

SELF MONITORING REPORT

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

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)	Attach one SMR Form for each Sample Point or Sample. Additional SMR forms included: Yes? <input type="checkbox"/> No? <input type="checkbox"/> Laboratory Used: _____ QA/QC Provided: Yes? <input type="checkbox"/> No? <input type="checkbox"/> Chain of Custody Provided: Yes? <input type="checkbox"/> No? <input type="checkbox"/> ARE ALL DISCHARGE STANDARDS BEING MET FOR THIS REPORTING PERIOD? Yes? <input type="checkbox"/> No? <input type="checkbox"/> If "no", what additional measures necessary to achieve consistent compliance? Enclose a statement or report. Flow Measurement by: <input type="checkbox"/> Effluent Meter <input type="checkbox"/> Bills <input type="checkbox"/> Influent Meter Date Flow Meter Last Calibrated: _____ Sample Information: <input type="checkbox"/> Composite Sample Sample Duration (hours): _____ or <input type="checkbox"/> Batch Sample Representative of: _____
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?

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: _____ <i>Signature</i> <i>Date</i> _____ <i>Printed Name and Title</i>	CERTIFIED BY: _____ <i>Signature</i> <i>Date</i> _____ <i>Printed Name and Title</i>
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