

UPPER BLACKSTONE CLEAN WATER 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 Analyst	Grab or Composite	Preservative	Name of Sampler	Time Sampled
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Note: Chain of custody forms must be submitted with all lab analysis.

SUBMIT THIS FORM TO: Upper Blackstone Clean Water, 50 Route 20, Millbury, MA 01527 or pretreatment@ubcleanwater.org