



The Lebanon Utilities appreciates your assistance with this information. Please send the Industrial User Survey by 06/30/2025 to Amy Harvell via email amyh@wesslerengineering.com or by fax to 317-788-4553. A fillable form is also available at <https://Lebanon-utilities.com/wastewater/>. 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.

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 stormwater, 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 | _____ cubic feet/month |
| <input type="checkbox"/> Private Well | _____ cubic feet/month |
| <input type="checkbox"/> Surface Water | _____ cubic feet/month |
| <input type="checkbox"/> Reclaimed Water | _____ cubic feet/month |
| Other: _____ | _____ cubic feet/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 55 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: _____