



Central Valley Water  
Reclamation Facility

**PERIODIC SELF-MONITORING COMPLIANCE REPORT (SMR)**

Industrial Users subject to self-monitoring requirements must submit the information contained in this reporting form at the frequency specified in the Wastewater Discharge Control Permit. Failure to comply with self-monitoring requirements violates Federal Pretreatment (40 CFR 403.12) and Central Valley Pretreatment Ordinance.

1. Facility Name

Address (street)

(city, state, zip)

2. Are there any change(s) in production or flow (**large variation only**)? Yes No

Comments:

3. Are there any change(s) in Company Representative/Pretreatment Operation or Operator(s)?

Yes No Comments:

4. Are there any change(s) in chemical(s) or process usage? Yes No

Comments:

5. Sampling location(s)

6. Type of sample(s): Grab Composite

7.

If composite sample(s) was collected, indicate type and collection method.

Type: Flow Proportioned Composite Time Composite

Method: \*By Hand By Automatic Sampler

Person who collected sample(s)

\* Submit Hand Composite Certification Form

8. Certified laboratory performing tests:

Name

Address (street, city, state)

Contact person

Phone

40 CFR 136 procedures were followed for all analyses? Yes No

\*\*\*\*\*Attach copies of all laboratory reports\*\*\*\*\*

