

**SANITARY DISTRICT OF DECATUR, ILLINOIS  
SEMIANNUAL SELF-MONITORING REPORT FORM**

INDUSTRIAL USER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ REPORT DUE DATE: \_\_\_\_\_

SAMPLE DATE/TIME: \_\_\_\_\_

EXACT SAMPLE LOCATION: \_\_\_\_\_

SAMPLE TAKEN BY: \_\_\_\_\_  
(name of person who collected the sample)^

ANALYTICAL RESULTS PREPARED BY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECK YOUR PERMIT FOR REQUIRED SELF-MONITORING PARAMETERS**

Please report all results in mg/l (except flow and pH)

PARAMETER	SAMPLE METHOD	RESULT	LIMIT	PARAMETER	SAMPLE METHOD	RESULT	LIMIT
FLOW - (GPD)*				LEAD			
pH (S.U.)				NICKEL			
T.S.S.				SILVER			
BOD5				ZINC			
F.O.G.				AMMONIA - N			
NON-POLAR OIL				PHENOLS			
CADMIUM				CYANIDE - T			
CHROMIUM - T				CYANIDE - A			
COPPER				T.T.O.			

Sample methods: Grab = G Composite = C \* GPD = gallons per day

I certify that I have reviewed the above information and to the best of my knowledge the information given above is accurate and correct.

TYPED/PRINTED NAME & TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SANITARY DISTRICT OF DECATUR, ILLINOIS  
SEMIANNUAL SELF-MONITORING REPORT FORM**

**INSTRUCTIONS**

INDUSTRIAL USER: Your firm's name.

ADDRESS: Your firm's address.

PERMIT NUMBER: The number on the discharge permit issued to your firm by the Sanitary District of Decatur (SDD).

REPORT DUE DATE: This is the date the report is due at the SDD.

SAMPLE DATE/TIME: The date and time the grab sample was collected or the time and date the composite sample was started and finished (or both).

EXACT SAMPLE LOCATION: Give the name (designation) of the sample point as it appears in your discharge permit, and tell where the sample was collected. (A separate report form is required for each sample location).

SAMPLE TAKEN BY: The name of the individual who collected the sample, and who that person is employed by.

ANALYTICAL RESULTS PREPARED BY: Write in the name and address of the laboratory that performed the tests and the name of the individual who prepared the results.

Fill in the results of the analyses for each parameter your industry is required to monitor (according to your discharge permit) and for the discharge flow for the day of the monitoring. Also fill in the limits as listed in your discharge permit.

**IF ANY RESULT EXCEEDS THE PERMIT LIMIT, BE SURE TO RESAMPLE WITHIN 21 DAYS AND SEND THE RESULTS OF THE RESAMPLE TO THE SDD AS SOON AS POSSIBLE.**

SAMPLE METHOD: Indicate whether the monitoring results are from a grab sample or a composite sample. (BOD5, T.S.S. and metals samples should usually be 24 hour composite samples - check your permit requirements). Note: for composite samples, also indicate the time period monitored i.e., 24-C for a 24 hour composite sample.

The form should be filled in completely. All required information should be transcribed from the laboratory report to the approved self-monitoring form.

After reviewing the results, the company's administrative official should sign and date the form, and the completed report should then be returned to the SDD.

All required documentation for self-monitoring should be kept on file at the Industrial User's place of business for a minimum of three years. This includes at a minimum:

- Completed Chain of Custody form(s) (including sample date and time, sample location, sample method, and the sampling person's signature.),
- The laboratory report form (The laboratory form should indicate the required information such as: who performed the analyses, what method(s) were used, and when the analyses were done including the date and time),
- A copy of this semiannual self-monitoring report to the SDD.