



Central Valley Water
Reclamation
Facility

PERIODIC SELF-MONITORING COMPLIANCE REPORT (SMR)

Industrial Users subject to self-monitoring requirements must submit the information contained in this reporting form at the frequency specified in their Wastewater Discharge Control Permit. Failure to comply with self-monitoring requirements violates Federal Pretreatment Regulations (40 CFR 403.12) and the Central Valley Water Reclamation Facility (CVWRF) Pretreatment Rule.

1. Facility Name: _____

Address: (street) _____

(city, state, zip) _____

2. Are there any changes in production or flow with a variation (+/-) greater than 20%? Yes No

Comments: _____

3. Are there any change(s) in Company Representative/Pretreatment Operation or Operator(s)?

Yes No Comments: _____

4. Are there any change(s) in chemical(s) or process usage? Yes No

Comments: _____

5. Sampling location(s): _____

6. Type of sample(s): Grab Composite

If **composite** sample(s) was collected, indicate type and collection method.

Type: Flow Proportioned Composite Time Composite

Method: *By Hand By Automatic Sampler

Person who collected sample(s): _____

*Submit Hand Composite Certification Form

7. Certified laboratory performing tests:

Name: _____

Address: _____

Contact person: _____ Phone: _____

40 CFR 136 procedures were followed for all analyses? Yes No

*****Attach copies of all laboratory reports*****

8. Compliance Assessment

	TEST RESULTS						COMPLIANCE EVALUATION			
SAMPLE DATE:							Daily Max Limit mg/L or (ppm)	Average Monthly Limit mg/L or (ppm)	Monthly Average mg/L or (ppm)	Compliance (Yes) (No)
PARAMETER										
AVG DAILY FLOW (GPD)										
MAX DAILY FLOW (GPD)										
Monthly	HIGH					LOW				
pH										

Have any violations occurred? Yes No

If YES, you must notify CVWRF within 24 hours of becoming aware of the violation. You must also resample and submit the analysis to CVWRF within 30 days of becoming aware of the violation unless exempted by the CVWRF Pretreatment Manager.

Date and Time CVWRF Contacted: Date _____ Time _____

Name of Person who called CVWRF: _____

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/or imprisonment for knowing violations.

Signature of Authorized Representative: _____ Date: _____