

**SELF-MONITORING REPORT - pH AND FLOW 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	WATER METER READING(S)	TOTAL FLOW (gallons/day)*	COMMENTS AND CALIBRATIONS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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23						
24						
25						
26						
27						
28						
29						
30						
31						

*To convert cubic feet to gallons, multiply the number of cubic feet by 7.48.

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