

Company Name:				Permit Number:		
Address:				Compliance Point:		
Reporting Period:				July 1 to December 31		
Sampling Date(s) / Time(s)						
Composite: Start Date / Time:				End Date / Time:		
Grab: Date / Time:				Samples on Ice: YES NO		
Sampler Name & Affiliation:						
Actual Discharge Flow on Day of Sampling				GPD	Measured	Estimated
Average Daily Discharge Flow for Month				GPD [	Measured	Estimated
Maximum Daily Discharge Flow for Month				GPD	Measured	Estimated
Parameter	Sample Type <sup>1</sup>	Preservation	Analytical Method <sup>3</sup>	Sample Results <sup>2</sup>	Daily Max (mg/L)	Monthly Avg (mg/L)

Sampling type: CT is a time proportional composite, CF is flow proportional composite, G is grab, and GC is a grab-composite.
Do not use ND for sampling result. Use less than (<) the reporting limit. Indicate NS if no sample was taken for that parameter on the sampling date. Attach an explanation for not sampling for these parameters.</li>

<sup>3</sup> Must be an EPA approved method per 40 CFR § 136. List of EPA approved methods available from the City of Chandler upon request.

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 directly responsible for gathering the information, the information 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.

Signature of Duly Authorized Representative

Date

**Printed Name** 

Title