

**SELF-MONITORING REPORT - pH READINGS
INDUSTRIAL PRETREATMENT PROGRAM**



**Attention: BettyAnne Rossi, Pretreatment Coordinator
Warwick Sewer Authority
125 Arthur W. Devine Blvd., Warwick, RI 02886
Phone: (401) 468-4726 FAX: (401) 468-4799**

COMPANY NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
MONITORING MONTH: _____

DATE	MAXIMUM pH	MINIMUM pH	AVERAGE pH	COMMENTS AND CALIBRATIONS
1				
2				
3				
4				
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31				

I CERTIFY UNDER PENALTY OF LAW THAT 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. IN LIEU OF MONITORING FOR TOTAL TOXIC ORGANICS (TTOs), 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.

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL _____ **DATE** _____