## **Self-Monitoring Report (SMR) Checklist**

Unless stated otherwise, the SMR will not be considered complete unless every requirement is addressed on this form.

The entire SMR is due on the 28th of the month following the reporting period.

Permittee	e Name:	Month/Year:	
Indicate completion of the following SMR requirements			
i	, , ,	- Reports must detail analytical result AC or PADEP Certification Number, and	•
	Included daily flow and pH logs		
	Certification Statement signed below	v by an authorized representative	
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 at the following:			
DELCORA  Attention: Laboratory & Pretreatment Manager  Post Office Box 999 (by U.S. Postal Service)  100 East Fifth Street (by Courier)  Chester, Pennsylvania 19016			