



## 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.
- |  |  |
|--|--|
| <input type="checkbox"/> Yes - to sanitary sewer               | <input type="checkbox"/> No - wastewater is hauled to a treatment facility |
| <input type="checkbox"/> Yes - to storm sewer or surface water | <input type="checkbox"/> 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)
- |  |  |
|--|--|
| <input type="checkbox"/> Yes - to sanitary sewer               | <input type="checkbox"/> No - wastewater is hauled to a treatment facility |
| <input type="checkbox"/> Yes - to storm sewer or surface water | <input type="checkbox"/> 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?
- |  |  |
|--|--|
| <input type="checkbox"/> Yes - to sanitary sewer               | <input type="checkbox"/> No - wastewater is hauled to a treatment facility       |
| <input type="checkbox"/> Yes - to storm sewer or surface water | <input type="checkbox"/> 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**

Electroplating

Electroless plating

Anodizing

**Yes** **No** **Operation**

Coating

Chemical etching & milling

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](mailto:npdes.mail@dnr.iowa.gov). Send a second copy to the address listed in Section D (if any). If you have questions on this form, please contact Julie Faas at [Julie.faas@dnr.iowa.gov](mailto:Julie.faas@dnr.iowa.gov) or 515-805-8083.