USER CHARGE SELF MONITORING REPORT

NAME: _____

ADDRESS: _____

FACILITY LOCATION: _____

NEW CUSTOMER ID / OUTLET ID: **OLD OUTLET DESIGNATION:**

MONITORING PERIOD

START			END		
MO	DAY	YR	MO	DAY	YR

VOL DISCHARGED THIS PERIOD
GALS
CU. FT X 7.48 = GALLONS
EFFLUENT METER READING LAST DAY THIS PERIOD

DATE	BOD	TSS

DATE	BOD	TSS

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 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 PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
		DATE

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