

**PERMIT MONITORING INFORMATION**

PERMITTEE: \_\_\_\_\_

PERMIT No.: \_\_\_\_\_

MONTH: \_\_\_\_\_ YR \_\_\_\_\_

SIPHON NO.	1			2			3			4			TOTAL FLOW (gallons)	COMMENTS:
	DATE	DOSE COUNTER READING	PUMP TIME (hrs)	SEWAGE FLOW (gal)	DOSE COUNTER READING	PUMP TIME (hrs)	SEWAGE FLOW (gal)	DOSE COUNTER READING	PUMP TIME (hrs)	SEWAGE FLOW (gal)	DOSE COUNTER READING	PUMP TIME (hrs)		
1														<p>Prepared by: _____                      PRINT NAME: _____ Phone: _____</p> <p>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY 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 THE POSSIBILITY OF FINE AND IMPRISONMENT.</p> <p>Approved by: _____                      (Authorized Representative)</p>
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