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

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Electroplating</td>
<td></td>
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<tr>
<td>2. Powder Coating</td>
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<tr>
<td>3. Metal Finishing (including electroless plating anodizing, coating, chemical etching, etc.)</td>
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<td>4. Metal Molding &amp; Casting Metal</td>
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<td>5. Metal Cleaning (using any type of chemical cleaner)</td>
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<td>6. Coating (phosphatizing, chromating, coloring)</td>
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<td>7. Copper or Aluminum Forming</td>
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<td>8. Paint or Ink Formulation</td>
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<td>9. Plastics Manufacturing</td>
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<td>10. Electrical Component Assembly or Manufacturing</td>
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<td>11. Printing &amp; Publishing</td>
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<td>12. Laundry Service</td>
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<td>13. Other: (Please list)</td>
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### 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.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
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.

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Avg. Monthly consumption (in hundreds of cubic feet)</th>
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Does this facility receive water from other sources (i.e. groundwater)?
Yes______ No_____
If yes, please list other sources below.
________________________________________________________________
________________________________________________________________
________________________________________________________________

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.
________________________________________________________________
________________________________________________________________
________________________________________________________________

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.
________________________________________________________________
________________________________________________________________
________________________________________________________________

Are any improvements, additions, etc to the pretreatment facility anticipated in the future? Yes______No_____
If yes, please explain._______________________________________________
________________________________________________________________
________________________________________________________________
List all existing environmental permits (including air permits).

<table>
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<tr>
<th>Agency</th>
<th>Permit #</th>
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**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).

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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)?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________