



# Industrial Waste Monthly Self-Monitoring Report

## FOR FOOD PROCESSORS

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

Please Specify Month & Year: Month: \_\_\_\_\_ 20\_\_\_\_\_

This form is available at [www.kingcounty.gov/industrialwaste](http://www.kingcounty.gov/industrialwaste).

All units are mg/l unless otherwise noted.

Sample Date	pH*		*A pH violation has occurred if: • A pH reading is below 5.0 (for any amount of time). • A pH reading is between 5.5 and 5.0 for more than 15 minutes. • The pH of 12.0 is exceeded and does not comply with the conditions in your permit. (See S4.) Report the pH value and duration of each pH excursion. Each pH excursion that is a violation must be addressed in a written report due along with the self-monitoring report. Explain the cause of the violation and the corrective action taken to ensure compliance with pH limits.	Polar Fats, Oil & Grease (FOG) Volumetric* (Inches)	Flow Industrial (GPD)	Notes	Signature
	min	max					
1							
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

Monthly Max pH  & Date

Total Monthly Flow (gallons)

Maximum Daily Flow  & Date

\*Maximum Polar FOG Volumetric  & 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 \_\_\_\_\_

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

\*Temperature at time of Polar FOG test must be less than 70 degrees F.