

CCCSO SOURCE CONTROL FLOW SUMMARY REPORT

DISCHARGER: As a condition of your permit, you are required to complete and submit this Flow Summary Report to the District on a periodic basis. Please refer to Reporting Requirements in the Appendix of your permit.

DISCHARGER NAME: _____ **PERMIT #** _____

DISCHARGE SITE: _____ **CITY** _____

REPORT PERIOD:

CHECK ONE	YEAR
<input type="checkbox"/> Jan 1 - Mar 31	_____
<input type="checkbox"/> Apr 1 - Jun 30	_____
<input type="checkbox"/> Jul 1 - Sep 30	_____
<input type="checkbox"/> Oct 1 - Dec 31	_____

	Month:	Month:	Month:
Total Flow Volume	GALLONS	GALLONS	GALLONS
Peak Daily Flow Volume	GALLONS	GALLONS	GALLONS
Number of days of Discharge			
Average BOD	MG/L	MG/L	MG/L
Average COD	MG/L	MG/L	MG/L
Average TSS	MG/L	MG/L	MG/L

1. Use readings from flow meter, flow logs, or water usage records. *Attach copies of logs or records to this report.*
2. Calculate Average Daily Flow Volume in gallons for each month. Not required for groundwater discharges or trucked waste discharges. If available, record date and volume of *peak* daily flow in lieu of calculated average.
3. *If analysis for BOD, COD and TSS is required* in the permit, report the average values for each month in the quarter, using the analysis data produced during the reporting period. If only one analysis was done for BOD, COD, and TSS, enter that value. If no analysis for BOD, COD, and TSS was done, enter "None" in the appropriate space.

(For District use only)

Bill Permit Fee \$ _____ Permit Type _____

Type of SSC billing:

- Industrial formula
 - Commercial rate
- Commercial Category: _____

Type of Facility Use Charge billing:

- Flat rate _____ per _____
- Groundwater formula (strength factors = 0)
 - FCF formula (strength factors provided)

Other Amount _____ For _____

Date Received _____ Date Processed _____ By _____