



Salem Utilities Department City of Salem, Ohio

Industrial User Survey

Please type or print - form may also be completed with AdobeReader™.

Facility name (official): _____

Address (facility): _____

Phone: _____ Fax: _____

Address (mailing): _____

City, State & Zip: _____

E-mail address: _____

Chief Operating Official: _____ Title: _____

Pretreatment contact: _____ Title: _____

Type of Business: _____ SIC Code: _____

Items produced (sold): _____

Quantity of production: _____

Raw materials used: _____

Quantity of materials used: _____

Number of employees: Day: _____ Night: _____
Afternoon: _____ Total: _____

Seasonal variance?: Yes No

Explain variance: _____

Is the Salem Utilities Department your only source of water?: Yes No

If no, identify other source: _____

Quantity (GPD) of other source: _____

Does facility have water storage capabilities?: Yes No

If yes, is water conditioned with chemical additives?: Yes No

Is there a backflow prevention device on the Salem water supply line?: Yes No

If yes, manufacturer and model: _____

Last time inspected and tested: _____

Does facility discharge only sanitary wastes?: Yes No

Is sanitary wastewater treated before release?: Yes No

If yes, explain treatment: _____

Does facility discharge any process wastewater?: Yes No

If yes, is process wastewater treated before release?: Yes No

If yes, explain treatment: _____

If yes, is process wastewater discharge continuous or batch?: Continuous Batch

Does facility discharge any non-contact cooling water?: Yes No

If yes, is cooling water conditioned with chemical additives?: Yes No

If yes, explain treatment: _____

Does facility discharge any boiler blowdown waters?: Yes No

If yes, is blowdown water conditioned with chemical additives?: Yes No

If yes, explain treatment: _____

Is facility equipped with floor drains tied into sanitary sewer?: Yes No

Are storage areas located near floor drains?: Yes No

Do storage areas have containment devices?: Yes No

Are employees trained to respond to spills?: Yes No

Is a Spill Management Plan in place?: Yes No

List chemicals stored in quantities of 55 gallons or greater _____

Are any of these chemicals discharged directly or indirectly to sewer?: Yes No

Are cutting fluids or coolants discharged to sanitary sewer?: Yes No

Are fluids recovered for recycling?: Yes No

Are spent fluids hauled off-site for disposal?: Yes No

Is analytical data available for wastes hauled off-site?: Yes No

Do you have any reason to suspect that any of the following chemicals are discharged directly or indirectly to sewer?:

Cadmium (CD)?: Yes No

Hexavalent Chromium (CR6)?: Yes No

Copper (CU)?: Yes No

Lead (PB)?: Yes No

Mercury (HG)?: Yes No

Nickel (NI)?: Yes No

Zinc (ZN)?: Yes No

Oil & Grease (OG)?: Yes No

Total Dissolved Residuals (TDR)?: Yes No

pH lower than 5 S.U. or higher than 10 S.U.?: Yes No

Temperature above 40° C (104° F)?: Yes No

Phosphorus, Total (TP) Yes No

Has your facility investigated pollution prevention opportunities for the type of business you participate in?:

Yes

No

If not, would you like to receive information available from USEPA, OEPA and private organizations to help reduce waste and pollution at your facility?:

Yes

No

Please enclose copies of all Material Safety Data Sheets (MSDSs) for any materials added to the water supply or that are or can be discharged to the sanitary sewer system. Please included only copies of chemicals that have been added at your facility in the previous twelve (12) months as others should already be on file.

To the best of my knowledge, this report accurately represents the processes and wastestreams at this facility. I understand that substantial penalties may apply for falsely reporting this information.

Signature of Person Preparing Report

Typed Name of Reporter

Title of Reporter

Signature of Chief Operating Official

Typed Name of Chief Operating Official

Title of Chief Operating Official

Date:
