

MUSKEGON COUNTY WASTEWATER MANAGEMENT SYSTEM

COMPLIANCE PROGRESS REPORT

Refer to 40 CFR 403.12(c)(3) for complete requirements.

1. Identifying Information:

Facility Name : _____

Street Address: _____

Mail Address: _____

City: _____ Zip Code: _____

Telephone: _____ FAX: _____

Contact Person at Facility:

Name (type or print)

Title

2. Compliance Information:

a. Date of Compliance Schedule referenced in this report: _____

b. Increment of Progress being reported:

i. Description of Major Event

ii. Commencement Date:

Completion Date:

c. Compliance: Was the above increment of progress met by the specified date?

YES NO

If YES, skip item d., below.

If NO, complete item d., in detail

d. Reason for delay: _____

Steps to be taken to return to schedule: _____

Expected date of compliance with this increment of progress: _____
Use a separate sheet if more space is required

3. Report Prepared By:

Name (type or print)

Title

Date

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 (type or print)

Title

Date

Signature

FOR MCWMS USE ONLY

Date Received: _____

Approved

Disapproved

Comments: _____

Reviewed By: _____

Date: _____