



**City of Biddeford, Maine**

**Industrial Pretreatment Program**

P.O. Box 586 • 205 Main Street • Biddeford, ME 04005

Phone: (207) 571-0032 • Fax: (207) 571-0656

**INDUSTRIAL PRETREATMENT  
SEMI-ANNUAL REPORT**

**Date:**

**Reporting Period:**            **Jan-Jun**

**Jul-Dec**

**Industry:**

**Address:**

**Address:**

**City:**             **State:**     **Zip**   

**Owner / Operator:**

**Tel:**

**Fax:**

**e-mail:**

**Contact:**

**Tel:**

**Fax:**

**e-mail:**

**Authorized Agent:**

**Tel:**

**Fax:**

**e-mail:**

**Operating Information:**

**Operating Shifts/day**

**Operating Days/Week**

**Total Employees**

**Water Consumption**

**Measurement Method**

**Discharge Information:**

<b>Domestic (gal/day)</b>	
<b>Non Domestic (gal/day)</b>	
<b>Any process changes since last report?</b>	
<b>Any process or production changes anticipated?</b>	
<b>Are hazardous wastes discharged?</b>	

**Explain process changes (if applicable):**

**Hazardous Waste Disposal Information (if applicable):**

Hauler Name	Manifest Number	Shipment Date

\*Attach additional sheet if necessary

**TOMP (Toxic Organic Management Plan):**

Is a Toxic Organic Management Plan on file with the POTW?

Is a TOMP required?

**Spill Management Plan:**

Is a Spill Management Plan on file at the POTW?

Is a spill management plan required?

