



Industrial Waste Quarterly Self-Monitoring Report

King County

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 www.kingcounty.gov/industrialwaste.

Please specify year: 20____ QUARTER 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); delete or ignore FOG or SS, if not required.

Month	Sample Date	Sample Type C (Composite) G (Grab) BC (Batch)				Non-Polar fats, oils & grease (FOG) (Record average only)	Settleable Solids (ml/L)	Discharge Volume on sample day (gallons)	Total Monthly Flow (gallons)
January									
	Total volume discharged for January								
February									
	Total volume discharged for February								
March									
	Total volume discharged for March								

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

Maximum daily flow from this quarter: _____ gallons. Date on which maximum daily flow occurred: _____

Due Date: First Quarter Report is due by April 15 of each year.



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Please specify year: 20____ QUARTER 2 Sample Site No.: _____ Permit/DA No.: _____

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Month	Sample Date	Sample Type C (Composite) G (Grab) BC (Batch)				Non-Polar fats, oils & grease (FOG) (Record average only)	Settleable Solids (ml/L)	Discharge Volume on sample day (gallons)	Total Monthly Flow (gallons)
April									
	Total volume discharged for April								
May									
	Total volume discharged for May								
June									
	Total volume discharged for June								

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 _____

Maximum daily flow from this quarter: _____ gallons. Date on which maximum daily flow occurred: _____

Due Date: Second Quarter Report is due by July 15 of each year.



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Company Name: _____

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Please specify year: 20____ QUARTER 3 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); delete or ignore FOG or SS, if not required.

Month	Sample Date	Sample Type C (Composite) G (Grab) BC (Batch)				Non-Polar fats, oils & grease (FOG) (Record average only)	Settleable Solids (ml/L)	Discharge Volume on sample day (gallons)	Total Monthly Flow (gallons)
July									
	Total volume discharged for July								
August									
	Total volume discharged for August								
September									
	Total volume discharged for September								

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 _____

Maximum daily flow from this quarter: _____ gallons. Date on which maximum daily flow occurred: _____

Due Date: Third Quarter Report is due by October 15 of each year.



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Company Name: _____

This form is available at www.kingcounty.gov/industrialwaste.

Please specify year: 20____ QUARTER 4 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); delete or ignore FOG or SS, if not required.

Month	Sample Date	Sample Type C (Composite) G (Grab) BC (Batch)				Non-Polar fats, oils & grease (FOG) (Record average only)	Settleable Solids (ml/L)	Discharge Volume on sample day (gallons)	Total Monthly Flow (gallons)
October									
	Total volume discharged for October								
November									
	Total volume discharged for November								
December									
	Total volume discharged for December								

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

Date

Signature of Principal Executive or Authorized Agent

—▶ Maximum daily flow from this quarter: _____ gallons. Date on which maximum daily flow occurred: _____

Due Date: Fourth Quarter Report is due by January 15 of each year.