Elkhart Industrial Pretreatment Program Industrial User Process Report

Industry Name:	Permit Number:	
Industry Location:		
Self-Monitoring Permit Frequency Requirement	(check one):	
☐Monthly:		
□Quarterly:		
□Bi-Monthly:		
□Semi-Annual:		
□Other:		
Continuous discharge waste stream (check one):	end of process	end of pipe
For Self-Monitoring Period Specified Abo	ove (include units):	
Total Flow:	Max Daily Flow (30 min peak):	
Average Daily Flow (over entire r	nonitoring period):	
Max pH:	Min pH:	
Batch discharge(s)* (check one):	of process end of pipe	
For Self-Monitoring Period Specified Abo	ove (include units):	
Date of discharge:	Start Time:am pm End '	Time:am pn
Volume:	Max Flow Rate:	
Max pH:	Min pH:	
*Use additional sheet(s) if necessary.		
Printed Name of Authorized Representative	Title	
Signature of Authorized Representative	Date	

Date of discharge:	Start Time:	am pm End Time:	am pm
Volume:	Max Flow Rate:		
Max pH:	Min pH:		
Date of discharge:	Start Time:	am pm End Time:	am pm
Volume:	Max Flow Rate:		
Max pH:	Min pH:		
Date of discharge:	Start Time:	am pm End Time:	am pm
Volume:	Max Flow Rate:		
Max pH:	Min pH:		
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