City of Elkhart
Public Works & Utilities

Elkhart Industrial Pretreatment Program

Self-Monitoring Report Cover Page

Industry Name: _____ Permit Number: _____

Industry Location: _____

Self-Monitoring Permit Frequency Requirement (check all that apply):

☐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)

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