



**NORTHWEST BERGEN COUNTY
UTILITIES AUTHORITY**

30 Wyckoff Avenue
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Waldwick, NJ 07463

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INDUSTRIAL PRETREATMENT PROGRAM

FACILITY SELF-MONITORING REPORT

Report submitted for the Month of : _____, 20____
Facility Name : _____
Address : _____
Town : _____

Permit #: _____
Facility Contact : _____
Phone Number : _____

Has any information changed since the previous monitoring report submittal ? Yes No

If yes, please indicate changes : _____

Flow Information

FLOW DOCUMENTATION MUST BE SUBMITTED TO AVOID A VIOLATION

Average daily **Regulated** wastewater flow : _____ gpd

Maximum daily **Regulated** wastewater flow : _____ gpd

Method used for determining flow : _____

Laboratory Data

NJDEP certified laboratory used _____ Lab ID # _____

Name and affiliation of person(s) collecting samples : _____

Note : Attach a copy of all laboratory data sheets and the samples chain of custody

Based upon the above information, this facility is in compliance / is not in compliance with all of the permit requirements. If not in compliance, list deficiencies, explain reason for non-compliance and course of action taken to remedy the situation INCLUDING A SCHEDULE OF COMPLIANCE:

Read and sign the following statement :

"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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, to these 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."

AUTHORIZED REPRESENTATIVE

Name (please print) _____ Title _____

Signature _____ Date _____