

# Self-Monitoring Report (SMR) Checklist

Unless stated otherwise, the SMR will not be considered complete unless every requirement is addressed on this form and this form is included with the SMR. The entire SMR is due on the 28th of the month following the reporting period.

Permittee Name: \_\_\_\_\_

Month: \_\_\_\_\_

## Indicate completion of the following SMR requirements

- Emailed electronic SMR spreadsheet to [smr@delcora.org](mailto:smr@delcora.org) on \_\_\_\_\_  
DATE
- Included hardcopy of SMR spreadsheet
- Included Laboratory analysis reports - Reports must detail analytical results, methods performed, Chain of Custodies, NELAC or PADEP Certification Number, and required laboratory signatures.
- Included a Cover Letter - Summarize monthly activities including, but not limited to, violations, violation follow up mitigation and investigation, compliance schedule updates, process changes and/or upsets, etc.
- Certification Statement signed below by an authorized representative

## Indicate a response to the following

- Permittee has achieved compliance with Federal and local pretreatment standards
- Permittee not has achieved compliance with Federal and local pretreatment standards  
*\* if so, the Permittee must provide an explanation for failure to achieve compliance and a proposed corrective plan, including milestone dates*

## Certification Statement

*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 or persons 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 fines and imprisonment for knowing violations.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

**All reports must be submitted to DELCORA and PWD at the following addresses:**

DELCORA  
Attention: Laboratory & Pretreatment Manager  
Post Office Box 999 (by U.S. Postal Service)  
100 East Fifth Street (by Courier)  
Chester, Pennsylvania 19016

Philadelphia Water Department  
9001 State Road  
Philadelphia, Pennsylvania 19136  
Attention: Walter Milton