



FORM 25-B

**INDUSTRIAL USER
DISCHARGE MONITORING REPORT
OUTFALL # _____ ***

I. General Information

Industry Name:			
Mailing Address:			
	City/State:	Zip Code:	
Facility Name:			
Permit Number:	Outfall Description:		
Reporting Period:	From:	To:	

II. Wastewater Discharge – Outfall # _____

* Please attach additional reports for each outfall. (See Section D, item 2 of Application Form for a Permit to Discharge Industrial Wastewater to the Sanitary Sewer)

Process Flows

Non- Process Flow

Month	Daily Flow		Metered or Estimated	Average Daily Flow	Metered or Estimated
	Average	Maximum			

III. IU Monitoring Summary (See Monitoring Summary form)

IV. Certification Statement:

I certify under penalty of law that this document and all attachments were prepared under my supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those directly responsible for gathering the information, 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, including the possibility of fine and imprisonment for knowing violations.

Authorized Signatory

Title

Date

