

**Reporting Period Start Date:** \_\_\_\_\_

**Reporting Period End Date:** \_\_\_\_\_

**Instructions:** Please complete this form and return it with the required attachments by the due date stipulated in your permit. **Provide all requested information!** Where appropriate write or check "NA" to indicate "not applicable." Send the completed report to the Special Services Division (SSD) / 3907 South Industrial Drive Ste 100 / Austin, TX 78744-1070.

**1. Permittee Identification:**

Facility Name: \_\_\_\_\_ Facility Owner: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Facility Operator: \_\_\_\_\_

(address cont.): \_\_\_\_\_ Permit Number: \_\_\_\_\_

**2. Flow Measurement:** Provide flow data for the facility by completing one of the tables below.

**a. Categorical Operations:** This table is applicable only to those facilities performing categorical operations. Provide flow data for each regulated process stream and other streams as necessary to allow use of the combined waste-stream formula (CWF).

Waste-Stream or Outfall ID	Average Daily Process Flow (gpd)	Maximum Daily Process Flow (gpd)	Is Waste-Stream Categorically Regulated?	Is this a Dilution Stream as Defined in the CWF?

**b. Non-Categorical Operations:** This table is applicable only to those facilities that do not perform categorically regulated operations. Provide flow data for each process stream.

Waste-Stream or Outfall ID	Average Daily Process Flow (gpd)	Maximum Daily Process Flow (gpd)

**3. Production Rates (if applicable):** Indicate the production rates (using the units specified in the production-based categorical pretreatment standard) representative of daily operations during the reporting period.

Production Rate (indicate units): \_\_\_\_\_ NA



**SELF-MONITORING REPORT**

**4. Measurement of Pollutants:** Answer the following questions and attach analytical reports including sample results, chain-of-custody forms, dates of analysis, method identification, method detection limits (MDLs), analyst identification, and the laboratory manager’s certification statement.

- Were analyses performed in accordance with 40 CFR 136 methods and amendments thereto?      Yes     No
- Were reported MDLs no greater than 50% of each pollutant’s respective discharge limit?      Yes     No
- Were all sampling and analyses reported representative of normal work cycles?      Yes     No

**Continuous Monitoring for pH:** Indicate the highest and lowest pH values recorded for any discharges during the reporting period. *Please address each separate pH violation in the table provided in Section 6.*

NA  (Disregard this table if continuous monitoring for pH is not required).

Outfall ID	Date of Highest pH	Value of Highest pH	Date of Lowest pH	Value of Lowest pH

**5. Total Toxic Organic (TTO) Monitoring, TTO Certification Statement and Signature:** This section applies to Metal Finishing (40 CFR Part 433), Electroplating (40 CFR Part 413), and Electrical & Electronic Component Manufacturing (40 CFR Part 469) operations only. All others may proceed to section 6 below.

**a. Metal Finishing and Electroplating Facilities:**

- Is an approved Toxic Organic Management Plan (TOMP) being implemented?      Yes     No     NA
- Most recent submission date for approved TOMP: \_\_\_\_\_
- Is the TTO Certification Statement to be used in lieu of TTO monitoring?      Yes     No     NA

***"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 the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting [or control] authority."***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**b. Electrical & Electronic Component Manufacturing Facilities:**

- Is an approved Solvent Management Plan being implemented?      Yes     No     NA
- Most recent submission date for approved Solvent Management Plan: \_\_\_\_\_
- Is the TTO Certification Statement to be used in lieu of TTO monitoring?      Yes     No     NA

***"Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation 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 the last discharge monitoring report. I further certify that this facility is implementing the solvent management plan submitted to the permitting authority."***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



# SELF-MONITORING REPORT

**6. Compliance Review:** After reviewing all sample data, applicable standards, monitoring requirements and reporting schedules, is the facility in full compliance for the reporting period?

Yes  No

For effluent limit violations, please summarize using the table below.

Violation Date	Outfall ID	Pollutant	Result (mg/L)	Limit (mg/L)	Type of Limit: (Instantaneous, Daily Maximum, or Monthly Average)	SSD Notified Within 24 Hours?	Resample Reported Within 30 Days?

For monitoring, notification, and/or reporting violations recorded during the reporting period; please address each violation by commenting in the text box below:

**7. Compliance Certification and Signature:** An authorized representative of the permittee shall sign below in accordance with the permit Signatory Requirements. Any report submitted without the required signature will be considered incomplete and unacceptable due to improper signatory authorization and 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 fine and imprisonment for knowing violations."***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

