JOINT MEETING OF ESSEX AND UNION COUNTIES
INDUSTRIAL USER TABULATION OF pH CHART VIOLATIONS

FACILITY NAME _____ REPORTING PERIOD

FACILITY ADDRESS _____ _____ (MONTH) , _____ (YEAR)

PERMIT NO. _____ OUTFALL NO. _____ NJDEP LAB CERT. NO. _____

DATE	START TIME	END TIME	DURATION (in minutes)	GREATEST EXCEEDANCE		REASON
				MIN	MAX	
TOTAL TIME IN VIOLATION				**MINUTES**		
TOTAL MONTHLY DISCHARGE TIME				**MINUTES**		
PERCENT OF TIME IN VIOLATION				**PERCENT**		