

**CITY OF AMES, IOWA
INDUSTRIAL PRETREATMENT PROGRAM
INDUSTRIAL USER SELF MONITORING REPORT**

REPORTING PERIOD: _____

Industrial Facility: _____
Pretreatment Permit No.: _____
Facility Classification: _____
Facility Contact: _____
Contact Phone No.: _____
Facility Address: _____
Sampling Location: _____
Sample Collection Type: _____
Date Sampled: _____

ANALYTE	PERMIT LIMITS	SAMPLE RESULTS, mg/L
Flow		
pH	6.0 – 10.0 pH units	
Temperature	65.5° Celsius	
Ammonia (NH ₃)	225 mg/L	
Total Kjeldahl Nitrogen (TKN)	280 mg/L	
TSS	1,600 mg/L	
CBOD ₅	1,800 mg/L	
COD	2,700 mg/L	

NOTE: Sample result from laboratory must be attached to this report.

I certify that all sampling and analysis was done according to 40 CFR Part 136 by a certified laboratory
Process or Treatment Changes:

Additional Comments:

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(s) 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.

Signed: _____ Date: _____
Authorized Representative

Submit report on or before the 10th of the month following the end of the reporting period to:

Dustin Albrecht, Environmental Specialist
 Ames Water and Pollution Control Department
 1800 E. 13th Street
 Ames, Iowa 50010

