



Spartanburg Water Industrial Pretreatment Compliance Report Form (CRF)

Permit # _____

Industrial User: _____

Sample Date(s): _____

Monitoring Event Type(s):
(check all that apply)

self-monitoring

compliance agreement

other: _____

re-sample monitoring for violations

compliance order

Violation(s): _____

The Spartanburg Water-IPP was notified of the violation(s) detailed above on ____/____/____
(Date)

@____:____ via _____(e.g. phone, e-mail, voice mail, fax, etc.).
(Time)

I, _____ (print name, 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, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violations of this certification, including the possibility of fines and/or imprisonment.

Signature of Company Official

Title of Company Official

Date Signed