

**Narragansett Bay Commission
Batch Discharge
PH/Color Monthly Monitoring Report**



MONTH OF: _____ 20 ____

Company Name: _____
Address: _____

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

Date	Batch Discharge I			Batch Discharge II			COMMENTS
	Final pH	Volume	Color	Final pH	Volume	Color	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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12							
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25							
26							
27							
28							
29							
30							
31							

Please indicate the method used to measure pH: _____

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.

Signature _____

Date _____

Name (Print) _____

Title _____