

City of Canton, WRF - IWD Self Monitoring Report Form Guidance Manual

The City of Canton has noticed that several companies are filling-out the Self Monitoring Report (SMR) Form incorrectly. It should be noted that in the City of Canton Administrative Penalty Schedule, these errors are finable by a minimum of \$100.00. Due to the large number of these errors, the Industrial Waste Division (IWD) has published a guide to filling out these forms. It is our hope that this guide will aid you in your efforts to maintain compliance in all respects. If there are further questions about the form or the guide, please contact the IWD at 330 489-3080.

GENERAL INSTRUCTIONS

The user **must** type all information required on the reporting form. It will no longer be acceptable to hand write the information.

The Certification Statement form **must** be turned in along with the monitoring form. If applicable the form may also include an alternative TTO certification statement. The signature(s) **must** be that of the designated corporate official. If both statements are being used, then both lines need to be signed.

Explain **all** reporting codes in the REMARKS section.

Sampling for this report may begin anytime within the six-month period prior to the report being due. A late report will be issued an administrative penalty. **Please do not wait until the last minute.**

Sampling is to be done **only** during process discharges and must be representative of the wastewater released.

Fill out all boxes that are applicable to the user's company. Do not omit any sample results. If there is a problem with a sample, please notify IWD and explain in the REMARKS section. If there is an overlimits violation, then notification **must** be made to the IWD within 24 hours of becoming aware of the violation. You will be instructed at that time if additional sampling will be required.

A sample SMR form, lab analysis sheets, chain-of-custody forms with flowmeter readings have been included as an example. Please review these forms to ensure that you have correctly completed the report.

All rules are also explained in the users permit. Please review the permit for a complete understanding of all sampling rules and regulations.

All sampling performed at the permitted outfall and analyzed by EPA approved methods must be submitted by the next required SMR date.

SAMPLE TYPE AND FREQUENCY

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE
IN(2) - ENTER FREQUENCY OF SAMPLING

This information is provided by WRF in the following boxes.

(1)	2	2	2	2	2	2	2	2	3	***
(2)	4	4	4	4	1	4	4	4	1	1

The (1) row is the type of sample the user is to incorporate to gather the sample.
The (2) row is the number of days the user must collect and report samples.

SAMPLE DATE

DAY

01	These numbers are for each corresponding date in the month of sampling.
02	For example, the first sample date used for the company in this guidance form is
03	April 10, 1998, the sample results for this sample is to be recorded in row 10.
04	Many companies have incorrectly reported the results as Day 1, Day 2, etc., and not
05	the actual sample date.
06	
07	
08	
...	
31	

REPORTING LAB AND ANALYST

REPORTING LAB	ANALYST
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The user must report the name of the lab used to perform the analyses and also the person who signed as the lab analyst. This information can be found on the contract lab's analytical report.

TOTAL, AVG., MAX., MIN.

TOTAL										
AVG.										
MAX.										
MIN.										

The results for each parameter are to be totaled and reported in the TOTAL row. The average (AVG.) is the TOTAL divided by the number of days that were sampled. Please take note, each AA sample must be counted as days sampled, but given a 0 (zero) value when calculating the average. The sample with the highest value must be reported in the MAX. row. The sample with the lowest value must be reported in the MIN. row. If the lowest and/or highest samples are AA, then report it as such. This can be seen in the SMR's TOTAL, AVG., MAX., and MIN. boxes for Mercury and Silver (see attached example). **Any samples that are below detectable limits must be reported as AA.**

REMARKS

This section is designated for any reporting code used on the SMR form. These codes are found on Appendix-B in the user's permit. If one of these codes is used in the form, then the subsequent explanation, or detection limit, must be reported in this area. If the explanation doesn't fit, than make a note in this section that an explanation page is being sent along with the completed form.

NUMBER OF DAYS PER WEEK IN OPERATION

The user must indicate the number of days the company had a process discharge during the sampling week.

MONTH SAMPLES COLLECTED

The user must report the month(s) in which the samples were collected.

NOTE: THE MONITORING FORM MUST BE TYPED

company name

Street

City, State Zip Code

May 1998 Report

The signed following certification statement pursuant to 40CFR 403.6 must accompany all reports submitted to the Industrial Waste Division.

"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 *

Date

Type or print clearly name of signing official

Type or print clearly title

*Corporate official or duly authorized representative
pursuant to 40CFR 403.12 October 17, 1988

company name

Street

City, State Zip Code

May 1998 Report

The signed following certification statement pursuant to 40CFR 403.6 must accompany all reports submitted to the Industrial Waste Division.

"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 *

Date

Type or print clearly name of signing official

Type or print clearly title

*Corporate official or duly authorized representative
pursuant to 40CFR 403.12 October 17, 1988

Alternative TTO (Total Toxic Organics) Certification Statement

(Sign **only** if applicable)

"Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation (or pretreatment standard) for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxics into the wastewaters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the Solvent Management Plan submitted to the City."

Signature

Date

Type or print clearly name of signing official

Type or print clearly title

City of Canton, Water Reclamation Facility

Monitoring Report Form

Company Name
Street
City, State Zip Code

Page
1 of 2

Permit #
000000-00

Sample Point Code: XXXX-001

Report Due Date: May 1998

In (1) Enter 1 for Continuous, 2 for Composite, 3 for Grab					Reporting Lab			Analyst		
In (2) Enter Frequency of Sampling					Lab's Name			Analyst's Name		
(1)	2	2	2	2	2	2	2	2	3	***
(2)	4	4	4	4	1	4	4	4	1	1
	CADM Cd(T) UG/L	CHROM Cr(T) UG/L	COPPER Cu UG/L	LEAD Pb UG/L	MERC Hg UG/L	NICKEL Ni UG/L	SILVER Ag UG/L	ZINC Zn UG/L	CYANIDE CN(A) MG/L	TTO UG/L
DAY										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10	6.2	AA	784	10	AA	991	AA	938	0.02	AH
11	AA	AA	446	51		194	AA	578		
12	AA	75	425	62		305	AA	533		
13	AA	125	95	45		185	AA	412		
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

Total	6.2	200	1750	168	AA	1675	AA	2461	0.02	AH
Avg	1.55	50	437.5	42	AA	418.75	AA	615.25	0.02	AH
Max	6.2	125	784	62	AA	991	AA	938	0.02	AH
Min	AA	AA	95	10	AA	185	AA	412	0.02	AH

Remarks:

AH - See Signed Certificate
 AA - Cd 5 ug/L CN 0.01 mg/L
 Cr 20 ug/L
 Hg .2 ug/L
 Ag 10 ug/L

Month Samples Collected: April 1998

Form Completed: 05/18/98

of Days Per Week in Operation: 6

City of Canton, Water Reclamation Facility

Monitoring Report Form

Company Name
Street
City, State Zip Code

Page
2 of 2

Permit #
000000-00

Sample Point Code: XXXX-001

Report Due Date: May 1998

In (1) Enter 1 for Continuous, 2 for Composite, 3 for Grab				Reporting Lab			Analyst		
In (2) Enter Frequency of Sampling				Lab's Name			Analyst's Name		
(1)	3								
(2)	4	4							
	pH S.U.	FLOW GPD							
DAY									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10	9.25	9,200							
11	9.1	8,700							
12	9.55	9,000							
13	8.9	7,500							
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total		34400							
Avg		8600							
Max	9.55	9200							
Min	8.9	7500							

Remarks:

Month Samples Collected: April 1998

Form Completed: 05/18/98

of Days Per Week in Operation: 6

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/10/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/10/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/10/98 / 08:10 / Smith

Test Group	EPA Method	Test	Analysis				
			Result	Units	Date	Analyst	WS#
CN	335.4/9012	Cyanide, Amenable	0.02	MG/L	4/17	CHM	##
pH-LAB	150.1/9040	pH, Lab	9.25	S.U.	4/11	CHM	##

End of report

Report Approved By: _____

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/14/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/14/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/10/98 / Composite / Smith

Test Group	EPA Method	Test	Analysis				WS#
			Result	Units	Date	Analyst	
CD-GFAA	3113B/7131	Cadmium, Cd	6.2	UG/L	4/28	CHM	##
CR-ICP	200.7/6010	Chromium, Cr	<20	UG/L	4/28	CHM	##
CU-ICP	200.7/6010	Copper, Cu	784	UG/L	4/28	CHM	##
PB-GFAA	3113B/7421	Lead, Pb	10	UG/L	4/28	CHM	##
HG	245.1/7470	Mercury, Hg	<0.2	UG/L	4/28	CHM	##
NI-ICP	200.7/6010	Nickel, Ni	991	UG/L	4/28	CHM	##
Zn-ICP	200.7/6010	Zinc, Zn	938	UG/L	4/28	CHM	##
AG-ICP	200.7/6010	Silver, Ag	<10	UG/L	4/28	CHM	##

End of report

Report Approved By: _____

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/11/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/11/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/11/98 / 08:15 / Smith

Test Group	EPA Method	Test	Analysis				WS#
			Result	Units	Date	Analyst	
pH-LAB	150.1/9040	pH, Lab	9.10	S.U.	4/12	CHM	##

End of report

Report Approved By: _____

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/14/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/14/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/11/98 / Composite / Smith

Test Group	EPA Method	Test	Analysis				WS#
			Result	Units	Date	Analyst	
CD-GFAA	3113B/7131	Cadmium, Cd	<5	UG/L	4/28	CHM	##
CR-ICP	200.7/6010	Chromium, Cr	<20	UG/L	4/28	CHM	##
CU-ICP	200.7/6010	Copper, Cu	446	UG/L	4/28	CHM	##
PB-GFAA	3113B/7421	Lead, Pb	51	UG/L	4/28	CHM	##
NI-ICP	200.7/6010	Nickel, Ni	194	UG/L	4/28	CHM	##
Zn-ICP	200.7/6010	Zinc, Zn	578	UG/L	4/28	CHM	##
AG-ICP	200.7/6010	Silver, Ag	<10	UG/L	4/28	CHM	##

End of report

Report Approved By: _____

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/12/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/12/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/12/98 / 08:15 / Smith

Test Group	EPA Method	Test	Analysis				WS#
			Result	Units	Date	Analyst	
pH-LAB	150.1/9040	pH, Lab	9.55	S.U.	4/13	CHM	##

End of report

Report Approved By: _____

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/14/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/14/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/12/98 / Composite / Smith

Test Group	EPA Method	Test	Analysis				WS#
			Result	Units	Date	Analyst	
CD-GFAA	3113B/7131	Cadmium, Cd	<5	UG/L	4/28	CHM	##
CR-ICP	200.7/6010	Chromium, Cr	75	UG/L	4/28	CHM	##
CU-ICP	200.7/6010	Copper, Cu	425	UG/L	4/28	CHM	##
PB-GFAA	3113B/7421	Lead, Pb	62	UG/L	4/28	CHM	##
NI-ICP	200.7/6010	Nickel, Ni	305	UG/L	4/28	CHM	##
Zn-ICP	200.7/6010	Zinc, Zn	533	UG/L	4/28	CHM	##
AG-ICP	200.7/6010	Silver, Ag	<10	UG/L	4/28	CHM	##

End of report

Report Approved By: _____

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/13/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/13/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/13/98 / 08:15 / Smith

Test Group	EPA Method	Test	Analysis				WS#
			Result	Units	Date	Analyst	
pH-LAB	150.1/9040	pH, Lab	8.9	S.U.	4/13	CHM	##

End of report

Report Approved By: _____

Laboratory Analysis Report

Client#

Lab#

Date Logged-in: 4/14/98

Matrix: Water

Project#

Report Date:

Sample ID: XXXX-001

Date Submitted to Lab: 4/14/98

Client Project#

PO#

-Collection Information-

Date/Time/By: 4/13/98 / Composite / Smith

Test Group	EPA Method	Test	Analysis				WS#
			Result	Units	Date	Analyst	
CD-GFAA	3113B/7131	Cadmium, Cd	<5	UG/L	4/28	CHM	##
CR-ICP	200.7/6010	Chromium, Cr	125	UG/L	4/28	CHM	##
CU-ICP	200.7/6010	Copper, Cu	95	UG/L	4/28	CHM	##
PB-GFAA	3113B/7421	Lead, Pb	45	UG/L	4/28	CHM	##
NI-ICP	200.7/6010	Nickel, Ni	185	UG/L	4/28	CHM	##
Zn-ICP	200.7/6010	Zinc, Zn	412	UG/L	4/28	CHM	##
AG-ICP	200.7/6010	Silver, Ag	<10	UG/L	4/28	CHM	##

End of report

Report Approved By: _____

Laboratory's Chain of Custody Record

Client Name: Company Name Client Number:			Samplers: (print) SMITH (signature)				
Station Number	Station Location	Date	Time	Sample Comp.	Type Grab	# of bottles	Analysis Required
	XXXX-001	4/10/98	8:10am		X	1	Cyanide, Amenable (NaOH)
	XXXX-001	4/10/98	8:10am		X	1	pH
Relinquished by: (print) SMITH (signature)			Received by: (print) Lab Personnel (signature)			Date / Time 4/10/98 / 3:45 pm	
Relinquished by: (print) (signature)			Received by: (print) (signature)			Date / Time	
Relinquished by: (print) (signature)			Received by: (print) (signature)			Date / Time	
Relinquished by: (print) (signature)			Received by: (print) (signature)			Date / Time	
Dispatched by:		Date / Time	Received for Laboratory by: (print) (signature) Lab Receiving			Date / Time 4/10/98 / 4:45pm	
Method of shipment: Lab Personnel Pick-up							

Laboratory's Chain of Custody Record

Client Name: Company Name			Samplers: (print) (signature)				
Client Number:			SMITH				
Station Number	Station Location	Date	Time	Sample Comp.	Type Grab	# of bottles	Analysis Required
	XXXX-001	4/10/98	8 hr	X		2	Cd,Cr,Cu,Pb,Hg,Ni,Ag,Zn (HNO3)
	XXXX-001	4/11/98	8 hr	X		1	Cd,Cr,Cu,Pb,Ni,Ag,Zn (HNO3)
	XXXX-001	4/12/98	8 hr	X		1	Cd,Cr,Cu,Pb,Ni,Ag,Zn (HNO3)
	XXXX-001	4/13/98	8 hr	X		1	Cd,Cr,Cu,Pb,Ni,Ag,Zn (HNO3)
							Flowmeter Reading: 8:00am
							4/10/98 - 7509100
							4/11/98 - 7518300
							4/12/98 - 7527000
							4/13/98 - 7536000
							4/14/98 - 7543500
Relinquished by: (print) SMITH (signature)			Received by: (print) Lab Personnel (signature)			Date / Time 4/14/98 / 3:45 pm	
Relinquished by: (print) (signature)			Received by: (print) (signature)			Date / Time	
Relinquished by: (print) (signature)			Received by: (print) (signature)			Date / Time	
Relinquished by: (print) (signature)			Received by: (print) (signature)			Date / Time	
Dispatched by:		Date / Time	Received for Laboratory by: (print) (signature) Lab Receiving			Date / Time 4/14/98 / 4:45pm	
Method of shipment: Lab Personnel Pick-up							