

JOINT MEETING OF ESSEX & UNION COUNTIES
500 South First Street, Elizabeth, NJ 07202

INDUSTRIAL USER DISCHARGE MONITORING REPORT

MONTHLY TRANSMITTAL FORM

PERMIT NO. _____ OUTFALL NO. _____ REPORTING PERIOD _____
(month) , _____ (year)

PERMITTEE: Name _____
Address _____

FACILITY: Name _____
Address _____

Telephone _____

REGARDING THIS OUTFALL ONLY:

No Sampling Performed This Month Sampling Performed This Month Continuous pH Cert # _____

If sampling was performed, all self-monitoring data that was analyzed by a NJ Certified Wastewater Laboratory utilizing approved methodology is submitted with this report.

Yes No

LABORATORY: Name _____

NJDEP Lab Certification # _____ Telephone _____

Authentication: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including fine and imprisonment.

PRINCIPLE EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (print) _____

Title (print) _____

Original Signature _____
(REQUIRED)

Date _____ Telephone _____

Note: Submit Signed Original