

# Quarterly Self-Monitoring Report for Breweries

Alternative formats available  
 206-477-5300 TTY 711

Submit 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](mailto:info.KCIW@kingcounty.gov)

Monitoring Period: Quarter #: \_\_\_\_\_ Year: \_\_\_\_\_

Company Name: \_\_\_\_\_ Sample Site No.: \_\_\_\_\_ Permit/DA No.: \_\_\_\_\_

Sample Date	Month:				Month:				Month:				Due 15 <sup>th</sup> of April, July, October, January for previous quarter				
	pH Min (S.U.) <sup>1</sup>	pH Max (S.U.)	Settleable Solids (ml/L)	Daily Flow (gal per day)	pH Min (S.U.) <sup>1</sup>	pH Max (S.U.)	Settleable Solids (ml/L)	Daily Flow (gal per day)	pH Min (S.U.) <sup>1</sup>	pH Max (S.U.)	Settleable Solids (ml/L)	Daily Flow (gal per day)					
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<b>SM Data Summary</b>	Total Monthly Flow (gal):				Total Monthly Flow (gal):				Total Monthly Flow (gal):				<p>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.</p>				
	Quarter's Max Daily Flow (gal):				Quarter's Max Settleable Solids (ml/L)				Quarter's Minimum pH (S.U.)					Quarter's Maximum pH (S.U.)			
	& Date:				& Date:				& Date:					& Date:			

Signature of Principal Executive or Authorized Agent \_\_\_\_\_ Position/Title \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> A pH violation has occurred if: 1. A pH reading is below 5.0 (for any amount of time) or 2. A pH reading is between 5.5 and 5.0 for more than 15 minutes. Report the pH value and duration of each pH excursion.