**Industrial Waste Monthly Self-Monitoring Report** Send to: King County Industrial Waste Program

201 S. Jackson Street, Suite 513

Seattle, WA 98104-3855

Phone 206-477-5300 / FAX 206-263-3001

**Email: info.KCIW@kingcounty.gov**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.** Note: For cyanide, circle test performed - amenable or total ▼

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sample Date**  (circle) | **Sample Type**  C (Composite)  G (grab)  BC (batch) | pH | | Cadmium, Cd | Chromium, Cr | Copper, Cu | Lead, Pb | Mercury, Hg | | Nickel, Ni | | Silver, Ag | Zinc, Zn | Cyanide (CN) Amenable (A) or Total (T) | Nonpolar Fats, Oils, & Grease (Average of 3 grabs) | DailyFlow (GPD)  Industrial | Notes (Indicate Batch Discharges) | | | | |
| Min | Max |
| 1 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | | 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 | | |
| 2 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 3 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 4 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 5 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 6 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 7 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 8 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 9 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 10 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 11 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 12 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 13 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 14 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 15 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 16 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 17 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 18 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 19 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 20 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 21 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 22 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 23 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 24 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 25 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 26 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 27 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 28 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 29 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 30 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 31 |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| Monthly Min pH | |  | | & Date |  | |  |  |  | |  |  | Total Monthly Flow (gallons) | | |  |  | |
| Monthly Max pH | |  | | & Date |  | |  |  |  | |  | Maximum Daily Flow | | | |  | & Date |  | |  |

**Please Circle All Permit Violations** **Due Date:** **Monthly report is due by the 15th of each month.**