

City of Springfield, Ohio Municipal Industrial Pretreatment Program Industrial Quarterly Reporting Form

Reporting Period: _____

Company Name _____

Company Address: _____

METAL FINISHING and PLATING

1A Please check the metal(s) that you have been using during the past three (3) months in one or more of your plating operations:

Cd_____ Cr_____ Cu_____ Pb_____ Ni_____

Zn_____ Hg_____ Ag_____ As_____ Se_____

Mo_____

2A Please indicate the compounds which have been used in your metal plating solutions during the reporting quarter:

Name of Compound	Total Number of Pounds or Gallons

3A Please indicate the Minimum and Maximum pH for each month of the reporting quarter:

	1 st Month	2 nd Month	3 rd Month
Minimum			
Maximum			

4A Comments: _____

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ALL INDUSTRIES:

1B Please list the name of your industrial waste hauler, the type of waste, the date and number of gallons or pounds of material removed from your facility for this reporting quarter:

Hauler	Compound	Date	Volume

2B If applicable, please list the name of the industrial waste hauler, type of waste, the date and number of gallons or pounds of material removed from your pretreatment process tanks at your facility for this reporting quarter:

Hauler	Compound	Date	Volume

3B I certify under the penalty of law that I have personally examined and am familiar with the information submitted, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE COMPLETED	SIGNATURE OF REPORTER	TITLE OF REPORTER