

SELF-MONITORING REPORT (SMR) UTILITY PIPING SYSTEMS PROGRAM

Instructions: Please complete this form and return it with the required attachments by the due date stipulated in your permit. **Provide all requested information!** Where appropriate, write or check "NA" to indicate "Not Applicable". Submit the completed report along with all required reporting and analytical documentation to the Special Services Division (SSD) at the address below:

Mail to: Austin Water

Special Services Division 3907 S Industrial Dr, Ste 100 Austin, TX 78744-1070

	ate	End Date
D Dor	mittee Identification:	
	Number	Permittee Name (Company Name)
Permit	tee Mailing Address	Contact Name
Author	ized Representative's Name	Duly Authorized Representative's Name
incl	uding sample results, ch	: Answer the following questions and attach analytical reports in-of-custody forms, analysis dates, method identification, Metho laboratory manager's certification statement
incl Det	uding sample results, chection Limits (MDLs) an Were all analyses perf amendments thereto?	
incl Det a.	uding sample results, charaction Limits (MDLs) an Were all analyses perfamendments thereto? Yes \(\subseteq \text{No} \subseteq \text{Were reported MDLs results} \)	in-of-custody forms, analysis dates, method identification, Metho laboratory manager's certification statement. med in accordance with 40 CFR 136 methods and



SELF-MONITORING REPORT

5. Compl	iance Review	, Certification	and Signa	ture:		
	_	mple data, app mittee in full co			ring requiremen period? Yes	
For effluer	nt limit violati	ons, please s	ummarize ı	using the tabl	e below.	
Violation Date	Project ID	Pollutant	Result (mg/L)	Limit (mg/L)	Type of Limit	SSD Notified Within 24 Hours?
	oring, notifica mment below	-	orting viola	tions recorde	d during the re	porting period
my direction personnel the person gathering belief, true	on or supervious on or supervious or persons the information of the in	ision in accor her and evalu who manage ion, the inforn and complete	dance with ate the info the system mation sub a. I am aw	a system des rmation subn , or those pe mitted is, to t are that there	chments were paigned to assure inted. Based or intention of the best of my are significant in more in the best of my are significant in the best of the best of my are significant in the best of	re that qualifien n my inquiry c responsible fo knowledge an nt penalties fo
Signature:				Date:		
Printed Name:				Title:		

