

**CITY OF PHOENIX  
SIGNIFICANT INDUSTRIAL USER  
SELF-MONITORING REPORT FORM (SMR)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Compliance Sampling Point: \_\_\_\_\_

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

Report Period: From \_\_\_\_\_ Through \_\_\_\_\_

Average Daily Flow through Compliance Sampling Point:	GPD Measured	GPD Estimated
Maximum Daily Flow through Compliance Sampling Point:	GPD Measured	GPD Estimated

Date Last Compliance Sampling Point Maintenance Was Performed: \_\_\_\_\_

Monitoring Results Attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other Attachments (List): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of law that the analysis for any parameters included with this report was performed by a laboratory licensed by the State of Arizona to perform such analysis, and that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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 OF RESPONSIBLE COMPANY OFFICIAL

\_\_\_\_\_  
DATE

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_



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**ATTACHMENT A**

**No Solvent Dumping and Toxic Organics Management Plan (TOMP) Implementation  
Certification**

"Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to be best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan (TOMP) submitted to the City of Phoenix".

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ATTACHMENT B**

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**No Discharge Certification**

"Based on my inquiry of the person or persons directly responsible for operations and processes that could discharge wastes, process wastewater or any wastewater other than domestic wastewater, I certify that, to the best of my knowledge, no such discharge has occurred over the period of \_\_\_\_\_ through \_\_\_\_\_".

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**ATTACHMENT C**

**No Cyanide Certification**

"Based on my inquiry of the person or persons directly responsible for operations and process that

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could use, store or generate cyanide, I certify that, to the best of my knowledge, cyanide is not used, stored or generated at the facility or facilities included in this report and for the period covered by this report".

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**ATTACHMENT D**

**Toxic Organics Reduced Sampling Frequency Statement:**  
(Pharmaceutical Manufacturing Only)

"Based on my inquiry of the person or persons directly responsible for operations and process that

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could use, store or generate the Toxic Organics listed at 40 CFR 439.47 and in accordance with the provisions of 40 CFR 439.4, I certify that, to the best of my knowledge, those listed Toxic Organics are not used, stored or generated at the facility or facilities included in this report and for the period covered by this report".

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_