**Industrial Waste Semi-Annual 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:** |  |  **This form is available at www.kingcounty.gov/industrialwaste.** |

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| ***Please specify year:*** | **20** **Semi-Annual Report for Semester 1** | **Sample Site No.:** |  | **Permit/DA No.:** |  |

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| All units are mg/l unless otherwise noted. Note: Write in self-monitoring parameters, if not provided, e.g. Silver (Ag) or settleable solids (ml/L). ▼ ▼ ▼ ▼ ▼ ▼  |
|  | Sample Datemonth/day | Sample TypeC (Composite)G (Grab)BC (Batch) |  |  |  |  |  |  | Non-polar fats, oils & grease (FOG)(Record average of 3 grabs only) | 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 |
| **Semester 1** | Jan/  |  |  |  |  |  |  |  |  |  |  |
| Feb/  |  |  |  |  |  |  |  |  |  |  |
| Mar/  |  |  |  |  |  |  |  |  |  |  |
| Apr/  |  |  |  |  |  |  |  |  |  |  |
| May/  |  |  |  |  |  |  |  |  |  |  |
| Jun/  |  |  |  |  |  |  |  |  |  |  |
| ─► Total Volume Semester 1:       gallons |
| ─► Maximum daily flow from Semester 1: **gallons.** Date on which maximum daily flow occurred:  |
| NOTES: |

**Due Date:** Semi-annual report for Semester 1 is due by July 15 of each year. **Please Note:** Do not include original laboratory reports with this form unless otherwise requested. Keep the original laboratory reports on file and available for inspection for at least three years.

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| ***Please specify year:*** | **20** **Semi-Annual Report for Semester 2** | **Sample Site No.:** |  | **Permit/DA No.:** |  |

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| All units are mg/l unless otherwise noted. Note: Write in self-monitoring parameters, if not provided, e.g. Silver (Ag) or settleable solids (ml/L). ▼ ▼ ▼ ▼ ▼ ▼  |
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| **Semester 2** | Jul/  |  |  |  |  |  |  |  |  |  |  |
| Aug/  |  |  |  |  |  |  |  |  |  |  |
| Sep/  |  |  |  |  |  |  |  |  |  |  |
| Oct/  |  |  |  |  |  |  |  |  |  |  |
| Nov/  |  |  |  |  |  |  |  |  |  |  |
| Dec/  |  |  |  |  |  |  |  |  |  |  |
| ─► Total Volume Semester 2       gallons |
| ─► Maximum daily flow from Semester 2 **gallons.** Date on which maximum daily flow occurred:  |
| NOTES: |

**Due Date:** Semi-annual report for Semester 2 is due by January 15 of each year. **Please Note:** Do not include original laboratory reports with this form unless otherwise requested. Keep the original laboratory reports on file and available for inspection for at least three years.