

**FORM 20** 

## INDUSTRIAL USER DISCHARGE MONITORING REPORT OUTFALL # \*

I. General Information

**Industry Name:** 

Mailing Address:

		City/State	:		Zip Code:				
Facility Nam	e:								
1 0011110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Outfall Descrip	tion:				
Permit Numb	er:								
Reporting Pe	riod:	From:		,	То:				
Reporting 1 c	1100.								
	ch addit	ional repo Discharg	orts for each ou		ction D, item 2 of the Sanitary Sewe <b>Non- Pr</b>				
		Daily	Flow	Metered or		Metered or			
Month	Average		Maximum	Estimated	Daily Flow	Estimated			
III. IU Monito IV. Certificati			ee Monitoring Su	mmary form)					
supervision in evaluate the in or those direct best of my k	accordant formation tly responsible the accordance of the accordan	ance with on submit onsible fo ge and be for subm	a system design ted. Based on m r gathering the i elief, true, accur itting false info	ned to assure the property inquiry of the information, the rate, and compared to the information of the info	chments were pre- nat qualified perso e persons who ma e information sub- plete. I am aware ding the possibil	onnel gather and nage the system mitted is, to the that there are			
Authorized Signa	ntory		Title		Date				



## INDUSTRIAL USER CATEGORICAL MONITORING SUMMARY

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Industry Name:					Reporting Period:			to					
Address:					Sample	Location: _							
Sample Sample Date ID#	Parameters	Arsenic As	Cadmium Cd	Chromium Cr	Copper Cu	Lead Pb	Mercury Hg	Nickel Ni	Selenium Se	Silver Ag	Zinc Zn	Cyanide Cn	
Date 15 %	*Units: Parameter Limit	715	Cu		Cu	10	IIg	141	SC	A G	Zii	Cii	
			<u> </u>	1 1.									
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."  Title  Date										ıs			