



**City of St. Joseph, MO, Water Protection Division
Industrial Wastewater Survey Questionnaire - Long Form**

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Please complete this form in its entirety and return it, signed and dated, to the following address:
St. Joseph Water Protection, 3500 State Route 759, St. Joseph, MO 64504

If your business has more than one location in the City of St. Joseph, please submit a separate questionnaire for each location.

Section 1. Business Contact Information

1.1. Company Name	
1.2. Facility Physical Address	
1.3. Facility City & State	
1.4. Company Mailing Address (if different than above)	
1.5. Company Mailing City & State	
1.6. Name & Title of Primary Contact	
1.7. Telephone #	1.8. Primary Contact Email Address
1.9. Name & Title of Alternate Contact	
1.10. Telephone #	1.11. Alternate Contact Email Address

Section 2. Business Information

2.1. Describe the type of business conducted.
2.2. List all applicable North American Industry Classification System (NAICS) and Standard Industrial Classification (SIC) codes.



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2.3. Provide a detailed description of the commercial and/or industrial processes that take place at this facility (attach additional sheets if necessary).

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2.4. Provide the date that operations began at this facility (<i>mm/dd/yyyy</i>)	
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2.5. What are the total hours of operation in a day?	
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2.6. How many shifts per day?	
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2.7. What is the average number of employees?	
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2.8. Provide information for each type of environmental operating permit maintained by the facility.

- Hazardous Waste Permit # _____
- Solid Waste Permit # _____
- Air Permit # _____
- NPDES Permit # _____

Section 3. Water and Wastewater

3.1. What types of wastewater does this facility discharge to the sewer system?

Domestic* and/or Industrial

* "Domestic" wastewater includes wastewater produced from the non-commercial preparation of food or wastewater containing only human excrement and similar matter from the sanitary conveniences of dwellings, commercial, industrial, or institutional buildings.

All other wastewater is to be classified as "Industrial."

3.2. If industrial wastewater is discharged to the sewer, indicate what the sources are.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Contact Cooling | <input type="checkbox"/> Equipment Cleaning | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Vehicle Wash | <input type="checkbox"/> Floor Cleaning | |
| <input type="checkbox"/> Non-Contact Cooling | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Parts Washing | |



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3.3. Facility discharges wastewater to which of the following:

- City of St. Joseph Sewer System
- South St. Joseph Industrial Sewer District
- Septic System
- Other (describe below)

3.4. Are any wastewaters, sludges, or other wastes (solid, hazardous, etc...) hauled off site for disposal or recycling?

 Yes* No

* If yes attach an additional sheet describing what the wastes are, how and by whom they are hauled, and where and by what means they are disposed or recycled.

3.5. Indicate the estimated daily volume of wastewater discharged to the sewer system in gallons per day.

- 0 - 1,499
- 1,500 - 9,999
- 10,000 - 24,999

- 25,000 - 49,999
- 50,000 - 99,999
- 100,000 - 499,999

- 500,000 - 999,999
- Greater than 1,000,000

3.6. Are wastewater discharges continuous or of a batch nature?

 Continuous Batch

3.7. If wastewater discharges are of a batch nature indicate the volume of each batch discharge in gallons and the frequency of discharges.

3.8. Is wastewater currently treated prior to discharge to the sewer system?

 Yes No

3.9. If you answered "Yes" to 3.8., indicate for what pollutants the wastewater is treated.

3.10. Submit, with the completed questionnaire, a list of chemicals that are used or stored at this facility.

3.11. Submit, with the completed questionnaire, a Safety Data Sheet (SDS) for each chemical list in 3.10. above.



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3.12. Have any laboratory analyses been conducted on wastewater discharges from this facility? If "Yes", submit, with the completed questionnaire, a copy of a laboratory report or a summary of pollutant concentrations that were measured.

3.13. Please submit, with the completed questionnaire, a diagram or utility plan (blueprint) of the facility showing the location and orientation of the facility with respect to nearby streets. The diagram should also show the location and routing of water lines, sewer lines, floor drains, sinks, toilets, grease interceptors, oil/water separators, wastewater treatment equipment, and chemical storage locations.

3.14. If your facility employs (or will be employing) processes in any of the following industrial categories or business activities listed below (regardless of whether or not they generate wastewater, sludge, or other wastes), place a check beside the category or business activity. Please check all that apply. If your facility receives wastewater from another facility that employs processes in any of the activities listed below, place a check beside the applicable activity. Note that facilities with processes listed below may be covered by Federal Pretreatment Standards, These facilities are known as "Categorical Industrial Users." If your facility's processes are not properly described in any of the categories below, please check "Other" and provide a brief description.

<u>Industrial Category or Business Activity</u>	<u>Federal Regulation</u>	<u>Applicable</u>
Aluminum Forming	40 CFR Part 467	<input type="checkbox"/>
Asbestos Manufacturing	40 CFR Part 427	<input type="checkbox"/>
Battery Manufacturing	40 CFR Part 461	<input type="checkbox"/>
Builders Paper and Board Mills	40 CFR Part 431	<input type="checkbox"/>
Canned and Preserved Fruits and Vegetable Processing	40 CFR Part 407	<input type="checkbox"/>
Canned and Preserved Seafood Processing	40 CFR Part 408	<input type="checkbox"/>
Carbon Black Manufacturing	40 CFR Part 458	<input type="checkbox"/>
Cement Manufacturing	40 CFR Part 411	<input type="checkbox"/>
Centralized Waste Treatment	40 CFR Part 437	<input type="checkbox"/>
Coal Mining	40 CFR Part 434	<input type="checkbox"/>
Coil Coating	40 CFR Part 465	<input type="checkbox"/>
Copper Forming	40 CFR Part 468	<input type="checkbox"/>
Dairy Products Processing	40 CFR Part 405	<input type="checkbox"/>
Electrical and Electronic Components	40 CFR Part 469	<input type="checkbox"/>
Electroplating	40 CFR Part 413	<input type="checkbox"/>
Equipment / Vehicle Repair	not applicable	<input type="checkbox"/>
Explosives Manufacturing	40 CFR Part 457	<input type="checkbox"/>
Feedlots	40 CFR Part 412	<input type="checkbox"/>
Ferrous Alloy Manufacturing	40 CFR Part 424	<input type="checkbox"/>
Fertilizer Manufacturing	40 CFR Part 418	<input type="checkbox"/>
Food / Beverage Products	not applicable	<input type="checkbox"/>
Glass Manufacturing	40 CFR Part 426	<input type="checkbox"/>
Grain Mills	40 CFR Part 406	<input type="checkbox"/>
Gum and Wood Chemicals Manufacturing	40 CFR Part 454	<input type="checkbox"/>



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3.14. Continued

<u>Industrial Category or Business Activity</u>	<u>Federal Regulation</u>	<u>Applicable</u>
Hospital / Medical Care	40 CFR Part 460	<input type="checkbox"/>
Ink Formulating	40 CFR Part 447	<input type="checkbox"/>
Inorganic Chemicals Manufacturing	40 CFR Part 415	<input type="checkbox"/>
Iron and Steel Manufacturing	40 CFR Part 420	<input type="checkbox"/>
Laboratory (medical)	not applicable	<input type="checkbox"/>
Laboratory (non-medical)	not applicable	<input type="checkbox"/>
Landfill	40 CFR Part 445	<input type="checkbox"/>
Laundry	not applicable	<input type="checkbox"/>
Leather Tanning and Finishing	40 CFR Part 425	<input type="checkbox"/>
Meat Products	40 CFR Part 432	<input type="checkbox"/>
Metal Finishing	40 CFR Part 433	<input type="checkbox"/>
Metal Molding and Casting	40 CFR Part 464	<input type="checkbox"/>
Metal Products and Machinery	40 CFR Part 438	<input type="checkbox"/>
Mineral Mining and Processing	40 CFR Part 436	<input type="checkbox"/>
Miscellaneous Chemicals	not applicable	<input type="checkbox"/>
Nonferrous Metals Forming and Metal Powders	40 CFR Part 471	<input type="checkbox"/>
Nonferrous Metals Manufacturing	40 CFR Part 421	<input type="checkbox"/>
Oil and Gas Extraction	40 CFR Part 435	<input type="checkbox"/>
Ore Mining and Dressing	40 CFR Part 440	<input type="checkbox"/>
Organic Chemicals, Plastics, and Synthetic Fibers	40 CFR Part 414	<input type="checkbox"/>
Paint Formulating	40 CFR Part 446	<input type="checkbox"/>
Paving and Roofing Materials (tars and asphalt)	40 CFR Part 443	<input type="checkbox"/>
Pesticide Chemicals	40 CFR Part 455	<input type="checkbox"/>
Petroleum Refining	40 CFR Part 419	<input type="checkbox"/>
Pharmaceutical Manufacturing	40 CFR Part 439	<input type="checkbox"/>
Phosphate Manufacturing	40 CFR Part 422	<input type="checkbox"/>
Photographic Processing	40 CFR Part 459	<input type="checkbox"/>
Plastics Molding and Forming	40 CFR Part 463	<input type="checkbox"/>
Porcelain Enameling	40 CFR Part 466	<input type="checkbox"/>
Printing	not applicable	<input type="checkbox"/>
Pulp, Paper, and Paperboard Mills	40 CFR Part 430	<input type="checkbox"/>
Rubber Manufacturing	40 CFR Part 428	<input type="checkbox"/>
Steam Electric Power Generating	40 CFR Part 423	<input type="checkbox"/>
Sugar Processing	40 CFR Part 409	<input type="checkbox"/>
Textile Mills	40 CFR Part 410	<input type="checkbox"/>
Timber Products Processing	40 CFR Part 429	<input type="checkbox"/>
Transportation Equipment Cleaning	40 CFR Part 442	<input type="checkbox"/>
Warehousing / Distribution	not applicable	<input type="checkbox"/>
Other (describe briefly)	not applicable	<input type="checkbox"/>



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Section 4. Certification

This questionnaire must be certified, via signature, by an "authorized representative" of the facility as defined by St. Joseph City Code § 29-131(40).

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

Date

Printed Name and Title