



SELF MONITORING REPORT

DEPARTMENT OF ENVIRONMENTAL SERVICES - PRETREATMENT DIVISION
City of Baton Rouge - Parish of East Baton Rouge, 345 Chippewa St., Baton Rouge, LA 70805
Telephone: (225) 389-5456 Fax: (225) 389-5640



INDUSTRIAL USER INFORMATION:

Facility Name:			
Site Address:			
Person completing report:	Name:	Title:	
	Company:	Phone #:	
Reporting Period:	From:	To:	

Industrial Users: Completion of the Self Monitoring Report is required by the Industrial User Permit issued to your facility¹. Refer to your permit, Part II for reporting requirements. To complete this form, please address every section, check all the boxes that apply, and submit all information as required. Record only the information **FOR THIS REPORTING PERIOD** as specified in your permit. Failure to accurately complete this report may result in non-compliance with the City-Parish pretreatment regulation.

COMPLIANCE STATUS:

Permit (CHOOSE ONE)

- I hereby certify that the facility and operations are in compliance with the Industrial User Permit during this reporting period.
- The facility and operations are NOT in compliance with the Industrial User Permit during reporting period. **An explanation is attached.**

Local/Federal Limits (CHOOSE ONE IF SAMPLES ARE COLLECTED)

- All analytical and/or monitoring results are within the required applicable local/federal limits. **Attach all required documentation.** (The documentation include but not limited to: State certified laboratory name, address, telephone number; reporting limits; units; QA/QC data; completed Chain of Custody reports; Signed Verification of Sample Collection and Handling Procedures Form and Verification of Data Accuracy Form; Flow measurement reports, Special documents as requested by the Pretreatment Division).
- Analytical and/or monitoring results indicate violation(s) of required applicable local/federal limits. **A separate sheet is attached** listing the violation (s), the reason for violation(s), and a description of corrective action(s) taken.

Certification Statement

(Required for all user report submittals²)

"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(s) 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."

Signature of Authorized Representative³

Title & Company

Date

¹ Reference City/Parish Ordinance Number 9195, Title 2, Chapter 5, Section 2:276.

² Reference City/Parish Ordinance Number 9195, Title 2, Chapter 5, Sections 2:268.

³ Reference City/Parish Ordinance Number 9195, Title 2, Chapter 5, Sections 2:253.

For Pretreatment Division use only

Date Received:

Reviewed by:

Date Reviewed: