**Industrial Waste Quarterly 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**

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| **C****ompany Name:**  |  | **This form is available at www.kingcounty.gov/industrialwaste.** |

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| --- | --- | --- |
| ***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.

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Sample Date | Sample TypeC (Composite)G (Grab)BC (Batch) |  |  |  | Nonpolar fats, oils & grease (FOG)(Record average only) | Settleable Solids (ml/L) | Discharge Volume on sample day (gallons) | Total Monthly Flow (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 |
| **January** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for January |  |
| **February** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for February |  |
| **March** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for March |  |
| ─► 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 TypeC (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) | 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 |
| **April** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for April |  |
| **May** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for May |  |
| **June** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for June |  |
| ─► 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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| ***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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Sample Date | Sample TypeC (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) | 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 |
| **July** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for July |  |
| **August** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for August |  |
| **September** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for September |  |
| ─► 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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| ***Please specify year:* 20** | **QUARTER 4** | **Sample Site No.:       Permit/DA No.:**  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Sample Date | Sample TypeC (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) | 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 |
| **October** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for October |  |
| **November** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for November |  |
| **December** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total volume discharged for December |  |
| ─► 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.**