

**APPENDIX A
SELF-MONITORING REPORT FORM**

Permit No. _____

Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Baseline Monitoring Report | <input type="checkbox"/> Surcharge Report |
| <input type="checkbox"/> 90-Day Compliance Report | <input type="checkbox"/> Monthly Self-Monitoring Report |
| <input type="checkbox"/> Semi-Annual Self-Monitoring Report | <input type="checkbox"/> Other _____ |

I. GENERAL INFORMATION

- 1) Company Name: _____
- 2) Address of Facility: _____
- 3) Authorized Representative: _____

II. SAMPLE COLLECTION INFORMATION

- 1) Monitoring Point No. 1 No. 2 No. 3 No. 4 Other : _____
- 2) Sampling Date(s): _____ Start Time: _____ End Time: _____
- 3) Flow measured over the sample event (gpd): _____
- 4) Person/Organization Performing Sampling: _____
- 5) Sample Type: Grab Time Proportional Flow Proportional
- 6) Sample Interval: _____
- 7) Sample size: _____ ml.
- 8) Number of Samples Collected: _____
- 9) Total Sample Volume Collected: _____ ml.

*Where applicable, include charts, graphs and field notes.

III. FLOW MEASUREMENT INFORMATION

1. Primary Measuring Device

a. Description of Device: Flume Weir Pipe Other: _____

b. Size of device: _____ and Maximum Discharge Rate (gpm): _____

2. Flow Measuring Equipment

Automated

Name of Manufacturer _____ Model Number _____

Description of Equipment Used _____

Manual

Description of method used: _____

Stick reading

Depth gauge reading

Meter

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IV. SAMPLE ANALYSIS INFORMATION

Laboratory Performing Analysis _____ Laboratory Receipt Date _____

Table 1 – Metals / Surcharge

Parameter	Concentration	Permit Limit (Daily) mg/L	Permit Limit (Monthly Avg) mg/L	Approved Analytical Test Method	Analysis Date	Preservation Method	Container Type
pH (s.u.)(Initial)				SM 4500 HB			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Temp (°C)(Initial)				SM 2550 B			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Arsenic (As)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Cadium (Cd)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Chromium (Cr)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Copper (Cu)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Lead (Pb)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Mercury (Hg)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Nickle (Ni)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Selenium (Se)				EPA 200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Silver (Ag)				200.7			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Zinc (Zn)				245.1			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
TTO				Various			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Biochemical Oxygen Demand (BOD)		N/A	N/A	SM 5210B			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Total Suspended Solids (TSS)		N/A	N/A	SM 2540 d			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.)(Final)				SM 4500 HB			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
Temp (°C)(Final)				SM 2550 B			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
							<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
							<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
							<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
							<input type="checkbox"/> Glass <input type="checkbox"/> Plastic

NOTES:

1. If the sample results indicate non-compliance for any parameters, under the permit requirements immediate notification to the SAWS shall be done. Notification shall include a written statement explaining the cause of the non-compliance and the corrective actions to be taken.
2. Attach Laboratory analysis, including Chain of Custody forms.
3. All values shall be expressed in “mg/L” except for pH and Temperature.
4. Attach all Quality Assurance / Quality Control Data.
5. Ensure that appropriate EPA approved methods for wastewater are used as outlined in 40 CFR 136.

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Table 2 – Cyanide Total

Parameter	Concentration	Permit Limit (Daily) mg/L	Permit Limit (Monthly Avg.) mg/L	Approved Analytical Test Method	Analysis Date	Preservation Method	Container type
CN-T (grab 1)				EPA 335.4			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.)(grab 1)				SM 4500 HB			
Temp (°C)(grab 1)				SM 2550 B			
CN-T (grab 2)				EPA 335.4			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.) (grab 2)				SM 4500 HB			
Temp (°C)(grab 2)				SM 2550 B			
CN-T (grab 3)				EPA 335.4			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.) (grab 3)				SM 4500 HB			
Temp (°C)(grab 3)				SM 2550 B			
CN-T (grab 4)				EPA 335.4			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.) (grab 4)				SM 4500 HB			
Temp (°C)(grab 4)				SM 2550 B			

Table 3 – FOG Total

Parameter	Concentration	Permit Limit (Daily) mg/L	Permit Limit (Monthly Avg.) mg/L	Approved Analytical Test Method	Analysis Date	Preservation Method	Container type
FOG (grab 1)				EPA 1664 A			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.)(grab 1)				SM 4500 HB			
Temp (°C)(grab 1)				SM 2550 B			
FOG (grab 2)				EPA 1664 A			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.) (grab 2)				SM 4500 HB			
Temp (°C)(grab 2)				SM 2550 B			
FOG (grab 3)				EPA 1664 A			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.) (grab 3)				SM 4500 HB			
Temp (°C)(grab 3)				SM 2550 B			
FOG (grab 4)				EPA 1664 A			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic
pH (s.u.)(grab 4)				SM 4500 HB			
Temp (°C)(grab 4)				SM 2550 B			

- NOTES:
1. If the sample results indicate non-compliance for any parameters, under the permit requirements immediate notification to the SAWS shall be done. Notification shall include a written statement explaining the cause of the non-compliance and the corrective actions to be taken.
 2. Attach Laboratory analysis, including Chain of Custody forms.
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V. CERTIFICATION

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.

I also certify that the Pretreatment Standards **are / are not (circle one)** being met and that the above information was obtained from samples taken at the specified monitoring point and are representative of daily operations.

Authorized Representative

Date

Certified Professional

Date

VI. TOXIC ORGANIC MANAGEMENT PLAN CERTIFICATION (if applicable)

Based on my direction or supervision of the person or persons directly responsible for managing compliance with the pretreatment standard for Total Toxic Organics (TTO), I certify that to the best of my knowledge and belief, no discharge of concentrated toxic organics into the SAWS sanitary sewer system has occurred since filing of the last semi-annual compliance report. I further certify that this facility is currently implementing the Toxic Organic Management Plan (TOMP) submitted to the Control Authority.

Authorized Representative

Date