



FORM 25

**INDUSTRIAL USER  
DISCHARGE MONITORING REPORT  
OUTFALL # \_\_\_\_\_ \***

**I. General Information**

Industry Name:			
Mailing Address:			
	City/State:	Zip Code:	
Facility Name:			
Permit Number:		Outfall Description:	
Reporting Period:	From:	To:	

**II. Wastewater Discharge – Outfall # \_\_\_\_\_**

\* Please attach additional reports for each outfall. (See Section D, item 2 of Application Form for a Permit to Discharge Industrial Wastewater to the Sanitary Sewer)

**Process Flows**

**Non- Process Flow**

Month	Daily Flow		Metered or Estimated	Average Daily Flow	Metered or Estimated
	Average	Maximum			

III. IU Monitoring Summary (See Monitoring Summary form)

IV. Certification Statement:

I certify under penalty of law that this document and all attachments were prepared under my supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those 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.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**INDUSTRIAL USER CATEGORICAL MONITORING SUMMARY (PAGE \_\_ OF \_\_)**

Industry Name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Sample Location: \_\_\_\_\_

Sample Date	Sample ID #	Parameters	Arsenic As	Cadmium Cd	Chromium Cr	Copper Cu	Lead Pb	Mercury Hg	Nickel Ni	Selenium Se	Silver Ag	Zinc Zn	Cyanide Cn
		<b>*Units: Parameter Limit</b>											

Comments: \*Report all pollutant parameters in units of mg/L, except pH-std. units, and temperature- °C \_\_\_\_\_

**According to 40 CFR section 413.03 (a) and 433.12 Monitoring requirements**

“Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO) I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the Toxic Organic Management Plan submitted to the control authority.”

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**ANALYTICAL RESULTS ARE BEING ATTACHED TO THESE FORMS FOR THE CITY'S REVIEW**