

Please complete the following survey and return to:
City of Fort Smith
ATTN: Environmental Services
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. _____

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. Metal Finishing (including electroless plating anodizing, coating, chemical etching,etc.)	
3. Metal Molding & Casting Metal	
4. Coating (phosphatizing, chromating, coloring)	
5. Copper or Aluminum Forming	
6. Paint or Ink Formulation	
7. Plastics Manufacturing	
8. Electrical Component Assembly or Manufacturing.	
9. Printing & Publishing	
10. Laundry Service	
11. 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.

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.

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.

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).

Agency	Permit #

IV. Chemical Storage.

Are bulk chemicals received and stored for use in this facility?

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. _____

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)? _____
