

Please complete the following survey and return to:  
City of Fort Smith  
ATTN: Environmental Quality Department  
3900 Kelley Hwy Fort Smith, Arkansas 72904

### Industrial Pretreatment Program

#### Industrial User Survey

#### I. General Information

Company Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of on site official authorized to represent the company in official business with the City of Fort Smith. \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Number of Shifts worked: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

What are your hours of operation:

Mon. \_\_\_\_\_ Sat. \_\_\_\_\_

Tue. \_\_\_\_\_ Sun. \_\_\_\_\_

Wed. \_\_\_\_\_

Thur. \_\_\_\_\_

Fri. \_\_\_\_\_

Is this facility an office with no manufacturing and/or production of a physical product.

Yes \_\_\_ No \_\_\_

Is this facility connected to a public sewer system? Yes \_\_\_ No \_\_\_

Are there major seasonal variations in your facilities operating characteristics? If so please explain.

\_\_\_\_\_  
\_\_\_\_\_

#### II. Category Determination

Please list this facility's STANDARD INDUSTRIAL CLASSIFICATION CODE(S). \_\_\_\_\_

(for more information concerning SIC codes visit the Occupational Health and Safety Administration's website at: <http://www.osha.gov/oshstats/sicser.html>)

Please check any of the following operations performed at this facility:

1. Electroplating	
2. Powder Coating	
3. Metal Finishing (including electroless plating anodizing, coating, chemical etching,etc.)	
4. Metal Molding & Casting Metal	
5. Metal Cleaning (using any type of chemical cleaner)	
5. Coating (phosphatizing, chromating, coloring)	
6. Copper or Aluminum Forming	
7. Paint or Ink Formulation	
8. Plastics Manufacturing	
9. Electrical Component Assembly or Manufacturing.	
10. Printing & Publishing	
11. Laundry Service	
12. Other:(Please list)	

**III. Product Information**

Please provide a brief description of the type of business, manufacturing processes, and/or services this company conducts at this site.

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Please provide a description of the primary products produced at this site.

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Please provide a list of raw materials and process additives used at this site.

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#### IV. Water Use Information

Please list all Water Account numbers along with the average monthly water consumption (from the previous 12 months water bills) for these accounts.

Account Number	Avg. Monthly consumption (in hundreds of cubic feet)

Does this facility receive water from other sources (i.e. groundwater)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list other sources below.

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Is any of the water usage at this facility used or diverted away from entering the city's sewer system (i.e. water in product, cooling towers, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

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Does this facility use a Wastewater Flow Meter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide an estimated monthly discharge (in gallons) for the previous twelve (12) months. \_\_\_\_\_ gal/month.

#### V. On-Site Pretreatment facility Information

Does this facility operate a pretreatment plant, equipment, or otherwise pre-treat it's wastewater prior to discharge to the city's sewer system.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe type of treatment(s) and capacity of the treatment system.

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Are any improvements, additions, etc to the pretreatment facility anticipated in the future? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

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List all existing environmental permits (including air permits).

Agency	Permit #

**IV. Chemical Storage.**

Are bulk chemicals received and stored for use in this facility? For the purpose of this survey, bulk chemicals are defined as Fifty-Five (55) gallons or more of non-hazardous chemicals and/or Five (5) gallons or more of Hazardous chemicals.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list chemicals used and/or stored and the approximate quantity that will be kept on hand (a copy of the chemical Material Safety Data Sheets may be substituted in place of a written list).

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Does this facility currently generate or store hazardous waste?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (include method(s) of disposal); and attach the Material Safety Data Sheets for these chemicals.

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What methods are in place to prevent toxic and/or hazardous chemicals from entering the sanitary sewer system (i.e. spill containment and control plan)?

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