

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

INDUSTRIAL USER:	_____		
ADDRESS:	_____		
PERMIT NUMBER:	_____	REPORTING PERIOD:	_____
SAMPLE DATE/TIME:	_____		
SAMPLE LOCATION:	_____		
SAMPLE TAKEN BY:	_____		
	^(name and company of person who collected the sample)^		
ANALYTICAL RESULTS PREPARED BY:	_____		

CHECK YOUR PERMIT FOR REQUIRED SELF-MONITORING PARAMETERS

All monitoring is to be done in conformance with 40 CFR Part 136.3 as amended. A certification statement should be made by the laboratory doing the analyses stating that all sample preservation and analysis methods conformed to 40 CFR Part 136.3 as amended. Please report all results in mg/l (except flow and pH)

PARAMETER	SAMPLE METHOD	RESULT	PERMIT LIMIT	PARAMETER	SAMPLE METHOD	RESULT	PERMIT LIMIT
FLOW - (units)*				ARSENIC			
pH (su)				BORON			
TSS				CADMIUM			
BOD ₅				CHROMIUM - Total			
FOG - T				CHROMIUM - H			
FOG - N **				COPPER			
AMMONIA - N				IRON			
CYANIDE - Total				LEAD			
CYANIDE - A				NICKEL			
PHENOLS				SILVER			
TTO				ZINC			
BETX				Acetone			
TOLUENE				Ethyl Acetate			
Tetrachloroethylene				Methylene Chloride			
Isopropyl Acetate				N Amyl Acetate			

Sample methods: Grab = G Composite = C

I certify under penalty of law that this document and all attachments were prepared under my direction and 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, and I certify that all monitoring conformed to 40 CFR Part 136.3 as amended.

TYPED/PRINTED NAME & TITLE: _____

SIGNATURE: _____

DATE: _____

Note: "TSS" is total suspended solids, "BOD₅" is biochemical oxygen demand, "FOG - T" is total fats, oils, and grease, "FOG - N" is non-polar oils, "Ammonia - N" is ammonia-nitrogen, "Cyanide - A" is cyanide amenable to chlorination, "TTO" is total toxic organics, "BETX" is the total of all benzene, ethylbenzene, toluene, and xylene, "Chromium - T" is total chromium, and "Chromium - H" is hexavalent chromium. Please see your discharge permit or the SDD Ordinance for additional information.

* GPD = gallons per day and MGD = million gallons per day **Required if FOG - T is over 100 mg/l

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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.

AS REQUIRED BY ORDINANCE 94-01, SECTION 400.120, VI, IF ANY RESULT EXCEEDS THE PERMIT LIMIT, BE SURE TO NOTIFY THE SDD WITHIN 24 HOURS, RESAMPLE WITHIN 30 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, TSS, 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 printed name and signature),
- The laboratory report (The laboratory report should indicate the required information such as: a copy of the chain of custody form, who performed the analyses, what method(s) were used, when the analyses were done including the date and time, the methods used for the analyses and a statement that all sample preservation and analysis methods were in accordance with 40 CFR Part 136.3 as amended).
- A copy of this completed semiannual self-monitoring report as submitted to the SDD.