

UPPER BLACKSTONE WPAD SELF-MONITORING SUBMITTAL FORM

Permit #: _____

Description of sample location: _____

Date the sample was taken: ____/____/____

Flow in gallons/day: _____

Sample Matrix: (check one) Wastewater: _____ Other: _____

Pollutant	Conc.	Unit	MDL	Method of Analysis	Date Analyzed	Name of Analysis	Grab or Composite	Preservative	Name of Sampler	Time Sampled
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

MDL Method Detection Limit

Conc. Concentration of Pollutant

Note: Chain of custody forms must be submitted with all lab analysis.
For each sample provided all 11 columns must be filled in