

**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>
<u>SIGNATURE OF REPORTING OFFICIAL</u>		