Industrial Waste Discharge 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_____ **Sample Site No.**_____ **Permit/DA No.**_____

Please indicate reporting period:

Month_____ **20**____ **Quarter** **1** **2** **3** **4** **20**____ **Semi-Annual** **Annual** **20**____

(circle one) *(circle one)*

All units are mg/l unless otherwise noted.

Sample Date (circle)	**Sample Type** C (composite) or G (grab)	pH		Cadmium, Cd	Chromium, Cr	Copper, Cu	Lead, Pb	Mercury, Hg	Nickel, Ni	Silver, Ag	Zinc, Zn	Cyanide, CN	Fats, Oils, and Grease (FOG)	Other Parameters		Flow (GPD) Industrial	Notes (Indicate Batch Discharges)
		Min	Max														
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Monthly Min pH _____ & Date _____ Total Monthly Flow (gallons) _____

Monthly Max pH _____ & Date _____ Maximum Daily Flow _____ & 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 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.

Signature of Principal Executive or Authorized Agent _____ Date _____

PLEASE CIRCLE ALL PERMIT VIOLATIONS

This form is available at http://dnr.metrokc.gov/wlr/indwaste/index.htm.