



The Lebanon Utilities appreciates your assistance with this information. Please send the Industrial User Survey by 4/30/21 to Amy Harvell via email [amyh@wesslerengineering.com](mailto:amyh@wesslerengineering.com) or by fax to 317-788-4553. A fillable form is also available at [Wastewater | Lebanon Utilities \(lebanon-utilities.com\)](http://Wastewater | Lebanon Utilities (lebanon-utilities.com)). Contact Tony Greene, Wastewater Operations, at 765-482-8830 for questions.

## INDUSTRIAL USER SURVEY

### Section A – General Information

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_ SIC Code(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this building  owned or  leased/rented? Landlord name: \_\_\_\_\_

Number of Employees:       0-5               6-15               16-50               51-100               101-300               300+

Typical hours of operation: \_\_\_\_\_

Type of business (check all that apply):

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Manufacturing/Industrial | <input type="checkbox"/> Food Production    | <input type="checkbox"/> Warehouse/Distribution Only | <input type="checkbox"/> Health/Medical |
| <input type="checkbox"/> Transportation/Equipment | <input type="checkbox"/> Salvage Operations | <input type="checkbox"/> Auto Shop/Detailing/Repair  | <input type="checkbox"/> Retail         |

Other: \_\_\_\_\_ SIC Code(s): \_\_\_\_\_

Does this site have an  Industrial Wastewater Pretreatment Permit from IDEM, a  Discharge Approval from the Lebanon Utilities, or  None?

Provide a description of your manufacturing, industrial processes, production, or business activities conducted at this site.

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Does this facility have floor drains in the process or chemical storage area(s)?     YES     NO

If yes, describe where these floor drains discharge to: \_\_\_\_\_

Does storm water, roof runoff, or groundwater enter the sanitary sewer system?     YES     NO

If yes, describe: \_\_\_\_\_

### Section B – Water Usage and Wastewater Description

What is the source of this facility's incoming water supply?

Provide average of last 6 months of water usage:

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Lebanon Utilities | _____ gallons/month |
| <input type="checkbox"/> Private Well      | _____ gallons/month |
| <input type="checkbox"/> Surface Water     | _____ gallons/month |
| <input type="checkbox"/> Reclaimed Water   | _____ gallons/month |
| Other: _____                               | _____ gallons/month |

Indicate all current or planned source(s) of wastewater discharged to the sanitary sewer system from this facility:

- |  |  |
|--|--|
| <input type="checkbox"/> Restrooms/Break Room                  | <input type="checkbox"/> None – no physical connection to sanitary sewer |
| <input type="checkbox"/> Cooling Water, non-contact            | <input type="checkbox"/> Kitchen (commercial/institutional)              |
| <input type="checkbox"/> Cooling Water, contact                | <input type="checkbox"/> Boiler/Tower blowdown                           |
| <input type="checkbox"/> Industrial processes (explain): _____ |  |

Identify the type(s) of wastewater treatment at this facility:

- |  |  |
|--|--|
| <input type="checkbox"/> None                | <input type="checkbox"/> Oil/Water Separator     |
| <input type="checkbox"/> Pretreatment System | <input type="checkbox"/> Grease Trap/Interceptor |

Other: \_\_\_\_\_

**Section C – Chemical Storage and Waste Generation**

Identify any of the following chemical/material categories that are stored, used, or generated at the facility in quantities greater than 5 gallons and identify how associated wastes are disposed of.

	Average Quantity Onsite	How is the waste disposed of?		
<input type="checkbox"/> None	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Coolants	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Biological/Organic	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Disinfectant/Biocides	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Acids/Alkalis	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Oil/Grease	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Pesticides	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Flammables	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Dyes/Inks	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Paints	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Solvents	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Heavy Metals	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Sludge/Solids	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Wash water	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash
<input type="checkbox"/> Fuels	_____	<input type="checkbox"/> Sewer	<input type="checkbox"/> Hauled Off-Site	<input type="checkbox"/> City Trash

**Certification Statement:**

*I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.*

Signature of Authorized Representative: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_