



1001 Temple Street  
Little Rock, Arkansas 72202  
Bus. 501-688-1532

<b>EA USE ONLY</b>	
Date Received:	_____
Initials:	_____

## INDUSTRIAL WASTEWATER SELF-MONITORING REPORT

Company Name \_\_\_\_\_ Month/Year: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Location of Plant (if different from above) \_\_\_\_\_

This Report is required by the Industrial Discharge Permit to be submitted monthly by the last day of the following month in which the sample(s) is collected. Please complete all sections of this report.

A. SAMPLE COLLECTION				
Date sample(s) collected:				
Parameter:	Sample Type:	Chemical Preservative:	pH adjusted to:	Was sample cooled to 6° C?
Time sample(s) collection initiated:				
Time sample(s) collection completed:				
Number of sample aliquots / sampling period:				
Sample(s) collected by:			Title:	
Sampling Performed by:	In house Personnel, or		Contract Company:	
Contract Company Name.				
B. FLOW REPORTING (GALLONS/DAY)				
Regulated Process	Average		Maximum	
Treatment Plant Flow:				
C. PRODUCTION RATE (Not Required for Electroplating or Metal Finishing Category)				
Tons / Month:			Workdays / Month:	
D. SAMPLE ANALYSIS				
Analysis performed by:	In house Personnel, or		Contract Lab	
Contract Lab Name:				
Is Contract Lab Certified by ADEQ for all parameters tested?			Yes	No
- If no, what parameters is Lab not certified for?				
Were test methods from 40 CFR Part 136 Used?			Yes	No

E. REPORTED DATA									
Parameter	Reported Values, mg/L								
Sample Date									

Are pretreatment standards being met? Yes\_\_\_\_\_No\_\_\_\_\_If no, please explain.

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**CERTIFICATION BY PERMITTEE**

40 CFR 403.12 requires that this report be signed by a Chief Executive Officer of at least the level of Vice President, a general Partner or Proprietor, or a Duly-Authorized Representative.

*“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 or imprisonment for knowing violations”.*

\_\_\_\_\_  
Signature of Responsible Company Official Date

\_\_\_\_\_  
Print Name/Title of Official

Please submit this report monthly to: Little Rock Water Reclamation Authority, 1001 Temple Street, Little Rock, Arkansas 72202  
Attn.: Pretreatment Sampling Administrator