



*City of Tontitown Water Utility
PO Box 127, Tontitown AR 72770
Phone: 479-361-2700
Physical Address: 201 E Henri de Tonti Blvd,
Springdale AR 72762
Email: billing@tontitownar.gov*

INDUSTRIAL WASTE QUESTIONNAIRE

Account Number _____ Business License Number _____

1. Owner Name: _____

Account Name: _____

Mailing Address: _____

Telephone: _____

2. Address of Facility (if same as above, check): _____

Telephone: (if same as above, check): _____

3. Contact Person: _____

Title: _____ Telephone: _____

4. Brief description of manufacturing or serviceactivities on premises: _____

5. Does this company have an industrial user permit with the City of Tontitown, AR or has it had one previously? yes no

If yes, permit number/expiration date: _____

6. List other discharge or environmental permits (NPDES, Air, etc.): _____

7. Standard Industrial Classification Code Number(s) and Classification(s): (These can be found at <http://www.osha.gov/pls/imis/sicsearch.html> and does apply to everyone.)

8. Are your manufacturing or commercial operations subject to national categorical pretreatment standards? Check one: yes no



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9. Are the applicable national categorical pretreatment standards and the local discharge prohibitions and limitations being met on a consistent basis? Check one: yes no

10. Water Consumption:

Average Total Monthly Water Consumption (gallons) _____

Estimated Total Monthly Water Consumption in five (5) years _____

Average Gallons Water Consumed in Products daily _____

11. Types/Amounts of wastes generated by this facility: (check all that apply)

<u>Types</u>	<u>Average gallons</u>		
	<u>per day</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Domestic wastes (restrooms, showers, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler/Tower blow-down	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment/Facility wash-down	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total wastewater discharged _____ gallons per day

12. Wastes are discharged to (check all that apply):

<u>Type</u>	<u>Average gallons</u>		
	<u>per day</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Groundwater	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid waste hauler	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>



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Provide name and address of waste hauler(s), if used.

13. Attach sketch(es) of general plant process and waste line layouts including location of floor drains and manholes. Include any existing or proposed pretreatment systems and locations and sizes of all existing and proposed connections to the POTW wastewater collection system. Also include details of present and/or proposed monitoring facilities.

14. Describe Processes, Products, and Raw Materials. The following information must be completed for each product line.

- General description of processes for each product line.

- General description of products produced by type and amount. Please specify if produced seasonally.

- General description of type and amount of raw materials or process additives used.

- Process discharge is [] batch [] continuous [] both.
If both, _____ % batch _____ % continuous.
Average number of batches per 24-hour day _____

15. Describe hours of operation and number of employees per shift. Specify seasonal variances.



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16. Describe hours of operation of actual or proposed pretreatment facility. Specify discharge hours.

17. Are any process changes or expansions planned during the next three years? Check one:
 yes no
If yes, describe the nature of planned changes or expansions (attach extra sheet if necessary):

18. If your facility employs processes in any of the industrial categories or business activities listed below ~ any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

19. Industrial Categories

- Adhesives
- Aluminum Forming
- Auto & Other Laundry
- Battery Manufacturing
- Coal Mining
- Coil Coating
- Copper Forming
- Electrical/Electronic Components
- Electroplating
- Explosives Manufacturing
- Foundries
- Gum & Wood Chemicals
- Inorganic Chemicals
- Iron and Steel Manufacturing
- Leather Tanning and Finishing

Other Business Activities

- Animal/Vegetable Fats/Oils Blending
- Asbestos Manufacturing
- Auto Garage/Repair
- Beverage Bottler
- Breads/Baked Goods Mfg.
- Brewery/Winery
- Builder's Paper
- Carbon Black
- Car Wash/Transport Truck Wash
- Cement Manufacturing
- Dairy Products Processing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Fruits and Vegetables



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- | | |
|--|--|
| <input type="checkbox"/> Mechanical Products | <input type="checkbox"/> Glass Manufacturing |
| <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Grain Mills Manufacturing |
| <input type="checkbox"/> Metal Products & Machinery | <input type="checkbox"/> Hospital/Health Care |
| <input type="checkbox"/> Nonferrous Metals | <input type="checkbox"/> Ink Formulating |
| <input type="checkbox"/> Ore Mining | <input type="checkbox"/> Meat Processing |
| <input type="checkbox"/> Organic Chemicals | <input type="checkbox"/> Metal Molding and Casting |
| <input type="checkbox"/> Paint & Ink | <input type="checkbox"/> Paint and Body Shop |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Paving and Roofing (Tars and Asphalt) |
| <input type="checkbox"/> Photographic Supplies | <input type="checkbox"/> Poultry Processing |
| <input type="checkbox"/> Plastic & Synthetic Materials | <input type="checkbox"/> Radiator Shop |
| <input type="checkbox"/> Plastics Processing | <input type="checkbox"/> Rendering |
| <input type="checkbox"/> Porcelain Enameling | <input type="checkbox"/> Slaughter/Meat Packing |
| <input type="checkbox"/> Printing & Publishing | <input type="checkbox"/> Seafood Processing |
| <input type="checkbox"/> Pulp and Paper | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Rubber Processing | <input type="checkbox"/> Other Food/Edible Products Processor |
| <input type="checkbox"/> Soaps/Detergents Mfg. | |
| <input type="checkbox"/> Steam Electric | |
| <input type="checkbox"/> Textile Mills | |
| <input type="checkbox"/> Timber Products Mfg. | |

20. Pretreatment devices or processes used for treating wastewater or sludge (check all that apply).

- Air flotation
- Biological treatment. Describe: _____
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation. Describe: _____
- Grease trap. Frequency of cleaning: _____
- Grit removal [ion exchange]
- Neutralization/pH correction. Describe: _____
- Ozonation
- Rainwater diversion or storage. Describe: _____
- Reverse Osmosis
- Screen
- Sedimentation



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- Septic tank
- Solvent separation
- Sump
- Other chemical treatment. Describe: _____
- Other physical treatment. Describe: _____
- Other. Describe: _____
- No pretreatment utilized.

Describe pretreatment process:

21. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Include the date of the sample collection and analysis, name of laboratory performing the analysis, and location(s) from which samples(s) were taken (attach sketches, plans, etc., as necessary).
22. Are any liquid wastes or sludges from this facility disposed of by means other than discharge to the POTW collection system? Check one: yes no

If yes, these wastes may be best described as:

Estimated Gallons/pounds per year

- Acids and alkalies _____
- Heavy metal sludges _____
- Inks/dyes _____
- Non-petroleum oil and/or grease _____
- Organic compounds _____
- Paints _____
- Pesticides _____
- Petroleum oil and/or grease _____
- Plating wastes _____



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- Pretreatment sludges _____
- Radiator fluid wastes _____
- Solvents/thinners _____
- Other hazardous wastes _____
- Specify: _____
- _____

- Other non-hazardous wastes
- Specify: _____
- _____

For the above checked wastes, does your company practice:

- on-site storage. Describe: _____
- off-site storage. Describe: _____
- on-site disposal. Describe: _____
- off-site disposal. Describe: _____

23. Is there a sludge control / accidental spill prevention plan prepared for this facility? Check one: yes no
 If so, attach to this application.

24. Priority Pollutant Information (attached chemical lists). Please indicate in the appropriate box by each listed chemical whether it is “suspected to be absent,” “known to be absent,” “suspected to be present,” or “known to be present” in your manufacturing or service activity or generated as a by-product.

(Signature by an authorized official of your firm is requested after completion of this form and review of the information it contains.)

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately



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responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date: _____ Signature: _____

Printed Name/Title: _____ Title: _____

Name of Business: _____