Elkhart Industrial Pretreatment Program

Self-Monitoring Report Cover Page

Industry Name: _____ Permit Number:_____

Industry Location: _____

Self-Monitoring Permit Frequency Requirement (check one):

☐ Monthly: _____

☐ Quarterly: _____

☐ Bi-Monthly: _____

☐ Semi-Annual: _____

☐ Other: _____

Check list of Enclosures (check all that apply):

☐ Self-Monitoring Report Cover Page (this page)

☐ Report Certification Statement

☐ Industrial User Sampling Event Report

☐ Industrial User Process Report

☐ TTO Certification Statement (if applicable)

☐ Laboratory Analytical Report (entire report including Chain of Custody)

Indicate compliance status of your company based on discharge permit requirements and information contained in this report (check one):

☐ In compliance

☐ Out of compliance – provide notice within 24 hours of becoming aware per 40 CFR 403.12(g)(2)