



CITY OF CARROLLTON
 ENVIRONMENTAL SERVICES DEPARTMENT
DISCHARGE MONITORING REPORT

FIRM NAME / PERMITEE _____ PERMIT NO. _____
 FACILITY ADDRESS _____ SAMPLE DATE _____
 NAME OF WASTE STREAM _____ SAMPLE TYPE _____
 REPORTING PERIOD: From ____/____/____ to ____/____/____. SAMPLING TIME AND INTERVAL _____

POLLUTANT OR POLLUTANT PROPERTY	CONCENTRATION (mg/L) Limit / Lab Result	POLLUTANT OR POLLUTANT PROPERTY	CONCENTRATION (mg/L) Limit / Lab Result
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	/		/
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Name of laboratory conducting analyses _____
 Name of personnel who collected samples _____

CERTIFIED STATEMENT: Pretreatment standards for this waste stream are ___ are not ___ being met on a consistent basis.
 Additional operation and maintenance required to ensure compliance is as follows or is attached _____

Max daily wastewater flow _____ (gpd) Avg daily wastewater flow _____ (gpd)
 Avg daily production volume _____ Number of production days _____

AUTHORIZED REPRESENTATIVE CERTIFICATIONS:

A. REPORT CERTIFICATION: "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."

 A. Signature of authorized representative attesting to the **Report Certification** as shown above. Date _____

B. TOXIC ORGANIC MANAGEMENT CERTIFICATION: Applies only to industries subject to Total Toxic Organic (TTO) monitoring requirements and having an approved TTO management plan: "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 toxic organics into the wastewaters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting (or control) authority."

 B. Signature of authorized representative attesting to the **Toxic Organic Management Statement** as shown above. Date _____