

**INDUSTRIAL MONITORING REPORT
DAILY WASTEWATER FLOWMETER READINGS**

NAME OF INDUSTRY: _____

REPORTING PERIOD: MONTH _____ YEAR: _____

Measuring Units (Check one): Gallons Cubic Feet

DATE	METER READING	FLOW
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
1		

Daily Flow: Subtract Day 1 meter reading from Day 2 meter reading; this is the flow for Day 1.

Meter readings should be taken at the start of each work day.

Total Flow: _____ Average: _____

Name: _____

Signature: _____

Title: _____

This form must be returned and postmarked no later than the 3rd business day of the month following the reporting period to: **Des Moines WRF, 3000 Vandalia Rd, Des Moines, IA 50317**

or FAX to: **515-323-8063**

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