

## **SELF MONITORING REPORT (SMR)**

												Only	
Permitted Company Name: Permit #:									Sample #:				
Discharge Address:										Date Received:			
SMR Monitoring		to		SMR Due Date:				Received by:					
Sample Date/Time: /		Sample	d by:	Sample Point #:					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)	Samp	e one SMRForm for each mple Point or Sample. Iditional SMR forms included			1.	
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?				-	
Beryllium				Oil & Grease					Yes	No		N/A	
Cadmium				Cyanide (T)**				Composite Sample Information: Sample Duration (Hours):				:	
Chromium (T)**				Other:				-	er of Batche	_			
Copper				Other:				N	o discharge	this mon	itorin	g period.	
Lead				Other:					nments Incl eport & QA		ded:		
Mercury				Other:					Yes	No		N/A	
Nickel				Other:					of Custody: Yes	No		N/A	
Selenium				Other:					Flow Meter Yes	No		N/A	
Silver					* Totalize all permit-listed organics which have been detected at or above 10 ug/L (0.010 mg/L).				ication Forn Yes	ns/Works No		s: N/A	
Zinc	Deport total in me									Discharge Measurement by:  Effluent Meter			
pH Sample (Grab) Result (S.U.):Date: Collection Time						e: Analysis Time:							
Process Flow Data					Tot	Total Flow (Gallons)							
Process Name:						D				Date Flow Meter Last Calibrated:			
Process Name:								Calib	ration Certi	fication Ir	nclud	ed:	
Process Name:									Yes	No		N/A	
Process Name:									oring Period	-			
Monitoring Period gallons Average Flow Calculation: (total process flow discharged)  / (facility production days) =					(average					Discharge Dat			
"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:						EXECUTIVE OFFICER:							
Signature Date						Signature Date							
Printed Name and Title						Printed Name and Title							