

INDUSTRIAL USERS SURVEY, UPDATE FORM

1. LEGAL name of industry: _____
2. Mailing address: _____
3. Physical address (if different): _____
4. Name and title of **local** individual who has local signatory authority and is responsible for all local operations. This person should have a position within the industry of a Plant Manager, General Manager, Administrator, Operations VP, or other similar position of authority.

Name: _____

Title: _____
5. Name and title of **local** individual to whom all day-to-day correspondence should be directed, if different from above:

Name: _____

Title: _____
6. If your sample collection point has changed recently, on the back of this form, include a brief, accurate description of the location of your company's new sample collection point. Please use exact measurements, making directional references to non-movable objects. Use additional paper, if necessary.
7. Normal hours of production: _____
8. How many employees do you employ, per shift:

9. Describe the wastewater-generating process(es) that is (are) regulated within your facility by either federal, state or local regulations. Use additional paper, if necessary.

Do you anticipate any changes to your regulated wastewater-generating processes in the next 3 years? If so, please describe.
10. Average monthly wastewater flow over the last 12 months: _____

CERTIFICATION (To be completed by individual named in #4 above)

I certify that I am the individual responsible for local signatory authority at the above identified industry and that the information contained in this survey form is familiar to me and to the best of my knowledge and belief, is true, complete and accurate.

Signed: _____

Date: _____

Please return this completed form to Jimmy Smith, Pretreatment Coordinator, Searcy Water Utilities, P. O. Box 1319, Searcy, AR 72145-1319.