

SELF MONITORING REPORT (SMR)

Permitted Company Name: _____	Permit #: _____	Wastewater Facility Use Only
Discharge Address: _____		Sample #: _____
SMR Monitoring Period: _____ to _____		Date Received: _____
SMR Due Date: _____		Received by: _____
Sample Date/Time: _____ / _____	Sampled by: _____	Date Entered: _____

LAB REPORT SAMPLE RESULTS

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

Analyte	Detection Limit	Result (mg/L)	Grab/Composite (G/C)	Analyte	Detection Limit	Result (mg/L)	Grab/Composite (G/C)	Use one SMR Form for each Sample Point or Sample. Additional SMR forms included:
Antimony				Total Toxic Organics (TTO)*				Yes No N/A
Arsenic				Phenols (T)**				Are all samples collected and analyzed using methods specified in 40 CFR 136? Yes No N/A
Beryllium				Oil & Grease				
Cadmium				Cyanide (T)**				Composite Sample Information: Sample Duration (Hours): _____ Number of Batches: _____
Chromium (T)**				Other:				
Copper				Other:				No discharge this monitoring period.
Lead				Other:				Attachments Included: Lab Report & QA/QC Provided: Yes No N/A
Mercury				Other:				
Nickel				Other:				Chain of Custody: Yes No N/A
Selenium				Other:				Daily Flow Meter Logs and Calcs.: Yes No N/A
Silver				* Totalize all permit-listed organics which have been detected at or above 10 ug/L (0.010 mg/L). Report total in mg/L. ** (T) = Total				Certification Forms/Worksheets: Yes No N/A
Zinc								

pH Sample (Grab) Result (S.U.): _____ **Date:** _____ **Collection Time:** _____ **Analysis Time:** _____

Process Flow Data	Total Flow (Gallons)
Process Name: _____	
Process Name: _____	
Process Name: _____	

Monitoring Period One Day Maximum Effluent Discharged GPD: _____ **Date:** _____

Monitoring Period _____ gallons / _____ days = _____ GPD
Average Flow Calculation: (total process flow discharged) / (facility production days) = (average flow Gallons per Day)

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 AN EXECUTIVE OFFICER
 (Complete BOTH Prepared by and Executive Officer, even if same person)

PREPARED BY: _____ <i>Signature</i> <i>Date</i> _____ <i>Printed Name and Title</i>	EXECUTIVE OFFICER: _____ <i>Signature</i> <i>Date</i> _____ <i>Printed Name and Title</i>
---	---