

APPENDIX 'A'

**REGIONAL TRANSMISSION SYSTEM
DISCHARGE MONITORING FORM**

Water Supply and Treatment Division

PROJECT INFORMATION								
Project Name: _____								
SFPUC City Representative: _____								
Project Contractor: _____								
DISCHARGE LOCATION DETAILS								
City and Cross Street(s): _____								
Latitude and Longitude: _____ N _____ W								
Receiving Water Body: _____								
DISCHARGE MONITORING DATA <i>(attach additional sheets as necessary)</i>								
Date	Time (hr)	Discharge Flow Rate (gpm)	Raw Cl ₂ Residual (mg/L)	Treated Cl ₂ Residual (mg/L)	Dechlor Feed Rate (gph)	Dechlor Chemic al Used	Treated pH (su)	Sampler Initials

Standard Specifications for the Installation of Ductile Iron Water Mains 16-Inches and Smaller

EROSION CONTROL MEASURES USED <i>(describe)</i>								