Rod Roberson
Mayor

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Envirnmental Resources

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Engineering Services

City of Elkhart
the city with a heart

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 (circle one): end of process end of pipe

For Self-Monitoring Period Specified Above (include units):

Total Flow: _____ Max Daily Flow (30 min peak): _____

Average Daily Flow (over entire monitoring period): _____

Max pH: _____ Min pH: _____

Batch discharge(s)* (circle one): end of process end of pipe

For Self-Monitoring Period Specified Above (include units):

Date of discharge: _____ Start Time: _____ am pm End Time: _____ am pm

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: _____

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: _____

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: _____