

IOWA DEPARTMENT OF NATURAL RESOURCES

INDUSTRIAL WASTEWATER USER SURVEY

If you have questions on this form, please contact Julie Faas; <u>julie.faas@dnr.iowa.gov</u> or 515-725-8409.

Section A: General In	formation		
1. Company Name:			
2. Mailing Address:			
Street:			
City:		State:	Zip:
3. Physical Address:	(same as above)		
Street:			
City:		State:	Zip:
4. Website:			
5. Contact Person:			
Name:		Title:	
Email:		Phone:	
https://www.naics			IC codes at
than toilets, hand sin	ks, and showers.	_	rastewater coming from sources other
Yes – to sanit	•		nauled to a treatment facility
Yes − to storr	n sewer or surface water	∐ No – there is no non	-domestic wastewater
3. Do you discharge a product? (Contact wa	-	o contact with your raw mater	ials, intermediate product, or final
Yes – to sanit	ary sewer	☐ No – wastewater is I	nauled to a treatment facility
Yes – to storr	n sewer or surface water	No – there is no con	tact wastewater

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4. Do you discharge any non-contact cooling water or bo	oiler 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 facility or fac	cilities:			
6. How much non-domestic wastewater have you discharge (gallons/day)	arged over the past 6 months? (estimates are okay) Maximum (gallons/day)			
Contact Wastewater Non-contact Cooling Water + Boiler Blowdown				
 7. Do you have any pretreatment of your wastewater? No pretreatment Yes – check all applicable devices 				
Grease trap	ow equalization			
Oil/water separator	ological treatment			
Filtration Cla	arifiers			
Sedimentation Ch	lorination			
Centrifuge Dis	ssolved air flotation			
☐ Screening ☐ pH	l adjustment			
Other:				
8. Do you conduct any of the following metal finishing o	perations?			
Yes No Operation	•			
Electroplating				
☐ ☐ Electroless plating				
Anodizing				
Coating (except powder coating)				
Chemical etching & milling				
Printed circuit board manufacture				
Section C: Signature of Authorized Official I have examined and am familiar with the information somy knowledge, the submitted information is true, accur	ubmitted in this document and any attachments. To the best of rate, and complete.			
Signature:	Date:			
Title:				

 $\textbf{Return completed form to:} \ \underline{npdes.mail@dnr.iowa.gov}$

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