Self-Monitoring (Sampling) Report Form

Company Name: _____ Permit Number: _____

Address: _____ Compliance Point: _____

_____

Reporting Period: ☐ January 1 to June 30 ☐ 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[1]	Preservation	Analytical Method[3]	Sample Results[2]	Daily Max (mg/L)	Monthly Avg (mg/L)

[1] Sampling type: CT is a time proportional composite, CF is flow proportional composite, G is grab, and GC is a grab-composite.

[2] 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.

[3] 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