



The Hobart Sanitary & Stormwater District appreciates your assistance with this information. A fillable form is also available on the Hobart Sanitary & Stormwater District's webpage. Please submit the Industrial Waste Survey Form within **30 days** to Tim Kingsland, Industrial Pretreatment Coordinator, at 414 Main Street, Hobart, IN 46342 or via email [tkingsland@cityofhobart.org](mailto:tkingsland@cityofhobart.org). Call 219-942-3293 for questions.

## INDUSTRIAL USER SURVEY FORM

### Section A – General Information

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

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

Mailing Address: (if different from above) \_\_\_\_\_

Responsible Authority Name & Title: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

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

Facility Contact Name & Title: \_\_\_\_\_

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

Is this building  owned or  leased/rented? If leased/rented, provide the owner's name: \_\_\_\_\_

### Section B – Facility Activities

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

Typical days and 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         |
| <input type="checkbox"/> Other: _____             |   | SIC Code(s): _____                                   |   |

Has the facility been issued any Federal, State, or local environmental permits or identification numbers?  NO  YES

If yes, please list: \_\_\_\_\_

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

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

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

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

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

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### Section C – Water Usage and Wastewater Description

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

- Municipal Water Utility – Account # \_\_\_\_\_
- Private Well
- Surface Water
- Reclaimed Water
- Other: \_\_\_\_\_

Provide average of last 6 months of water usage:

\_\_\_\_\_ gallons/month  
 \_\_\_\_\_ gallons/month  
 \_\_\_\_\_ gallons/month  
 \_\_\_\_\_ gallons/month  
 \_\_\_\_\_ gallons/month

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

- |  |   |
|--|---|
| <input type="checkbox"/> None – No physical connection to the sanitary sewer | <input type="checkbox"/> Restrooms/break rooms              |
| <input type="checkbox"/> Cooling Water, contact or non-contact               | <input type="checkbox"/> Kitchen (commercial/institutional) |
| <input type="checkbox"/> Water softener, DI, or RO water regeneration        | <input type="checkbox"/> Boiler/cooling 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 |
| <input type="checkbox"/> Other: _____        |  |

**Section D – 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

**Section E – Authorized Representative Statement:**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

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

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

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

Note to Authorized Representative: In accordance with 40 CFRE 403.14 and HSSWD Sewer Use Ordinance, the information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of the information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this survey will be used to issue the permit.