



**BROKEN ARROW MUNICIPAL AUTHORITY
UTILITIES DEPARTMENT
PRETREATMENT PROGRAM**
P.O. Box 610
Broken Arrow, OK 74013
Attn: Lauren Wilson

e-mail: lwilson@brokenarrowok.gov

Phone: (918) 259-7000 ext. 7220

SANITARY SEWER SYSTEM INDUSTRIAL USER SURVEY

Dear Customer:

The City of Broken Arrow is required by the Environmental Protection Agency (EPA) and the Oklahoma Department of Environmental Quality (ODEQ) to update all industrial user information. In order to fulfill this requirement, we are surveying commercial and industrial users of the City of Broken Arrow's water and wastewater systems. This request for information is made in accordance with City of Broken Arrow Code of Ordinances Section 24-506(a). Please take the time to answer the following questions. If you have any questions about this survey, I would be happy to help you. You can reach me by phone at (918) 455-4762 or by email at lwilson@brokenarrowok.gov. The City of Broken Arrow is required to complete this survey every five years, and in an effort to keep up with this requirement, we require that you return the completed survey within forty-five (45) days of receipt.

Thank you for your help in handling our request.

Sincerely,

Lauren Wilson
Pretreatment Coordinator
City of Broken Arrow
lwilson@brokenarrowok.gov
(918) 259-7000 Ext. 7220

1. Facility Name: _____

a. Operator/Manager Name: _____

b. If the operator/manager identified above is not the owner of the facility, provide the owners Name and Address:

2. Mailing Address: _____

3. Facility's Physical Address: _____

4. Designated facility contact: _____

a. Name: _____ Title: _____

b. Phone Number(s): _____ E-mail Address: _____

5. Survey Prepared by:

a. Name: _____ Title: _____

b. Company Name: _____ E-mail Address: _____

c. Phone Number(s): _____

6. Type of Business (Check) Industrial Commercial Professional Other (Specify): _____

a. Shift information: Number of shifts per work day _____ Work days per week _____

b. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____ Shift start times: 1st _____ 2nd _____ 3rd _____

7. Is facility subject to seasonal variation? yes No (if yes answer parts a., b., & c.)

a. When is your peak season? _____

b. Seasonal maximum waste flow _____ gallons per day during months of _____.

c. Seasonal Minimum waste flow _____ gallons per day during months of _____.

8. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply to your facility). If you have any questions regarding how to categorize your business activity, contact the Broken Arrow Municipal Authority Pretreatment Department for technical guidance. (918-455-4762).

- | | |
|--|--|
| <input type="checkbox"/> 40 CFR Part 405 – Dairy Products Processing | <input type="checkbox"/> 40 CFR Part 423 - Steam Electric Power Generating |
| <input type="checkbox"/> 40 CFR Part 406 - Grain Mills Manufacturing | <input type="checkbox"/> 40 CFR Part 424 - Ferroalloy Manufacturing |
| <input type="checkbox"/> 40 CFR Part 407 - Canned and Preserved Fruits and Vegetables | <input type="checkbox"/> 40 CFR Part 425 -Leather Tanning and Finishing |
| <input type="checkbox"/> 40 CFR Part 408 - Canned and Preserved Seafood Processing | <input type="checkbox"/> 40 CFR Part 426 - Glass Manufacturing |
| <input type="checkbox"/> 40 CFR Part 409 - Sugar Processing | <input type="checkbox"/> 40 CFR Part 427 - Asbestos Manufacturing |
| <input type="checkbox"/> 40 CFR Part 410 - Textile Mills | <input type="checkbox"/> 40 CFR Part 428 - Rubber Manufacturing |
| <input type="checkbox"/> 40 CFR Part 411 - Cement Manufacturing | <input type="checkbox"/> 40 CFR Part 429 - Timber Products Processing |
| <input type="checkbox"/> 40 CFR Part 412 – Feedlots | <input type="checkbox"/> 40 CFR Part 430 - Pulp, Paper, and Paperboard |
| <input type="checkbox"/> 40 CFR Part 413 – Electroplating | <input type="checkbox"/> 40 CFR Part 432 - Meat Products |
| <input type="checkbox"/> 40 CFR Part 414 - Organic Chemicals, Plastics, and Synthetic Fibers | <input type="checkbox"/> 40 CFR Part 433 - Metal Finishing |
| <input type="checkbox"/> 40 CFR Part 415 - Inorganic Chemicals Manufacturing | <input type="checkbox"/> 40 CFR Part 434 - Coal Mining and Processing |
| <input type="checkbox"/> 40 CFR Part 417 - Soap and Detergent Manufacturing | <input type="checkbox"/> 40 CFR Part 435 - Oil and Gas Extraction |
| <input type="checkbox"/> 40 CFR Part 418 - Fertilizer Manufacturing | <input type="checkbox"/> 40 CFR Part 436 - Mineral Mining and Processing |
| <input type="checkbox"/> 40 CFR Part 419 - Petroleum Refining | <input type="checkbox"/> 40 CFR Part 437 - Centralized Waste Treatment |
| <input type="checkbox"/> 40 CFR Part 420 - Iron and Steel Manufacturing | <input type="checkbox"/> 40 CFR Part 438 – Metals Products & Machinery |
| <input type="checkbox"/> 40 CFR Part 421 - Nonferrous Metals Manufacturing | <input type="checkbox"/> 40 CFR Part 439 - Pharmaceutical Manufacturing |
| <input type="checkbox"/> 40 CFR Part 422 - Phosphate Manufacturing | <input type="checkbox"/> 40 CFR Part 440 - Ore Mining and Dressing |
| <input type="checkbox"/> 40 CFR Part 442 - Transportation Equipment Cleaning | <input type="checkbox"/> 40 CFR Part 459 - Photographic |
| <input type="checkbox"/> 40 CFR Part 443 - Paving and Roofing Materials | <input type="checkbox"/> 40 CFR Part 460 - Hospitals |
| <input type="checkbox"/> 40 CFR Part 444 -Waste Combustors | <input type="checkbox"/> 40 CFR Part 461 – Battery Manufacturing |
| <input type="checkbox"/> 40 CFR Part 445 – Landfills | <input type="checkbox"/> 40 CFR Part 463 – Plastic Molding & Forming |
| <input type="checkbox"/> 40 CFR Part 446 - Paint Formulating | <input type="checkbox"/> 40 CFR Part 464 – Metal Molding & Casting |
| <input type="checkbox"/> 40 CFR Part 447 - Ink Formulating | <input type="checkbox"/> 40 CFR Part 465 - Coil Coating |
| <input type="checkbox"/> 40 CFR Part 451 – Concentrated Animal Feeding Operations | <input type="checkbox"/> 40 CFR Part 466 - Porcelain Enameling |
| <input type="checkbox"/> 40 CFR Part 454 - Gum and Wood Chemicals | <input type="checkbox"/> 40 CFR Part 467 - Aluminum Forming |
| <input type="checkbox"/> 40 CFR Part 455 – Pesticides | <input type="checkbox"/> 40 CFR Part 468 - Copper Forming |
| <input type="checkbox"/> 40 CFR Part 457 - Explosives Manufacturing | <input type="checkbox"/> 40 CFR Part 469 - Electrical and Electronic Components |
| <input type="checkbox"/> 40 CFR Part 458 - Carbon Black Manufacturing | <input type="checkbox"/> 40 CFR Part 471 - Nonferrous Metals Forming and Metal Powders |

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency’s (EPA) categorical pretreatment standards. These facilities are termed “categorical users.”

9. Give a brief description of all operations at this facility including primary products or services (include a separate sheet of paper, if needed) : _____

A. Does your business serve food? YES NO If Yes, do you have a grease trap? YES (Capacity _____) NO

B. Does your business wash vehicles? YES NO If Yes, what parts of the vehicles do you wash:

Outside Inside Engine

Other (specify): _____

C. Does your business use photo-processing and/or x-ray equipment? YES NO

If Yes, what type of process is used? WET (Uses developer & fixer) DRY (Digital)

D. Does this facility have a fire sprinkler system? YES NO

10. Attach your company's Superfund Amendments and Reauthorization Act (SARA) Title III Emergency Planning and Community Right-to-Know Act (EPCRA) list, or if this document is not available, list each chemical or material kept on the premises in quantities of 50 gallons, 500 pounds, or greater. Please identify below.

Liquid/Material	Quantity used per year (specific units)	Liquid/Material	Quantity used per year (specific units)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Briefly describe the chemical storage area(s) and any containment or spill protection devices in this area.

12. Does this facility currently generate or store hazardous waste? YES NO

If yes, please explain (include method(s) of disposal); and attach Material Safety Data Sheets for these chemicals. _____

13. Indicate applicable North American Industry Classification System (NAICS) code(s) and/or Standard Industrial Classification (SIC) code(s) for all business processes: www.census.gov/epcd/www/naics.html

14. Indicate the following:

a. Water Sources: Private Well Surface Water Municipal Water Utility, specify City _____

b. Water Service Account Number: _____ Name on Bill: _____

e. Sanitary Sewer Service: City Sewer Private Septic Tank & Leaching Ditch Discharge Other:

15. Types of wastewater produced at the facility (Check all that apply): Domestic (sanitary sewage) Industrial/Process (water used in industrial process, production, manufacturing, etc.) Wash Water (Excluding Handwashing)

Other (Specify): _____

11. Method(s) of wastewater discharge/disposal (Check all that apply):

a. Domestic: City Sewer System Private Septic Tank & Leaching

Other (Specify): _____

b. Industrial/Process: City Sewer System Private Septic Tank & Leaching Ditch Discharge

Haul off-site (Identify): _____

Other (Specify): _____

c. Wash Water Used for Washing Equipment, Vehicles, Floors, etc. (Excluding Handwashing):

City Sewer System Private Septic Tank & Leaching Ditch Discharge

Haul off-site (Identify): _____

Other (Specify): _____

d. Other: City Sewer System Private Septic Tank & Leaching Ditch Discharge

Haul off-site (Identify): _____

Other (Specify): _____

16. Does facility have any mercury sources? YES NO Is facility working towards becoming mercury free? YES NO

17. Is there any wastewater treatment practice at this facility? Yes, No (Specify Type): (ex. Oil/water separator)

18. Other Permits: List all existing or pending Federal Environmental protection Agency (EPA), State Department of Environmental Quality (DEQ) or local environmental permits and the permit numbers for the facility. Types of permits include: air, hazardous waste, underground injection, solid waste, National Pollution Discharge Elimination System (NPDES) (for surface and storm water discharge), etc. _____

19. ***“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 submitted 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/Owner of the Company

Please Print Name

Please Print Title

Date

Phone Number