



USER CHARGE SELF MONITORING REPORT

NAME: _____

ADDRESS: _____

FACILITY LOCATION: _____

CUSTOMER ID# _____

MONITORING PERIOD						VOL. DISCHARGED THIS PERIOD						
						GALS.						
						CU. FT. X 7.48 = GALLONS						
						EFFLUENT METER READING LAST DAY THIS PERIOD						
MO	DAY	YEAR	MO	DAY	YEAR	DATE	BOD 0310	TSS 0530	DATE	BOD 0310	TSS 0530	
START			END									
SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT						TYPE NAME AND TITLE				TELEPHONE #		
E-MAIL										DATE		

I certify under penalty of law that this document and 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.