

**BERGEN COUNTY UTILITIES AUTHORITY  
INDUSTRIAL PRETREATMENT PROGRAM**

**SELF-MONITORING REPORT FOR MONTH OF:** \_\_\_\_\_

Permit No: \_\_\_\_\_

1. Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Ownership: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Tele: \_\_\_\_\_

2. Avg. daily regulated wastewater flow: \_\_\_\_\_ Max. Daily: \_\_\_\_\_  
(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