

# INDUSTRIAL SELF-MONITORING REPORT (Over 50,000 gpd)

Colorado Springs Utilities / Water Resources Department

Business Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Report for the month of (only if your company decides to monitor monthly): \_\_\_\_\_

Pollutant	Federal Categorical Limitations		Local Limitations	Reported Analytical Results		Calculated Monthly Average <small>(calculated by Permittee)</small>	
	Maximum Daily (mg/L)	Monthly Average (mg/L)	Maximum Composite (mg/L)	Sample Set 1 (Required)	Extra Monitoring (if needed)	Sample Set 1 (Required)	Extra Monitoring (if needed)

Composite Samples	Sample Set 1 (Required)	Extra Monitoring (if needed)
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: \_\_\_\_\_

Grab Samples	Sample Set 1 (Required)	Extra Monitoring (if needed)
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: \_\_\_\_\_

# INDUSTRIAL SELF-MONITORING REPORT (page two)

Business Name: \_\_\_\_\_

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): \_\_\_\_\_  
\_\_\_\_\_

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 self 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