

## 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