

**JOINT MEETING OF ESSEX & UNION COUNTIES
INDUSTRIAL USER DISCHARGE MONITORING REPORT**

FACILITY NAME _____

REPORTING PERIOD

FACILITY ADDRESS _____

(MONTH)

(YEAR)

PERMIT NO. _____

OUTFALL NO. _____

EFFLUENT FLOW METER REPORT

END OF REPORTING PERIOD TOTALIZER READING		READING DATE	
LAST REPORTING PERIOD END TOTALIZER READING		READING DATE	
MONTHLY TOTAL DISCHARGE		# OF WORKING DAYS	
DAILY AVERAGE DISCHARGE		LAST CALIBRATION DATE	

ANALYSIS REPORT

PARAMETER	UNIT	LIMIT	DATE	DATE	DATE	DATE	DATE
SAMPLE EVENT FLOW	Gal.						
pH (GRAB)	S.U.						
TEMPERATURE	°C						
BOD-5 DAY	mg/l	N/A					
TSS	mg/l	N/A					
ARSENIC	mg/l						
CADMIUM	mg/l						
CHROMIUM-T	mg/l						
CHROMIUM-H	mg/l						
COBALT	mg/l						
COPPER	mg/l						
MERCURY	mg/l						
NICKEL	mg/l						
LEAD	mg/l						
SILVER	mg/l						
TIN	mg/l						
ZINC	mg/l						
TOTAL METALS	mg/l						
AMMONIA	mg/l						
CHLORIDE	mg/l						
CYANIDE-T	mg/l						
CYANIDE-A	mg/l						
OIL/GREASE (HEM BY 1664A)	mg/l						
PET. HYDROCARBONS (SGT.-HEM BY 1664A)	mg/l						
SULFATE	mg/l						

