

INDUSTRIAL WASTEWATER USER QUESTIONNAIRE

Section A: General Information 1. Company Name: 2. Mailing Address: Street: State: Zip: City: 3. Physical Address: Street: State: Zip: (same as above) City: 4. Website: Name: 5. Contact Person: Title: Phone: Email: 6. Nature of business, including manufacturing activities or service activities on the premises: 7. List the SIC or NAICS codes that apply to the facility. Look up SIC or NAICS codes at https://www.naics.com/search/: Section B: Wastewater Characteristics 1. Describe how water is used in manufacturing or clean-up on the premises: 2. Do you discharge non-domestic wastewater? Non-domestic wastewater is all wastewater coming from sources other than toilets, hand sinks, and showers. Yes - to sanitary sewer No - wastewater is hauled to a treatment facility No - there is no non-domestic wastewater Yes - to storm sewer or surface water 3. Do you discharge any wastewater that comes into contact with your raw materials, intermediate product, or final product? (Contact wastewater) No - wastewater is hauled to a treatment facility Yes - to sanitary sewer Yes - to storm sewer or surface water No - there is no contact wastewater 3a. If you answered "Yes - to sanitary sewer" above (in #3), do you have any analytical data on the concentration of pollutants in your wastewater or the pH of your wastewater? Yes (provide more detail below or include the data with your submission)

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Do you discharge any non-contact cooling wat	ter or boiler blowdown?	
Yes - to sanitary sewer	No - wastewater is hauled to a treatment facility	
Yes - to storm sewer or surface water	No - there is no non-contact cooling or boiler blowdown	
5. If you haul wastewater, list the receiving facili	ty or facilities:	
6. How much non-domestic wastewater have yo	up discharged over the past 6 months? (es	timates are okay)
Type of wastewater	Average (gallons/day)	Maximum (gallons/day)
Contact Wastewater		
Non-contact Cooling Water + Boiler Blowdown		
7. Do you have any pretreatment of your wastev	vater?	
No pretreatment		
Yes - check all applicable devices	□ etc etc. etc	
Grease trap	Flow equalization	
☐ Oil/water separator	Biological treatment	
☐ Filtration	Clarifiers	
Sedimentation	Chlorination	
☐ Centrifuge	Dissolved air flotation	
☐ Screening	pH adjustment	
Other:		
8. Do you conduct any of the following metal fin	ishing operations?	
Yes No Operation	Yes No Operation	
Electroplating	Coating (except	powder coating)
Electroless plating	Chemical etchir	ng & milling
Anodizing	Printed circuit b	poard manufacture
9. If you checked "yes" to coating, describe your	coating operation and any steps involved	d in preparing the product for
coating.		
Section C: Signature of Authorized Official		
I have examined and am familiar with the inform		y attachments. To the best of
my knowledge, the submitted information is true	·	
Signature:	Date:	
Title:		

Return completed form to: npdes.mail@dnr.iowa.gov

If you have questions on this form, please contact Julie Faas at <u>Julie.faas@dnr.iowa.gov</u> or 515-805-8083.

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