



**POTW Pretreatment Program**

**Industrial Site Visit**

Name of Industry: Elkhart Products Corporation

Industry Contacts: David Bailey, Environmental Coordinator

Type of Industry: SIC Code 3498-Fabricated pipe and pipe fittings, 3351 Rolling, drawing, and extruding  
Of copper, 3366 Copper foundries, 3432 Plumbing fixture fittings and trim

Date of Visit: 06-05-2014

- |  |   |                             |   |
|--|---|-----------------------------|---|
| 1. Significant industrial user:                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Determined |
| 2. Pretreatment equipment or procedures?               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 3. Pretreatment equipment maintained and operational?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 4. Hazardous waste generated or stored?                | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/E |
| 5. Proper solid waste disposal?                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 6. Solvent management/TTO control?                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 7. Suitable sampling location?                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 8. Appropriate self-monitoring procedures / equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/E            |
| 9. Adequate spill prevention?                          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 10. Industry familiar with limits and requirements?    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

Additional Comments: \_\_\_\_\_  
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Visit Conducted By: Alison West Date: 06-09-2014

