

SELF-MONITORING CERTIFICATION

Facility Name: _____

Address: _____

Sample No.: _____ Sample Date: _____

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 has or have knowledge of the substance of the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Signature: _____ Date Signed: _____

Title: _____