011.

Item 9. Name of Company Collecting Wastewater Sample

Enter the name of the Company collecting the samples AND the name of the Contract Lab reporting the analytical results.

Date of Collection

For a grab sample, enter the date the grab was taken. For 24 hour, flow proportional samples, enter the date the composite was collected.

Flow, Total

For flow proportional samples, enter the flow meter daily readings in gallons. For batch discharge, enter the total gallons in the tank before release. For grab samples, estimate the gallons discharged using your water/sewer bill.

Compound / Enter Results

If the analytical test produces a result above the method detection limit, enter that result. For anything other than a result above the detection limit, you must enter one of the codes below:

- If the result is below the detection limit (i.e.<0.005), then enter **AA**
- If the analytical data was lost, then enter **AB**
- If the plant was not operating, then enter **AC**
- If the analytical data is not valid, then enter **AE**
- If the sample was not taken, then enter **AH** and attach written explanation
- If the result for Cyanide (T) or Oil & Grease (T) is below the detection limit, then for Cyanide (A) or O&G (Non-Bio) enter **AW**

Date, Signature and Title

The report is not considered complete and valid until each page is signed and dated by the Duly Authorized Representative. Please print, or type, the name and title of the person on the line below their signature.

Include Lab Reports

Please enclose copies of the lab paperwork, chain of custody, etc., from your contract lab service, with your signed PCR form.

Include Certification Statements

A permit can have a requirement for a certification, instead of sampling and analyzing for a parameter. Enter **AH** for that parameter and include the required certification statement with your PCR.

Timeline to submit PCR

You must submit your report no later than 45 days after the end of the month in which the sampling was performed.

The report must be sent via **Certified Mail** to:

MSD - DIW

Attn: YOUR CASE MANAGER

1600 Gest Street

Cincinnati OH 45204