

**FRANKLIN TOWNSHIP SEWERAGE AUTHORITY
EFFLUENT SAMPLE REPORT FORM**

BLOCK:		LOT:	
DATE:			
	Facility Name:		
	Address:		
	Sample Location:		
	Principal Product:		
	Principal Raw Material:		
	Is Pretreatment provided?	Yes	No
	Flow Discharge (gallons per day):		
	Is flow?	Intermittent	Continuous
	Characteristic of Wastewater:		
	Parameter	Units	Sample
	a. BOD	mg/L	24-hr composite
	b. Suspended Solids	mg/L	24-hr composite
	c. COD	mg/L	24-hr composite
	d. pH	Standard units	Grab
	Laboratory Name:		
	Laboratory Address:		
	Laboratory State License No.:		
	Date Samples Pulled:		
	Date Samples Tested:		
	Signature:		
	Title:		