



King County

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)	Daily Flow (GPD) Industrial	Notes (Indicate Batch Discharges)	
		Min	Max													
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2																
3																
4																
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Monthly Min pH _____ & Date _____

Monthly Max pH _____ & Date _____

Total Monthly Flow (gallons) _____

Maximum Daily Flow _____

& Date _____

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 _____

PLEASE CIRCLE ALL PERMIT VIOLATIONS

Due Date: Monthly report is due by the 15th of each month.