

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

SELF-MONITORING SAMPLING DOCUMENTATION

FACILITY NAME _____

FACILITY ADDRESS _____

PERMIT NO. _____ OUTFALL NO. _____

A. GRAB SAMPLE

Sample Date	Time	Parameter	Bottle Type (plastic or glass)	Volume (ml)	# of Bottles	Preservative
		pH				N/A
		Cyanide				
		O&G (HEM)				
		PHC (SGT-HEM)				
		VO				

Sampled By: (Print) _____ (Affiliation) _____

B. COMPOSITE SAMPLE

Date & Time Started _____ Date & Time Ended _____
DATE TIME DATE TIME

Totalizer @ Start _____ Totalizer @ End _____

Total Discharge During Sampling (Gallons) _____

Automatic Sampler Information (Make & Model) _____

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Flow Proportion | <input type="checkbox"/> Jug Bottle | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Time Proportion | <input type="checkbox"/> Discrete Bottles | <input type="checkbox"/> Glass |

One Sample Taken every _____ Minutes **or** _____ Gallons of Discharge

of Samples per Discrete Bottle _____ Volume per Sample _____

Total # of Samples Taken _____ Hours of Facility Operation (during sampling event) _____

Flow Data Generated for Manual Flow Proportion (If yes, attach copy of composite worksheet)

Batch Discharge Batch Discharge Volume _____

Batch Discharge Flow Rate _____ # of Batches Sampled _____

Sampled By (Print) _____ (Affiliation) _____

Analysis Required (check) BOD TSS Metals BN/AE Pesticides/PCB's

Other _____