BERGEN COUNTY UTILITIES AUTHORITY
INDUSTRIAL PRETREATMENT PROGRAM

SELF-MONITORING REPORT FOR MONTH OF: ____________________________

Permit No: ________________

1. Company Name: _____________________________________________
   Company Address: ___________________________________________
   Ownership: _________________________________________________
   Contact Person: ___________________________        Tele: __________

   (do not include sanitary wastewater or non-contact cooling water)
   How determined: ___________________________________________
   (please include water bills if available)
   Daily Hours of Operation: ________________________________

3. Attach a copy of the laboratory data sheets and the chain of custody.
   The chain of custody must identify the duration for composite samples
   (start and finish) and/or sampling time for grab samples.

   Identify sampling point(s): ________________________________

4. Name of NJDEP certified laboratory: ________________________________
   Certified laboratory identification number: ____________________________

5. Based on the permit limitations, the analysis is (check appropriate box):
   a) Daily maximum:
      □ is in compliance      □ is not in compliance
   b) Monthly average or 4 day-average:
      □ is in compliance      □ is not in compliance

   If the facility is not in compliance, attach a separate sheet explaining the reason(s) for being out of
   compliance and what measures are being taken to correct the problem. Provide a schedule for any
   corrective action.

6. Signature by an authorized official of your firm after adequate completion of this form and review of
the information by the signing official.

   “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.”

____________________________________  __________________________
Name (Please Print)                        Title

____________________________________  __________________________
Phone                                      Signature                   Date