



Larry Keil, Pretreatment/Lab Coordinator
WASTEWATER UTILITY, CITY OF GOSHEN

1000 West Wilden Avenue • Goshen, IN 46528-2532

Phone (574) 534-5802 • Fax (574) 534-4350 • TDD (574) 534-3185
larrykeil@goshencity.com • www.goshenindiana.org

COMMERCIAL SEWER DISCHARGE FORM

Enclosed you will find a short form to be filled out in full and returned to the City of Goshen Wastewater Treatment Plant. This form is required to be compiled according to our National Pollutant Discharge Elimination System (NPDES) permit. The City is required to maintain a database of all Industrial/Commercial Users who discharge into the sewer system. Please fill out this paperwork and return to address above. If you have any questions or concerns feel free to call Larry Keil at 574-534-5802.

Thank you for your cooperation,

Larry Keil, CPC, RPC

Pretreatment/Lab Coordinator

City of Goshen WWTP



CITY OF GOSHEN COMMERCIAL SEWER DISCHARGE FORM

General Information

Facility Name: _____

Contact Name On Location: _____

Contact Phone Number _____

Corp. Phone Numbers: _____

Location Address: _____

Mailing Address If Different: _____

***Contact Email Required:** _____

Number of Employees: 1st Shift _____ 2nd Shift _____ 3rd Shift _____

Number of days of operation per week: _____

Is your business activity: Continuous Seasonal

If it is seasonal, which months are you in operation? _____

Operation Characteristics

Please provide a brief description of production process or service activity:

List of raw materials: _____

List intermediate by-products: _____

List finished products: _____

Do you use water in your facility other than in restrooms, water fountains, or hand washing?

Yes No

If yes, briefly describe the processes that use water: _____

Are there any chemicals, liquid additives, or other compounds used in the processes that use water? If so please list here:

Does your facility use hazardous materials or store hazardous waste materials? If so please list or describe them:

Does your facility have floor drains? Yes No

Does your facility have floor drains in the chemical storage area? Yes No

Does your facility have an oil/sand separator? Yes No

If so, what size is it? _____

Water and Wastewater Information

Do you use city water? Yes No

Do you use city sewer? Yes No

Do you use any other sources of water such as a well? Yes No

If yes, how much water is used from these sources per month? _____ gallons.

Does your facility discharge wastewater from any source other than restrooms to a sanitary or storm sewer?

Yes No

If yes, what is the source of the discharge? _____

Does your facility discharge any liquids, chemicals, or compounds into a sanitary or storm sewer?

Yes No

If yes, list what is discharged: _____

Does your facility have any waste materials or chemicals (including oils, solvents) removed by a waste hauler?

Yes No

If yes, what is the material or chemical & who is the hauler? _____

I hereby certify that the information submitted in this survey is true and accurate to the best of my knowledge

Company Official: _____

Printed

Title: _____

Signature

Date: _____

**Goshen Wastewater
Attn: Pretreatment
1000 W. Wilden Ave, Goshen IN 46528**

Fax: 534-4350, Email: pretreatment@goshencity.com