



Pretreatment Section
Department of Watershed Management
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Decatur, Georgia 30030
Phone # (404) 294-2192
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Self Monitoring Monthly Analyses Reporting Form

Industry Name: _____ Address: _____ _____ _____ _____	Date: _____ Permit No.: _____ Discharge Point: _____ _____
Reporting Month: _____	

Analysis	Results	Sample type C (composite) G (grab) BC (Batch)

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Report is due the 15th of each month
Please highlight all permit violations
Attach laboratory data

All units are mg/L unless otherwise noted.
(units reported are to be the same as listed in the permit)

Notes: _____

"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."

 Signature of Responsible Official or Duly Authorized Representative