

**SEWAGE TREATMENT AND RECLAMATION FACILITY
QUARTERLY EFFLUENT MONITORING REPORT**

FACILITY NAME:

MONTHLY DISCHARGE VOLUME		NITRATE-NITROGEN MG/L () GRAB () LYSIMETER		TOTAL NITROGEN MG/L () GRAB () LYSIMETER		SAMPLE SITE WWTP	COMMENTS
JAN		(1)		(1)			
FEB		(2)		(2)			
MAR		(3)		(3)			
		(4)		(4)			
APR		(1)		(1)			
MAY		(2)		(2)			
JUN		(3)		(3)			
		(4)		(4)			
JUL		(1)		(1)			
AUG		(2)		(2)			
SEP		(3)		(3)			
		(4)		(4)			
OCT		(1)		(1)			
NOV		(2)		(2)			
DEC		(3)		(3)			
		(4)		(4)			

Please complete this form for the appropriate calendar quarter. Attach the original laboratory reports and deliver to the following address by the 20th of January, April, July and October:

Monterey County Health Department
Environmental Health Bureau
1270 Natividad Road
Salinas, CA 93907

Operator: _____

Date: _____