



**Larry Keil, Pretreatment/Lab Coordinator**  
**WASTEWATER UTILITY, CITY OF GOSHEN**  
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## 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](mailto:pretreatment@goshencity.com)**