



Industrial Waste Monthly Self-Monitoring Report

FOR FOOD PROCESSORS

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 Specify Month & Year: Month: _____ 20____ This form is available at www.kingcounty.gov/industrialwaste.
 All units are mg/l unless otherwise noted.

Sample Date	pH		For each pH measurement that is less than pH 5.5 s.u. or greater than pH 12.0 s.u. write the duration (in minutes) below. If any single duration lasts longer than 15 minutes write a brief explanation of the cause and corrective actions taken. For Example: For one day you may have more than one occurrence outside range, if so list all occasions separated by commas. <i>10 min < 5.5; 5 min > 12.0; 20 min < 5.5, caustic pump plugged; 5 min < 5.5; 90 min < 5.5, pump broke</i>	Polar Fats, Oil & Grease (FOG) Volumetric* (Inches)	Flow Industrial (GPD)	Notes	Signature
	min	max					
1							
2							
3							
4							
5							
6							
7							
8							
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10							
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31							

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 _____

Monthly Min pH _____ & Date _____
 Monthly Max pH _____ & Date _____

Total Monthly Flow (gallons) _____
 Maximum Daily Flow _____ & Date _____
 *Maximum Polar FOG Volumetric _____ & Date _____