**Industrial Waste Program 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**

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| **Company Name:**  |  | **Sample Site No.** |  | **Permit/DA No.:** |  |
| **Quarter 1 Report for:** | **20**  | *(please specify year)* | **This form is available at: www.kingcounty.gov/industrialwaste.** |

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| Sample Date | **January** | **February** | **March** | **Quarter 1 Report****Due Date:****April 15th of each Year** |
| pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) |
| 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 |
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| **Quarter 1****SM Data Summary** | **January** Total Monthly Flow (gal): |  | **February** Total Monthly Flow (gal): |  | **March** Total Monthly Flow (gal): |  |
|  |
| Max Daily Flow for Q1 (gal): |  | Max Settleable Solids for Q1 (mL/L) |  | Minimum pH for Q1 (S.U.) |  | Maximum pH for Q1 (S.U.) |  |
| & Date: |  | & Date: |  | & Date: |  | & Date: |  |

1 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.

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| **Company Name:**  |  | **Sample Site No.** |  | **Permit/DA No.:** |  |
| **Quarter 2 Report for:** | **20**  | *(please specify year)* | **This form is available at: www.kingcounty.gov/industrialwaste.** |

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| Sample Date | **April** | **May** | **June** | **Quarter 2 Report** **Due Date:****July 15th of each Year** |
| pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) |
| 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 |
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| **Quarter 2****SM Data Summary** | **April** Total Monthly Flow (gal): |  | **May** Total Monthly Flow (gal): |  | **June** Total Monthly Flow (gal): |  |
|  |
| Max Daily Flow for Q2 (gal): |  | Max Settleable Solids for Q2 (mL/L) |  | Minimum pH for Q2 (S.U.) |  | Maximum pH for Q2 (S.U.) |  |
| & Date: |  | & Date: |  | & Date: |  | & Date: |  |

1 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.

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| **Company Name:**  |  | **Sample Site No.** |  | **Permit/DA No.:** |  |
| **Quarter 3 Report for:** | **20**  | *(please specify year)* | **This form is available at: www.kingcounty.gov/industrialwaste.** |

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| Sample Date | **July** | **August** | **September** | **Quarter 3 Report** **Due Date:****October 15th of each Year** |
| pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) |
| 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 |
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| **Quarter 3****SM Data Summary** | **July** Total Monthly Flow (gal): |  | **August** Total Monthly Flow (gal): |  | **Sept.** Total Monthly Flow (gal): |  |
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| Max Daily Flow for Q3 (gal): |  | Max Settleable Solids for Q3 (mL/L) |  | Minimum pH for Q3 (S.U.) |  | Maximum pH for Q3 (S.U.) |  |
| & Date: |  | & Date: |  | & Date: |  | & Date: |  |

1 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.

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| **Company Name:**  |  | **Sample Site No.** |  | **Permit/DA No.:** |  |
| **Quarter 4 Report for:** | **20**  | *(please specify year)* | **This form is available at: www.kingcounty.gov/industrialwaste.** |

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| Sample Date | **October** | **November** | **December** | **Quarter 4 Report****Due Date:****January 15th of each Year** |
| pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) | pH Min(S.U.)1 | pH Max(S.U.) | Settleable Solids (mL/L) | Daily Flow (gallons per day) |
| 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 |
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| **Quarter 4****SM Data Summary** | **October** Total Monthly Flow (gal): |  | **Nov.** Total Monthly Flow (gal): |  | **Dec.** Total Monthly Flow (gal): |  |
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| Max Daily Flow for Q4 (gal): |  | Max Settleable Solids for Q4 (mL/L) |  | Minimum pH for Q4 (S.U.) |  | Maximum pH for Q4 (S.U.) |  |
| & Date: |  | & Date: |  | & Date: |  | & Date: |  |

1 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.