

FORM 25

INDUSTRIAL USER DISCHARGE MONITORING REPORT OUTFALL #_____*

I. General Information

Authorized Signatory

maustry Nan	ile.							
Mailing Add	recc.							
Wannig Address.		City/State:				Zip Code:		
E 114 M								
Facility Name:				0 (011 D)				
Permit Number:		Outfall Description:						
Reporting Period:		From:			To:			
	ch addit	ional rep Dischar	Outfall # orts for each ou ge Industrial Wa ss Flows	,		nitary Sewer)	11	
Month	Avera	Daily	Flow Maximum	Metered or Estimated		erage ily Flow	Metered or Estimated	
		8				<u> </u>		
					+			
IV. Certificati I certify unde supervision in evaluate the in or those direct best of my k	r penalty accordant accordant aformation tly response anowledge	y of law to nece with on submit on sible for ge and befor subm	that this docume a system design ted. Based on my r gathering the i elief, true, accur itting false info	nt and all atta ed to assure the y inquiry of the information, the rate, and com	hat qua e perso e info plete.	alified person ons who man rmation subm I am aware	nel gather and age the system litted is, to the that there are	

Title

Date



INDUSTRIAL USER MONITORING SUMMARY

(**PAGE** ___OF___)

	Oil & Cyanide rease Cn	pH ∘ C
Date ID# As Cd Cr Cu Pb Hg Ni Se Ag Zn Gr *Units: Parameter	Oil & Cyanide rease Cn	pH ∘ C
*Units: Parameter		
Limit Limit		
Comments: *Report all pollutant parameters in units of mg/L, except pH-std. units, and temperature- °C		
Authorized Signatory Title Date		