



Payson City Corporation WWTP Pretreatment Program Self-Monitoring Report Form

Industry Name: _____

Date of Sample: _____ Time of Sample: _____

Sampling Location: _____

Sample taken by: _____

Type of Sample: _____

Sample Results:

Parameter	Units (check one)	Results	Permit limit	Violation?
Flow	<input type="checkbox"/> gpm <input type="checkbox"/> gpd <input type="checkbox"/> mgd <input type="checkbox"/> cfs		<input type="checkbox"/> gpm <input type="checkbox"/> gpd <input type="checkbox"/> mgd <input type="checkbox"/> cfs	<input type="checkbox"/> Yes <input type="checkbox"/> No
pH	SU			<input type="checkbox"/> Yes <input type="checkbox"/> No
BOD ⁵	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspended Solids (TSS)	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil and Grease (O&G)	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Dissolved Solids (TDS)	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ammonia	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arsenic	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cadmium	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cyanide	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chromium	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copper	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mercury	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nickel	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selenium	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Silver	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zinc	<input type="checkbox"/> mg/l <input type="checkbox"/> lbs		<input type="checkbox"/> mg/l <input type="checkbox"/> lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 information submitted. Based on my inquiry of the person or people who manage the system, or those people 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 of Authorized Representative)

(Date)