IOWA Department of Natural Resources

INDUSTRIAL WASTEWATER USER QUESTIONNAIRE

Section A: General Information

1. Company Name: _____

2. Mailing Address: Street: _____

City: _____ State: _____ ZIP: _____

3. Physical Address: Street: _____

☐ same as above City: _____ State: _____ ZIP: _____

4. Website: _____

5. Contact Person: Name: _____ Title: _____

Email: _____ Phone: _____

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
☐ Yes - to storm sewer or surface water
☐ No - wastewater is hauled to a treatment facility
☐ No - there is no non-domestic wastewater

3. Do you discharge any wastewater that comes into contact with your raw materials, intermediate product, or final product? (Contact wastewater)

☐ Yes - to sanitary sewer
☐ Yes - to storm sewer or surface water
☐ No - wastewater is hauled to a treatment facility
☐ 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?

☐ No ☐ Yes (provide more detail below or include the data with your submission)

4. Do you discharge any non-contact cooling water or boiler blowdown?

☐ Yes - to sanitary sewer
☐ Yes - to storm sewer or surface water
☐ No - wastewater is hauled to a treatment facility
☐ No - there is no non-contact cooling or boiler blowdown

5. If you haul wastewater, list the receiving facility or facilities:

6. How much non-domestic wastewater have you discharged over the past 6 months? (estimates 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 wastewater?

☐ No pretreatment
☐ Yes - check all applicable devices

☐ Biological treatment ☐ Centrifuge ☐ Chlorination
☐ Clarifiers ☐ Dissolved air flotation ☐ Filtration
☐ Flow equalization ☐ Grease trap ☐ Oil/water separator
☐ pH adjustment ☐ Screening ☐ Sedimentation
☐ Other: _____

8. Do you conduct any of the following metal finishing operations?

Yes	No	Operation	Yes	No	Operation
☐	☐	Electroplating	☐	☐	Coating
☐	☐	Electroless plating	☐	☐	Chemical etching & milling
☐	☐	Anodizing	☐	☐	Printed circuit board manufacture

9. If you checked "yes" to coating, describe your coating operation and any steps involved in preparing the product for coating.

Section C: Signature of Authorized Official (of the company named in Section A)

I have examined and am familiar with the information submitted in this document and any attachments. To the best of my knowledge, the submitted information is true, accurate, and complete.

Signature: _____ Date: _____

Title: _____

Section D: Publicly-Owned Treatment Works Staff

If you are the operator or other representative of a publicly-owned wastewater treatment facility and would like to receive a copy of this form, you may enter an email address and/or mailing address below.

Contact Person Name: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Return completed form to: npdes.mail@dnr.iowa.gov. **Send a second copy to the address listed in Section D (if any).**