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| **Facility Sample Information** |
| Facility Name: |  | AZPDES Auth. No. |  |
| Outfall Name:  | "Substantially Similar Discharge Point"? | [ ]  Yes [ ]  No  |
| Person(s)/Title(s) collecting sample:  |
| Person(s)/Title(s) assisting with sample:  |
| Date & Time Discharge Began:  | Date & Time Sample Collected:  | If sample not taken within first 30 minutes, explain why:  |
| Unique Sample Identifier (Matches Identifier on COC)  |  |
| Substitute Sample? | [ ]  No [ ]  Yes  |
| Nature of Discharge: [ ]  Stormwater [ ]  Snowmelt [ ]  Allowable non-stormwater [ ]  Non-Stormwater [ ]  Other (explain): |
| Rainfall Amount (inches): \_ | Previous Storm Ended > 72 hours before Start of This Storm? [ ]  Yes [ ]  No |
| **Field Sampling Data** |
| Type of Sample | [ ]  Grab [ ]  Discrete [ ]  Manual [ ]  Auto sampler [ ]  Passive sampler [ ]  Flow-weighted continuous [ ]  Flow-weighted combination **For flow-weighted, answer questions below**Duration of Storm: Number of Samples: Time between samples:  |
| Field Parameter Measurements | pH:  | Temperature:  | Conductivity:  | Turbidity:  | Flow Rate:  |
| Field Filtration Methods |  |
| QC Samples  |  |
| Field Instrument Calibration Data |  |
| Indicators of Stormwater Pollution Observed? | [ ]  No [ ]  Yes (Describe):  |
| Observations of sampling procedures and conditions at the time of sampling:  |
| \* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. |
| Description of problems encountered or deviations made from the Sampling and Analysis Plan (SAP):  |
| **Certification Statement (Refer to MSGP Appendix B, Paragraph 9, for Signatory Requirements)** |
| “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 gathered and evaluated 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 fine and imprisonment for knowing violations.” |
| A. Name:  |  | B. Title:  |  |
| C. Signature: |  | D. Date Signed: |  |