



SELF-MONITORING SUBMITTAL FORM

PART 1. LABORATORY RESULTS

Permit #: _____

Description of sample location: _____

Date the sample was taken: ____ / ____ / ____

Flow in gallons/day: _____

Sample matrix (check one): Wastewater: ____ Other: ____

| Pollutant | Conc.* | Unit | MDL* | Method of Analysis | Date Analyzed | Name of Analyst | Grab or Composite | Preservative | Name of Sampler | Time Sampled |
|-----------|--------|-------|-------|--------------------|---------------|-----------------|-------------------|--------------|-----------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

NOTE: Chain-of-custody forms must be submitted with all lab analysis.

*Conc. = Concentration of pollutant

*MDL = Method Detection Limit

PART 2. FLOW EVALUATION

| Month | Avg. Daily Flow (GPD) Per Month | Highest Daily Flow (GPD) Per Month |
|-------|---------------------------------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NOTE: Only use production days when determining the average daily flow.

SUBMIT THIS FORM TO:

Upper Blackstone Clean Water

50 Route 20

Millbury, MA 01527

ATTN: Pretreatment Department

or pretreatment@ubcleanwater.org