

Limited Discharge Monthly Self-Monitoring Report

Industrial User	Facility Address
ndustriai Oser	Facility Address

Limited Discharge Permit #

Date	Discharge Flow (gpd)	Turbidity (NTU)	Settleable Solids (mL/L)	Initials

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 known 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.