



# Industrial Waste Semi-annual Self-Monitoring Report

Mail or FAX to: King County Industrial Waste  
130 Nickerson Street, Suite 200  
Seattle, WA 98109-1658  
Phone 206-263-3000 / FAX 206-263-3001

Company Name: \_\_\_\_\_

This form is available at <http://dnr.metrokc.gov/wlr/indwaste>

Please specify year: 20\_\_\_\_ Semi-annual Report for Semester 1

Sample Site No.: \_\_\_\_\_

Permit/DA No.: \_\_\_\_\_

All units are mg/l unless otherwise noted. Note: Write in self-monitoring parameters, if not provided, e.g. Silver (Ag) or settleable solids (ml/L).

SEMESTER 1	Sample Date month/day	Sample Type C (Composite) G (Grab) BC (Batch)							Non-polar fats, oils & grease (FOG) (Record average of 3 grabs only)	Discharge Volume on sample day (gallons)	Total Monthly Flow (gallons)	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 fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter tested.	
	Jan/____												
	Feb/____												
	Mar/____												
	Apr/____												
	May/____												
Jun/____													
→ Total Volume Semester 1: _____ gallons													
→ Maximum daily flow from Semester 1: _____ gallons. Date on which maximum daily flow occurred: _____													
NOTES:													

Signature of Principal Executive or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**Due Date:** Semi-annual report for Semester 1 is due by July 15 of each year. **Please Note:** Do not include original laboratory reports with this form unless otherwise requested. Keep the original laboratory reports on file and available for inspection for at least 3 years.



# Industrial Waste Semi-annual Self-Monitoring Report

Mail or FAX to: King County Industrial Waste  
130 Nickerson Street, Suite 200  
Seattle, WA 98109-1658  
Phone 206-263-3000 / FAX 206-263-3001

Company Name: \_\_\_\_\_

This form is available at <http://dnr.metrokc.gov/wlr/indwaste>

Please specify year: 20\_\_\_\_ Semi-annual Report for Semester 2

Sample Site No.: \_\_\_\_\_

Permit/DA No.: \_\_\_\_\_

All units are mg/l unless otherwise noted. Note: Write in self-monitoring parameters, if not provided, e.g. Silver (Ag) or settleable solids (ml/L).

Sample Date month/day	Sample Type C (Composite) G (Grab) BC (Batch)								Non-polar fats, oils & grease (FOG) (Record average of 3 grabs only)	Discharge Volume on sample day (gallons)	Total Monthly Flow (gallons)	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 fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter tested.
SEMESTER 2 Jul/____												
Aug/____												
Sep/____												
Oct/____												
Nov/____												
Dec/____												
→ Total Volume Semester 2: _____gallons												
→ Maximum daily flow from Semester 2: _____ gallons. Date on which maximum daily flow occurred: _____												
NOTES:												

Signature of Principal Executive or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**Due Date:** Semi-annual report for Semester 2 is due by January 15 of each year. **Please Note:** Do not include original laboratory reports with this form unless otherwise requested. Keep the original laboratory reports on file and available for inspection for at least 3 years.