



# Industrial Waste Annual Self-Monitoring Report

for Groundwater Remediation Projects

Send to: King County Industrial Waste  
 130 Nickerson Street, Suite 200  
 Seattle, WA 98109-1658  
 Phone 206-263-3000 / FAX 206-263-3001  
 Email: info.kciw@kingcounty.gov

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

This form is available at [www.kingcounty.gov/industrialwaste](http://www.kingcounty.gov/industrialwaste).

Please specify year: 20\_\_\_\_\_

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. chromium (Cr) or settleable solids (ml/L).

	Sample Date Month/Day	Sample Type C (Composite) G (Grab) BC (Batch)	Benzene	Ethylbenzene	Toluene	Total Xylenes			Nonpolar fats, oils, & grease (FOG) (record average of 3 grabs only)	Discharge Volume on sample day (gallons)	Total Monthly Flow (gallons)
<b>Semester 1</b>	Jan/____										
	Feb/____										
	Mar/____										
	Apr/____										
	May/____										
	Jun/____										
<b>Semester 2</b>	Jul/____										
	Aug/____										
	Sep/____										
	Oct/____										
	Nov/____										
	Dec/____										
Total Annual Volume: _____ 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.

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

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