City of Elkhart
Public Works & Utilities

Elkhart Industrial Pretreatment Program
Industrial User Process Report

Industry Name: _____ Permit Number: _____

Industry Location: _____

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

☐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

1201 S Nappanee St
Elkhart, Indiana 46516
P: 574-293-2572

City of Elkhart
Public Works & Utilities

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: _____

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

Volume: _____ Max Flow Rate: _____

Max pH: _____ Min pH: _____

1201 S Nappanee St
Elkhart, Indiana 46516
P: 574-293-2572