

**City of Springfield, Ohio  
Municipal Industrial Pretreatment Program  
Self-Monitoring Report  
Wastewater Discharge Analysis**

Name: \_\_\_\_\_

Category: \_\_\_\_\_

SIC: \_\_\_\_\_

Permit#: \_\_\_\_\_

Daily flows from regulated processes, in Gallons/Day:

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Sample Type	Grab	Grab or Comp	Grab or Comp	Grab or Comp	Grab or Comp	Grab or Comp	Grab or Comp	Grab or Comp	Grab	Grab & Comp
Samples /Day	1								1	1/1
Sample Date	Total Cyanide mg/L	Total Cadmium mg/L	Total Chromium mg/L	Total Copper mg/L	Total Lead mg/L	Total Nickel mg/L	Total Silver mg/L	Total Zinc mg/L	pH S.U.	T.T.O mg/L

Name of analytical laboratory: \_\_\_\_\_

Comments: \_\_\_\_\_

*I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.*

<u>DATE REPORT COMPLETED</u>	<u>NAME OF REPORTING OFFICIAL (please print)</u>	<u>TITLE OF REPORTING OFFICIAL</u>
<u>SIGNATURE OF REPORTING OFFICIAL</u>		

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Permit#: \_\_\_\_\_

**Daily flows from regulated processes, in Gallons/Day:**

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Sample Type	Grab or Comp	Grab or Comp	Grab or Comp	Grab	Grab
Samples/Day	1	1	1	1	1
Sample Date	Total Arsenic mg/L	Total Selenium mg/L	Total Mercury mg/L	Hexavalent Chromium mg/L	Oil and Grease mg/L

Name of analytical laboratory: \_\_\_\_\_

Comments: \_\_\_\_\_

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