

**City of Fort Worth Water Department  
Pretreatment Services Division  
Statement of Self - Monitoring**

Name of Industry: \_\_\_\_\_

Permit Number: \_\_\_\_\_

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

Reporting Period: \_\_\_\_\_

Please check one of the following and submit with the required information.

- Self-monitoring analytical reports attached.
- a) Collection Date: \_\_\_\_\_
  - b) Collection Time: \_\_\_\_\_ AM/PM
  - c) Sample Point Location (Outfall): \_\_\_\_\_
  - d) Sample Type (Grab/Composite): \_\_\_\_\_

No self-monitoring was performed.

Self-monitoring has been performed and results are pending.

- a) Collection Date: \_\_\_\_\_
- b) Collection Time: \_\_\_\_\_ AM/PM
- c) Expected Submission Date: \_\_\_\_\_
- d) Sample Point Location (Outfall): \_\_\_\_\_
- e) Sample Type (Grab/Composite): \_\_\_\_\_

Results of Analysis: Please attach: 1) laboratory analysis report(s); 2) chain of custody, and 3) laboratory analysis quality control report.

Authorized Representative's Statement: I certify under penalty of law that this document and all attachments were prepared under my direction and 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 persons who manage the system or those 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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

Please return to: Pretreatment Services Division  
Fort Worth Water Department  
920 Fournier Street  
Fort Worth, Texas 76102-3456  
Fax Number: (817) 392-8566 or (817) 392-3458