SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL PLANT

SELF MONITORING REPORT

Company Name:	**Permit #:**	**WPCP Use Only**
Discharge Address:		**Sample #:** _____
		Date Received: _____
SMR Reporting Period: to	**SMR Due Date:**	**Received By:** _____
		Date Entered: _____
Sample Date/Time: /	**Sampled By:**	**Sample Point Description:**

List all Values in mg/L **ANALYTICAL RESULTS** ***Attach Original Laboratory Report***

ALL VIOLATIONS MUST BE REPORTED TO YOUR INSPECTOR WITHIN 24 HOURS OF RECEIVING SAMPLE RESULTS

Parameter	Detection Limit	Result	Grab/ Composite (G/C)	Parameter	Detection Limit	Result	Grab/ Composite (G/C)
Antimony				Total Toxic Organics (TTO)*			G
Arsenic				Phenols			G
Beryllium				Oil & Grease			G
Cadmium				Cyanide (A)			G
Chromium (T)				Cyanide (T)			G
Copper				pH			G
Lead				Other:			
Mercury				Other:			
Nickel				Other:			
Selenium				Other:			
Silver				Other:			
Zinc				Other:			

* Totalize all TTO listed in your Industrial Wastewater Discharge Permit with results greater than 10 ppb (µg/L)
(T) = Total
(A) = Amenable

ARE ALL SAMPLES COLLECTED AND ANALYZED USING METHODS SPECIFIED IN 40 CFR 136?
Yes? ☐ **No?** ☐

Attach one SMR Form for each Sample Point or Sample. Additional SMR forms included:
Yes? ☐ **No?** ☐

Laboratory Used:

QA/QC Provided:
Yes? ☐ **No?** ☐

Chain of Custody Provided:
Yes? ☐ **No?** ☐

ARE ALL DISCHARGE STANDARDS BEING MET FOR THIS REPORTING PERIOD?
Yes? ☐ **No?** ☐

If "**no**", what additional measures necessary to achieve consistent compliance?

Enclose a statement or report.

Flow Measurement by:
☐ Effluent Meter ☐ Bills
☐ Influent Meter

Date Flow Meter Last Calibrated:

Sample Information:
☐ Composite Sample
Sample Duration (hours):
or
☐ Batch Sample
Representative of:

Process and Flow Data – Gallons per Day (GPD)	**Average Flow (GPD)**	**Maximum Flow (GPD)**
Process Name:		
Process Name:		
Process Name:		

CERTIFICATION STATEMENT

"I 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, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CERTIFIED BY A CORPORATE OFFICER

PREPARED BY:	**CERTIFIED BY:**
_____ _____	_____ _____
Signature **Date**	**Signature** **Date**
_____	_____
Printed Name and Title	**Printed Name and Title**