Charles River Pollution Control District

Industrial Pretreatment Program
Self-Monitoring Compliance Report

(This Report **MUST** be included with all data submissions ex. Quarterly reports)

A.   Permit Number: _____

B.   Company Name:_____

C.   Company Mailing Address:_____

_____

D.   Facility Premise Address: _____

_____

E.   Person to Contact Concerning Information Provided Herein:
Name: _____
Phone: _____
E-Mail address: _____

F.   Name of Owner: _____

G.   Reporting Period From _____/_____/_____ to _____/_____/_____

Lab Sample I.D Number(s):
(**Attach a copy of all laboratory data sheets and the chain of custody**)

1._____   3._____
2._____   4._____

List of any Other Attachments
(i.e. Flow & pH reports)

1._____   3._____
2._____   4._____

Based upon the above information, this facility is in ☐ compliance / is ☐ not in compliance with all of the permit requirements. If not in compliance, list deficiencies, explain reason for non-compliance and course of action taken to remedy the situation including a schedule of compliance.

_____
_____
_____

See Reverse Side

If your company is not in full compliance with the District's industrial permit, U.S. EPA Regulations, 40 CFR 403.12g(2) requires that you notify the District at 508-533-6762 within 24 hours of becoming aware of the violation and that your company resample and analyze for the parameter(s) in violation of the District's permit. The results after resampling must be submitted to the District no later than thirty (30) days following the date that you became aware of the initial violation of the permit.

 "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 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 fines and imprisonment for knowing violations."

_____/_____   _____

  Print Name /Signature of Authorized Representative   Date