

**INSTRUCTIONS:**

1. Enter data on report.
2. Appropriate signature is required at the end of report.
3. Include copy of laboratory results with report.
4. Send original to: City of San Luis Obispo, Attn: Industrial Waste, 879 Morro Street, San Luis Obispo, CA 93401.
5. Make and retain a copy for your records.

# Discharger Self Monitoring Report



FACILITY NAME: California Polytechnic State University

[Click here to clear form](#)

DISCHARGE ADDRESS: San Luis Obispo

YOUR REPORTING PERIOD IS Monthly AND YOUR REPORTS MUST BE SUBMITTED WITHIN 30 DAYS OF SAMPLE COLLECTION.

REPORTING PERIOD BEGINNING:

ENDING:

**1. CHANGE IN OPERATIONS.** Have any changes in operations that may affect wastewater discharges occurred since the last report was filed with the City's Industrial Waste Program? Any change of chemicals used must be included.  YES  NO  
 If yes, describe changes. Attach sheets if necessary. \_\_\_\_\_

**2. INSPECTION OF WASTEWATER PRETREATMENT DEVICES.** All pretreatment devices have been inspected and are in effective operating condition.  YES  NO  
 If no, explain why. Attach sheets if necessary. \_\_\_\_\_

**3. MEASUREMENTS OF POLLUTANTS DISCHARGED TO THE CITY SEWER SYSTEM**

Location of sample collection: Final Effluent

Type of sample collected: 24 Hour Flow Proportional Composite

Person collecting sample: City of San Luis Obispo

Lab performing analysis: FGL

SAMPLE ANALYSIS RESULTS						
CONSTITUENT NAME	UNITS	TIME AND DATE OF SAMPLE				LIMIT
Ammonia	MG/L					50.0
BOD	MG/L					400
Chloride	MG/L					1523
Copper	MG/L					0.20
Sodium	MG/L					1200

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 Representative

\_\_\_\_\_  
Date

