

**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	
Samples /Day	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.	Total Metals mg/L

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

**TOMP Certification**

*Based on my inquiry of the person or persons directly responsible for managing compliance with the Total Toxic Organic limitations, I certify that, to the best of my knowledge and belief, no dumping of concentrated organics into the wastewater has occurred since filling out the last report. I further certify that this facility is implementing the Total Toxic Organic Management Plan submitted to the City of Springfield, Ohio.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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>
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SIGNATURE OF REPORTING OFFICIAL

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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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