

**CONTINUOUS DISCHARGE  
PH MONITORING REPORT**  
MONTH OF: \_\_\_\_\_ 20 \_\_\_\_



Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: **Narragansett Bay Commission**  
**Pretreatment Section**  
**2 Ernest Street**  
**Providence, RI 02905**

Date	MAXIMUM pH	MINIMUM pH	AVERAGE pH (VISUAL)	VOLUME/WATER METER READING IF REQUIRED*	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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24					
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26					
27					
28					
29					
30					
31					

I certify under penalty of law that this document and all attachments were properly prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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. I certify the above data has been reported directly from the recording chart of the final pH recorder and is reported to an accuracy of 0.1 standard units.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\*INDICATE IF GALLONS OR CUBIC FEET