



CITY OF FORT SMITH UTILITY DEPARTMENT INDUSTRIAL PRETREATMENT PROGRAM INDUSTRIAL WASTE SURVEY – SECTOR SPECIFIC FORM

This survey is intended to obtain information needed by the City of Fort Smith to comply with state and federal Pretreatment requirements. Failure to submit a complete and accurate survey may result in penalties including the termination of service. The City may verify the data submitted through phone calls, site inspection, and sample analysis. Answer each question accurately to reflect existing conditions and conditions proposed to occur within 3 to 5 years. Attach additional sheets as necessary.

DIRECTIONS FOR COMPLETING THIS INDUSTRIAL WASTE SURVEY FORM

1. Fill out industrial waste survey form completely. Answer all questions. If you do not know the answer to a question, write "Unknown" in the box. If an answer is not applicable to your facility, write "N/A".
2. Sign the industrial waste survey form (see last page). Must be signed by an Authorized Representative of the Industrial User.
3. Failure to submit a complete Industrial Waste Survey form or to submit the form *within thirty (30) business days* is a violation of the City's Ordinance 27-16.
4. Fill out using ink. Do not use a pencil. Write clearly.
5. If you have any questions, please contact the City at: 479-784-2335 or 479-784-2337

GENERAL INFORMATION

Company Name and d.b.a. Business Name, if different	
Name of responsible person at the facility authorized to represent the company in official dealings with the City of Fort Smith.	
Title:	Phone:
Non business hours contact:	Phone:
Email Address (if available):	Physical Street Address of Facility:
Website (if available):	Official Mailing Address if Different:

CHECK ANY AND ALL ACTIVITIES OCCURRING AT YOUR LOCATION

<input type="checkbox"/> Aircraft Repair/Maintenance	<input type="checkbox"/> Brewery
<input type="checkbox"/> Treating Waste from Other Businesses	<input type="checkbox"/> Industrial Laundry (other than neighborhood laundry)
<input type="checkbox"/> Copper or Aluminum Forming	<input type="checkbox"/> Dairy Products Manufacturing
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Fertilizer Manufacturing
<input type="checkbox"/> Electrical Component Manufacturing	<input type="checkbox"/> Firearms - Bluing
<input type="checkbox"/> Grocery –Retail With Deli	<input type="checkbox"/> Grocery – Retail Without Deli
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical (other than hospital)
<input type="checkbox"/> Leather Tanning	<input type="checkbox"/> Meat, Vegetable or Food Processing (factory level, not restaurants)
<input type="checkbox"/> Trucked & Hauled Waste (including domestic septic tanks, sand traps, commercial or industrial waste)	<input type="checkbox"/> Metal Finishing (including electroplating, electroless plating, anodizing, coloring, coating, acid rinse or acid cleaning prior to painting, chemical etching, etc.)
<input type="checkbox"/> Non Ferrous Metals Forming	<input type="checkbox"/> Metal Molding and Casting
<input type="checkbox"/> Oil & Grease Refining/Extraction	<input type="checkbox"/> Paint/Ink Manufacturing
<input type="checkbox"/> Painting of Metal	<input type="checkbox"/> Photographic/X-Ray Developing
<input type="checkbox"/> Plastics Manufacturing	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Printing/Publishing	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Retail Sales Only	<input type="checkbox"/> Smelting/Metal Refining
<input type="checkbox"/> Soap or Detergent Manufacture	<input type="checkbox"/> Steam Power Generation
<input type="checkbox"/> Wood Preservation	<input type="checkbox"/> Transportation Equipment Cleaning
<input type="checkbox"/> Vehicle Repair Shop/Garage	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

SECTION 1

WASTE DISCHARGE

Check all types of operations and wastewater generated at this site:

<input type="checkbox"/> Air Pollution Equipment	<input type="checkbox"/> Medical/Dental Services
<input type="checkbox"/> Anodizing	<input type="checkbox"/> Metal Coating (chromating, phosphating, coloring)
<input type="checkbox"/> Beverage Bottling	<input type="checkbox"/> Pesticide Application Service
<input type="checkbox"/> Boiler/Cooling Blowdown	<input type="checkbox"/> Photographic/Film/X-ray Processing
<input type="checkbox"/> Chemical Etching or Milling	<input type="checkbox"/> Plastics Processing
<input type="checkbox"/> Cooling Water, Contact	<input type="checkbox"/> Powder Coating
<input type="checkbox"/> Cooling Water, Non-contact	<input type="checkbox"/> Printed Circuit Board Manufacturing
<input type="checkbox"/> Domestic Waste	<input type="checkbox"/> Printing & Publishing
<input type="checkbox"/> Electroless Plating	<input type="checkbox"/> Process Water
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Slaughter/Meat Packing/Rendering
<input type="checkbox"/> Equipment Manufacturing	<input type="checkbox"/> Vehicle or Equipment Maintenance/Repair
<input type="checkbox"/> Fertilizer Application Service	<input type="checkbox"/> Vehicle or Equipment Washdown
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Waste Recycling
<input type="checkbox"/> Food Service Establishment	<input type="checkbox"/> Water Treatment
<input type="checkbox"/> Groundwater Treatment	<input type="checkbox"/> Wood Preserving
<input type="checkbox"/> Laundry	<input type="checkbox"/> Other:

Will you use fats, oil, grease (cooking or petroleum), or dairy products in your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will liquid, gaseous, or sludge waste be generated but not discharged to the sanitary sewer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide your company practices:	Onsite Storage <input type="checkbox"/>	Onsite Disposal <input type="checkbox"/>
	Offsite Storage <input type="checkbox"/>	Offsite Disposal <input type="checkbox"/>

Describe the method of storage/disposal of these wastes, including names of all waste haulers used.

WASTEWATER PRETREATMENT

Is your wastewater treated prior to discharge to the sanitary sewer? (If so, mark all that apply.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Filtering	<input type="checkbox"/> Metals Treatment
<input type="checkbox"/> Sand/Sedimentation Tank	<input type="checkbox"/> Food Grinder/Garbage Disposal	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Other ^(Please Explain) :	

WASTE DISCHARGE (CONTINUED)

Will there be a garbage disposal unit (food grinder) at your business?	Yes <input type="checkbox"/>	Qty:	No <input type="checkbox"/>
Are there any floor drains in areas other than restrooms?	Yes <input type="checkbox"/>	Qty:	No <input type="checkbox"/>
Will you generate hazardous waste as defined by ADEQ and federal regulations (RCRA)?	Yes <input type="checkbox"/>	Generator Status:	No <input type="checkbox"/>
Will you discharge any RCRA listed or characteristic hazardous wastes to the sanitary sewer?	Yes <input type="checkbox"/>	Waste Description:	No <input type="checkbox"/>

Will there be an interceptor, separator, or other device installed to pretreat your wastewater prior to discharge? (If so, check all that apply below.):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Amalgam Separator: <input type="checkbox"/> wet ring <input type="checkbox"/> dry vacuum pump system	<input type="checkbox"/> Hair Trap	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Amalgam Chairside Trap	<input type="checkbox"/> Lint Trap	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Grease Interceptor, Inside	<input type="checkbox"/> Oil/Water Separator	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Grease Interceptor, Outside	<input type="checkbox"/> Sand Interceptor	<input type="checkbox"/> Other (List):
Does a waste hauler pick-up any chemicals or liquid wastes from your facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please list what is picked up and by whom:

SECTION 2

CATEGORICAL INDUSTRY

Is this facility a categorical industry as defined by 40 CFR 403 through 40 CFR 471? (If "Yes" check the appropriate category below)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Metal Finishing			
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Metal Molding or Casting			
<input type="checkbox"/> Builders' Paper and Board Mills	<input type="checkbox"/> Nonferrous Metals Forming or Metal Powders			
<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Nonferrous Metals Manufacturing			
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers Man.			
<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Paint Formulating			
<input type="checkbox"/> Electrical or Electronic Component	<input type="checkbox"/> Paving or Roofing Materials (Tar & Asphalt)			
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Pesticide Chemicals			
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Petroleum Refining			
<input type="checkbox"/> Fertilizer Manufacturing	<input type="checkbox"/> Pharmaceutical Manufacturing			
<input type="checkbox"/> Glass Manufacturing	<input type="checkbox"/> Porcelain Enameling			
<input type="checkbox"/> Grain Mill	<input type="checkbox"/> Pulp, Paper, or Fiberboard Manufacturing			
<input type="checkbox"/> Ink Formation	<input type="checkbox"/> Rubber Manufacturing			
<input type="checkbox"/> Inorganic Chemicals Manufacturing	<input type="checkbox"/> Soaps or Detergent Manufacturing			
<input type="checkbox"/> Iron & Steel Manufacturing	<input type="checkbox"/> Steam Electric Power Generating			
<input type="checkbox"/> Leather Tanning & Finishing	<input type="checkbox"/> Timber Products Processing			

CHEMICAL INFORMATION

Will/Do you use EPA Toxics Release Inventory (TRI) chemicals in reportable quantities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you store chemicals at your facility in a volume greater than 5 gallons each? <small>(If yes, attach a description of the chemical, container size and type, storage location, frequency and method of container cleaning/disposal.)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your company ever been issued a local, state, or federal environmental permit? (i.e. Air, Water, HazWaste, etc.) <small>If "Yes" list the permit(s) type and Permit(s) number:</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your business activities use, generate, or dispose of any of the following chemicals?	Yes	No	Discharged/Disposed of to Sanitary Sewer?		Where disposed of if not to Sanitary Sewer?
Antifreeze/Glycol Compounds	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Petroleum Grease/Oils	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vegetable Grease/Oils	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Acids/Corrosives	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Food Wastes	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Solvents (incl. cleaning solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flammables/Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pesticides/Herbicides	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Phenols	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cyanides	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Metals/Metal Solutions	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nitrogen Containing Compounds	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Organic Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hazardous Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Radioactive Isotopes	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trucked or Hauled Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High Temperature Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sulfide/Hydrogen Sulfide Generating Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High Total Dissolved Solids (TDS)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SIGNATURE SECTION ON BACK PAGE

SECTION 3

SIGNATURE SECTION

The Authorized Representative for the Business shall sign this survey and return it within ten(10) days to:

Environmental Manager
City of Fort Smith
3900 Kelley Hwy.
Fort Smith, AR 72904

“I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.”

Printed Name of Authorized Representative from Page 1

Title

Signature of Authorized Representative from Page 1

Date

The signing official must have authorization to provide such information on behalf of the company, corporation or partnership. In accordance with Arkansas law, information and data provided in the questionnaire may be available for public review under the Freedom of Information Act. Requests for confidential treatment of the information will be governed by procedures specified by the City's Pretreatment Program and the Freedom of Information Act.