

Elkhart Industrial Pretreatment Program

Self-Monitoring Sampling Event Report

Industry Name: _____ Permit Number: _____

Industry Location: _____

Sample Location (check one): end of process end of pipe

Sample Type:

Grab Sample* Month: _____ Day: _____ Year: _____ Time: _____ am pm

*** A grab sample is an individual sample collected over a period of time not exceeding 15 minutes.**

Composite Sample** Start Month: _____ Day: _____ Year: _____ Time: _____ am pm

End Month: _____ Day: _____ Year: _____ Time: _____ am pm

****Composite samples must be representative of daily operations.**

Describe Flow or Time Proportional Technique Used to Collect Composite Sample:

Were sample(s) collected in proper containers in accordance with 40 CFR Part 136: Yes No

Were sample(s) properly preserved in accordance with 40 CFR Part 136: Yes No