

INDUSTRIAL SELF-MONITORING REPORT (10,001 - 50,000 gpd)

Colorado Springs Utilities / Water Resources Department

Business Name: _____

Permit Number: _____

Business Address: _____

Report for the quarter of: Jan. – March, April – June, July - Sept.,
 Oct. - Dec.,

Pollutant	Federal Categorical Limitations		Local Limitations	Reported Analytical Results			Calculated Monthly Average (calculated by permittee)		
	Maximum Daily (mg/L)	Monthly Average (mg/L)		Maximum Composite Sample Concentration (mg/L)	Sample Set 1	Sample Set 2	Sample Set 3	Sample Set 1	Sample Set 2

Composite Samples	Sample Set 1		Sample Set 2	
Sample collection Start date/time				
Sample collection End date/time				
Number of aliquots per time/volume				
Flow volume during sample event				

Composite Samples	Sample Set 3	
Sample collection Start date/time		
Sample collection End date/time		
Number of aliquots per time/volume		
Flow volume during sample event		

Method of determining flow volume: _____

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Business Name: _____

Grab Samples	Sample Set 1			Sample Set 2		
High pH value/ Date/Time						
Low pH value/ Date/Time						
Batch Sample Collection Date/Time						
Cyanide Grab Sample Collection Date/Time						

Grab Samples	Sample Set 3		
High pH value/ Date/Time			
Low pH value/ Date/Time			
Batch Sample Collection Date/Time			
Cyanide Grab Sample Collection Date/Time			

1. Was the sample, for this Industrial Self-monitoring Report, taken from the monitoring location described in, "Attachment A" of the permit? Yes No If no, describe: _____

2. Did any of the reported results exceed the federal daily, federal monthly, or local limitations? Yes No If yes, describe: _____

3. Was the Water Resources Department notified within 24-hours of receiving the analytical data indicating the violation? Yes No N/A
4. Was an additional sample collected within 7-days of receiving the analytical data indicating the violation? Yes No N/A
5. State methods of analyses and name of contract laboratory used (attach QC report): _____

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6. List any pertinent operating conditions during sampling, process or pretreatment changes, or comments: _____

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 fines and imprisonment for knowing violations.

Authorized Representative Signature

Date

TTO Certification:

"Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation [or pretreatment standard] for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated] toxic organics into the wastewaters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the control or [permitting] authority."

Authorized Representative Signature

Date