



Tontitown Water Utility
Post Office Box 127
155 Fantinel Drive Suite D
Tontitown, AR 72770
PH: 479-361-2996, Fax: 501-421-8774

SO # _____

Tontitown Service Application

Date: _____ Account #: _____

Customer Name: _____

Mailing Address 1: _____

Mailing Address 2: _____

City & State: _____ Zip Code: _____

Service Address: _____

Driver License # & State: _____ / _____

(For businesses, use your tax ID # instead of driver license #. Disregard the SSN field.)

Social Security #: _____ / _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____ Fax Number: _____

Last Water Company with which you had service: _____

Previous Address: _____

(These must not be left blank. Act 769 of 2003)

Please choose one or more of the following: Commercial Residential

Water Service: Date Requested: _____ Meter Size: _____

Is this service for irrigation? Yes No

If yes, provide proof of RPZ Device certification within 10 days of service connection.

Sewer Service: Date Requested: _____

Solid Waste Service: _____ 4 bag _____ 8 bag _____ 12 bag

Yellow Bag Program (Program offered to senior citizens, age 65 or greater.)

Recycling.

Hydrant Meter

Note: Hydrant meters shall not be left connected overnight. Any found left unattended, will be picked up and users may not be allowed to rent again.

Road Bores, if required, are the expense of applicant. Bore must be at least 3 times the diameter of the meter size. All bores are to be sleeved with material meeting W&S Minimum standards.

Signature _____ Printed Name _____

Receipt _____ Cash Credit Card Check/MO Check # _____

Meter Deposit: _____ Tap Fee: _____ Access Fee: _____



Tontitown Water Utility
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Tontitown Service Agreement

Date: _____

Account #: _____

Service Address _____

This service agreement and deposit is to guarantee the due payment of any indebtedness for any service due Tontitown Water Utility. This deposit shall be retained in escrow, without interest, by Tontitown Water Utility. The undersigned customer also agrees to comply with all rules and regulations of Tontitown Water Utility now in effect or those that may be hereafter established by Tontitown Water Utility. When service to the above customer at the stated address is permanently discontinued, and payment of all amounts due the Tontitown Water Utility are cleared, said service deposit shall be applied to the final billing and the remainder, if any, returned to the depositor.

If service requested involves new tap and/or access of Tontitown Water Utility water services:

- I VERIFY AND PLEDGE THAT I HAVE REVIEWED THE ATTACHED MAP AND I UNDERSTAND WHERE THE TONTITOWN WATER UTILITY SERVICE BOUNDARY EXISTS IN RELATION TO MY PROPERTY AND THE SERVICE ADDRESS FOR THIS SERVICE AGREEMENT.
- I UNDERSTAND THAT WASHINGTON WATER AUTHORITY HAS THE FIRST RIGHT OF REFUSAL TO PROVIDE WATER SERVICE TO THE SERVICE ADDRESS FOR ANY AREA OUTSIDE TONTITOWN WATER UTILITIES SERVICE AREA BOUNDARY AS DEPICTED ON THE ATTACHED MAP, EVEN IF PART OF MY PROPERTY OR SERVICE ADDRESS IS LOCATED INSIDE SAID BOUNDARY. I AGREE, PLEDGE AND REPRESENT THAT I WILL NOT USE ANY WATER PROVIDED PURSUANT TO THIS SERVICE AGREEMENT OUTSIDE SAID BOUNDARY WITHOUT FIRST MAKING APPLICATION WITH WASHINGTON WATER AUTHORITY AND PROVIDING WASHINGTON WATER AUTHORITY ITS FIRST RIGHT OF REFUSAL . I UNDERSTAND THAT IF I USE THE WATER PROVIDED PURSUANT TO THIS APPLICATION OUTSIDE THE TONTITOWN WATER UTILITY SERVICE BOUNDARY DEPICTED ON THE ATTACHED MAP I MAY BE SUBJECT TO AN ADDITIONAL MONTHLY FEE CHARGED ME BY WASHINGTON WATER AUTHORITY IN AN AMOUNT EQUAL TO 25% OF MY MONTHLY WATER BILL FROM TONTITOWN WATER UTILITY. **THIS EXTRA FEE WOULD BE CHARGED, BILLED AND COLLECTED BY WASHINGTON WATER AUTHORITY. THIS EXTRA FEE WOULD BE IN ADDITION TO MY MONTHLY WATER BILL OWED TO TONTITOWN WATER UTILITY, AND IS NOT A CHARGE FROM TONTITOWN WATER UTILITY. ANY QUESTIONS OR CONCERNS RELATING TO THIS EXTRA FEE SHOULD BE DIRECTED TO WASHINGTON WATER AUTHORITY.**
- I UNDERSTAND THAT ANY PARCEL OF PROPERTY RECEIVING WATER FROM TONTITOWN WATER UTILITIES AS OF JANUARY 1, 2010, WHICH WAS CONSUMED OR UTILIZED OUTSIDE THE TONTITOWN WATER UTILITIES SERVICE AREA BOUNDARY AS DEPICTED ON THE ATTACHED MAP IS ELIGIBLE FOR ONLY ONE (1) ADDITIONAL

STANDARD, SINGLE-FAMILY RESIDENTIAL WATER METER FROM TONTITOWN WATER UTILITIES AFTER JANUARY 1, 2010. **I FURTHER UNDERSTAND THAT IF AND WHEN THIS ADDITIONAL METER IS PLACED, I MAY BE CHARGED AN ADDITIONAL ONE-TIME METER FEE BY WASHINGTON WATER AUTHORITY IN THE AMOUNT OF \$250.00. THIS EXTRA METER FEE WOULD BE CHARGED, BILLED AND COLLECTED BY WASHINGTON WATER AUTHORITY. THIS EXTRA METER FEE WOULD BE IN ADDITION TO ANY FEES CHARGED BY TONTITOWN WATER UTILITY, AND IS NOT A CHARGE FROM TONTITOWN WATER UTILITY. ANY QUESTIONS OR CONCERNS RELATING TO THIS EXTRA METER FEE SHOULD BE DIRECTED TO WASHINGTON WATER AUTHORITY.** This extra meter fee does not apply to water service provide and used entirely inside Tontitown Water Utilities service area boundary as depicted on the attached map.

Customer Signature _____



**City of Tontitown,
Arkansas
Industrial Waste
Questionnaire
(For Commercial Use Only)**

For Office Use Only Date Due _____ Date rec'd _____ Survey _____ Permit App. _____
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Account Number _____ Business License Number _____

1. Owner Name: _____

Account Name: _____

Mailing Address: _____

Telephone: _____

2. Address of Facility (if same as above, check []): _____

Telephone: (if same as above, check []):

3. Contact Person: _____

Title: _____ Telephone: _____

4. Brief description of manufacturing or service activities on premises: _____

5. Does this company have an industrial user permit with the City of Springdale, AR or has it had one previously? [] yes [] no

If yes, permit number/expiration date: _____

6. List other discharge or environmental permits (NPDES, Air, etc.): _____

7. Standard Industrial Classification Code Number(s) and Classification(s): (These can be found at <http://www.osha.gov/pls/imis/sicsearch.html> and does apply to everyone.)

8. Are your manufacturing or commercial operations subject to national categorical pretreatment standards? Check one: yes no

9. Are the applicable national categorical pretreatment standards and the local discharge prohibitions and limitations being met on a consistent basis?

Check one: yes no

10. Water Consumption:

Average Total Monthly Water Consumption (gallons) _____

Estimated Total Monthly Water Consumption in five (5) years _____

Average Gallons Water Consumed in Products daily _____

11. Types/Amounts of wastes generated by this facility: (check all that apply)

<u>Types</u>	<u>Average gallons</u>		
	<u>per day</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Domestic wastes (restrooms, showers, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler/Tower blow-down	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment/Facility wash-down	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total wastewater discharged _____ gallons per day

12. Wastes are discharged to (check all that apply):

<u>Type</u>	<u>Average gallons</u>		
	<u>per day</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Groundwater	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid waste hauler	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Provide name and address of waste hauler(s), if used.

13. Attach sketch (es) of general plant process and waste line layouts including location of floor drains and manholes. Include any existing or proposed pretreatment systems and locations and sizes of all existing and proposed connections to the POTW wastewater collection system. Also include details of present and/or proposed monitoring facilities.

14. Describe Processes, Products, and Raw Materials. The following information must be completed for each product line.

- General description of processes for each product line.

- General description of products produced by type and amount. Please specify if produced seasonally.

- General description of type and amount of raw materials or process additives used.

- Process discharge is batch continuous both.
If both, _____ % batch _____ % continuous.
Average number of batches per 24-hour day _____

15. Describe hours of operation and number of employees per shift. Specify seasonal variances.

16. Describe hours of operation of actual or proposed pretreatment facility. Specify discharge hours.

17. Are any process changes or expansions planned during the next three years? Check one:
 yes no

If yes, describe the nature of planned changes or expansions (attach extra sheet if necessary):

18. If your facility employs processes in any of the industrial categories or business activities listed below ~ any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

19. Industrial Categories

- Adhesives
- Aluminum Forming
- Auto & Other Laundry
- Battery Manufacturing
- Coal Mining
- Coil Coating
- Copper Forming
- Electrical/Electronic Components
- Electroplating
- Explosives Manufacturing
- Foundries
- Gum & Wood Chemicals
- Inorganic Chemicals
- Iron and Steel Manufacturing
- Leather Tanning and Finishing
- Mechanical Products
- Metal Finishing
- Metal Products & Machinery
- Nonferrous Metals
- Ore Mining
- Organic Chemicals
- Paint & Ink
- Pesticides
- Petroleum Refining
- Pharmaceuticals
- Photographic Supplies
- Plastic & Synthetic Materials
- Plastics Processing
- Porcelain Enameling
- Printing & Publishing
- Pulp and Paper
- Rubber Processing
- Soaps/Detergents Mfg.
- Steam Electric
- Textile Mills
- Timber Products Mfg.

Other Business Activities

- Animal/Vegetable Fats/Oils Blending
- Asbestos Manufacturing
- Auto Garage/Repair
- Beverage Bottler
- Breads/Baked Goods Mfg.
- Brewery/Winery
- Builder's Paper
- Carbon Black
- Car Wash/Transport Truck Wash
- Cement Manufacturing
- Dairy Products Processing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Fruits and Vegetables
- Glass Manufacturing
- Grain Mills Manufacturing
- Hospital/Health Care
- Ink Formulating
- Meat Processing
- Metal Molding and Casting
- Paint and Body Shop
- Paint Formulating
- Phosphate Manufacturing
- Paving and Roofing (Tars and Asphalt)
- Poultry Processing
- Radiator Shop
- Rendering
- Slaughter/Meat Packing
- Seafood Processing
- Sugar Processing
- Other Food/Edible Products Processor

19. Pretreatment devices or processes used for treating wastewater or sludge (check all that apply).

- Air flotation
- Biological treatment. Describe: _____
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation. Describe: _____
- Grease trap. Frequency of cleaning: _____
- Grit removal [ion exchange
- Neutralization/pH correction. Describe: _____
- Ozonation
- Rainwater diversion or storage. Describe: _____
- Reverse Osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Sump
- Other chemical treatment. Describe: _____
- Other physical treatment. Describe: _____
- Other. Describe: _____
- No pretreatment utilized.

Describe pretreatment process:

20. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Include the date of the sample collection and analysis, name of laboratory performing the analysis, and location(s) from which samples(s) were taken (attach sketches, plans, etc., as necessary).

21. Are any liquid wastes or sludges from this facility disposed of by means other than discharge to the POTW collection system? Check one: yes no

If yes, these wastes may be best described as:

Estimated Gallons/pounds per year

- | | |
|--|-------|
| <input type="checkbox"/> Acids and alkalies | _____ |
| <input type="checkbox"/> Heavy metal sludges | _____ |
| <input type="checkbox"/> Inks/dyes | _____ |
| <input type="checkbox"/> Non-petroleum oil and/or grease | _____ |
| <input type="checkbox"/> Organic compounds | _____ |
| <input type="checkbox"/> Paints | _____ |
| <input type="checkbox"/> Pesticides | _____ |
| <input type="checkbox"/> Petroleum oil and/or grease | _____ |
| <input type="checkbox"/> Plating wastes | _____ |
| <input type="checkbox"/> Pretreatment sludges | _____ |
| <input type="checkbox"/> Radiator fluid wastes | _____ |
| <input type="checkbox"/> Solvents/thinners | _____ |
| <input type="checkbox"/> Other hazardous wastes | _____ |
| Specify: _____ | _____ |
| _____ | _____ |
| <input type="checkbox"/> Other non-hazardous wastes | _____ |
| Specify: _____ | _____ |
| _____ | _____ |

For the above checked wastes, does your company practice:

- on-site storage. Describe: _____
- off-site storage. Describe: _____
- on-site disposal. Describe: _____
- off-site disposal. Describe: _____

22. Is there a sludge control / accidental spill prevention plan prepared for this facility?
Check one: yes no
If so, attach to this application.
23. Priority Pollutant Information (attached chemical lists). Please indicate in the appropriate box by each listed chemical whether it is “suspected to be absent,” “known to be absent,” “suspected to be present,” or “known to be present” in your manufacturing or service activity or generated as a by-product.

(Signature by an authorized official of your firm is requested after completion of this form and review of the information it contains.)

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon 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.

Date: _____ Signature: _____

Name/Title: _____
