



SIGNIFICANT INDUSTRIAL USER WASTE SURVEY

PART I - GENERAL and PRODUCTION

Section 1

Facility Name:		Date:	
Business Address:			
Mailing Address:			
Contact Name:		Phone #:	
Contact Title:		Emergency #:	

Section 2

Facility Operation	
Describe briefly the manufacturing activities or services conducted at the above facility:	
Length of time facility has operated at this location:	
Does the facility perform any metal finishing operations (e.g. electroplating, anodizing, coating, etching, circuit board manufacturing)? If so list all finishing operations performed:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3

Principal Products or Services	Annual Unit Production Rate

Section 4

List all Standard Industrial Classification Codes (SIC) or North American Industrial Categorization Service (NAICS):				
<i>If more than one SIC, list in descending order of importance according to value of production or sales.</i>				

Section 5

Employment			
Shift	Shift Hours	Days of Operation	# Employees
1 st			
2 nd			
3 rd			

Section 6

Annual Variation in Operation			
Are there scheduled shutdowns:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full Production:	From:		To:
Limited Production:	From:		To:
No Production:	From:		To:

PART II - WATER and WASTEWATER

Section 7

Facility Raw Water Use and Sources <i>(Municipal water usage is billed in 100 cubic feet (CCF). To convert from 100 cubic feet (CCF) to gallons, multiply by 748)</i>			
Water Source	Minimum Flow (GPD)	Maximum (GPD)	Average (GPD)
Municipal <input type="checkbox"/>			
Private Well <input type="checkbox"/>			
Other:			

Section 8

Facility Water Requirements		
Water Usage	Gallons Per Day <i>(Indicate if estimated or metered)</i>	Percent Discharged to Sanitary Sewer System
Sanitary (e.g. toilets, sinks, etc.)		
Boiler		
Process		
Cooling (noncontact)		
Washdown/Cleaning		
Contained in Product		
Other:		

Section 9

Facility Wastewater Discharge	
Discharge to	Gallons per Day (GPD)
Municipal Sanitary Sewer <input type="checkbox"/>	
Septic Tank <input type="checkbox"/>	
Waste Hauled <input type="checkbox"/>	
Storm Sewer/Environment <input type="checkbox"/>	
Other: <input type="checkbox"/>	
Do you only discharge sanitary wastes (e.g. restroom, water fountain, sink) to the municipal sewer system, septic tank, or lagoon <i>(If yes proceed to Part III of the questionnaire)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 10

Facility Connections to Municipal Sewers				
Name/Location of Outlet	Type of Flow (e.g. cooling, process, washdown)	Size of Outlet/Pipe	Frequency of Discharge Continuous, Intermittent, Batch	Average Rate when flowing (Gal/Day)

Section 11

Pretreatment of Wastewater Discharge: <i>(Describe existing or planned methods of wastewater pretreatment)</i>

Section 12

Wastewater Characteristics

If wastewater sampling information for the parameters listed below obtained in the past three (3) years is available which has not previously been submitted to the Water Pollution Control Department, please attach and identify the connection point sampled. Minimum, maximum and average values of pollutants may be used if large amounts of data exist. If no analyses have been conducted, then do not complete this part. If upon review, sampling and analysis is found to be necessary, then the Water Pollution Control Department will notify you.

Pollutant	Minimum	Maximum	Average	Pollutant	Minimum	Maximum	Average
Flow, Gal/day				Total Suspended Solids (TSS), mg/L			
pH				Biochemical Oxygen Demand (BOD), mg/L			
Oil & Grease, mg/L				Chemical Oxygen Demand (COD), mg/L			
Cyanide, mg/L				Nickel, mg/L			
Cadmium, mg/L				Silver, mg/L			
Chromium, mg/L				Zinc, mg/L			
Copper, mg/L				Arsenic, mg/L			
Lead, mg/L				Mercury, mg/L			
List any other parameters not listed above below							

Describe the sampling program that produced the analytical data, specify the sampling date(s) and organization conducting the analyses.

Does the wastewater discharged to sanitary sewer contain regulated quantities of hazardous waste as defined by Federal & State regulations?

Yes No

If YES, have you notified the EPA, Missouri Department of Natural Resources and City of Independence as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PART III - SOLID AND HAZARDOUS WASTE GENERATION; HAULED WASTES

Section 13

Hazardous Waste Generator	
Is this facility a registered hazardous waste generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the facilities generator states and number?	

Type and Quantity of Wastes	
Waste generated at facility other than discharged wastewater	Quantity per Month (lbs., gallons)

Section 14

Waste Hauler(s)		
Transporter Name	Address	Missouri DNR Registration Number

Section 15

Name and Location of Disposal Sites(s)

PART IV - FACILITY STORAGE

Section 16

Priority Pollutants
Complete Attachment 1, by indicating the priority pollutant chemicals present at the facility and amounts stored or used per month. Completed <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 17

Inventory of Chemicals

(Provide a list of toxic chemicals used at the facility not cited in Attachment 1 and indicate the quantity used per month)

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Section 18

Spill Prevention Program

(Describe the facility's program preventing accidental release of chemicals into the municipal sewer and environment)

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Section 19

Area Map

Attach a map showing all sewer connections and stormwater discharge points at the facility.

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Section 20

SARA Title III Notification:

Superfund Amendments and Reauthorization Act, Title III, Section 313 requires certain facilities to file a Toxic Release Inventory. Please attach a copy of the most recent Toxic Release Inventory submitted to the Missouri Department of Natural Resources or the U.S. Environmental Protection Agency, if applicable.

Section 21

Facility Comments

CERTIFICATION:

I certify under penalty of law that the information submitted herein 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.

Date of Completion

Signature of Facility Official

Official Title

Return original completed survey, within two weeks of receipt to:

City of Independence
Water Pollution Control Department
P.O. Box 1019
Independence, Missouri 64051-0519
Attention Josh Eis, Pollution Prevention Specialist

Attachment 1 – Priority Pollutants

Volatile Compounds

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
acrolein		
acrylonitrile		
benzene		
bromoform		
carbon tetrachloride		
chlorobenzene		
chlorodibromomethane		
chloroethane		
2-chloroethylvinyl ether		
vinyl chloride		
chloroform		
dichlorobromomethane		
1,1-dichloroethane		
1,2-dichloroethane		

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
1,1-dichloroethylene		
1,2-dichloropropane		
1,3-dichloropropylene		
ethylbenzene		
methyl bromide		
methyl chloride		
methylene chloride		
1,1,2,2-tetrachloroethane		
tetrachloroethylene		
toluene		
1,2-trans-dichloroethylene		
1,1,1-trichloroethane		
1,1,2-trichloroethane		
trichloroethylene		

Acid Compounds

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
2-chlorophenol		
2,4-dichlorophenol		
2,4-dimethylphenol		
4,6-dinitro-o-cresol		
2,4-dinitrophenol		
2-nitrophenol		

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
4-nitrophenol		
p-chloro-m-cresol		
pentachlorophenol		
phenol		
2,4,6-trichlorophenol		

Base/Neutral

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
acenaphthene		
acenaphthylene		
anthracene		
benzidine		
benzo(a)anthracene		
benzo(a)pyrene		
3,4-benzofluoranthene		
benzo(ghi)perylene		
benzo(k)fluoranthene		
bis(2-chloroethoxy)methane		
bis(2-chloroethyl)ether		
bis(2-chloroisopropyl)ether		
bis (2-ethylhexyl)phthalate		
4-bromophenyl phenyl ether		

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
1,2,4-trichlorobenzene		
2-chloronaphthalene		
4-chlorophenyl phenyl ether		
chrysene		
dibenzo(a,h)anthracene		
1,2-dichlorobenzene		
1,3-dichlorobenzene		
1,4-dichlorobenzene		
3,3T-dichlorobenzidine		
diethyl phthalate		
dimethyl phthalate		
di-n-butyl phthalate		
2,4-dinitrotoluene		
2,6-dinitrotoluene		

Attachment 1 – Priority Pollutants

di-n-octyl phthalate		
1,2-diphenylhydrazine (as azobenzene)		
fluroranthene		
fluorene		
hexachlorobenzene		
hexachlorobutadiene		
hexachlorocyclopentadiene		
hexachloroethane		

indeno(1,2,3-cd)pyrene		
isophorone		
napthalene		
nitrobenzene		
N-nitrosodimethylamine		
N-nitrosodi-n-propylamine		
N-nitrosodiphenylamine		
phenanthrene		
pyrene		

Metals and Cyanide

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
antimony		
arsenic		
beryllium		
cadmium		
chromium		
copper		
cyanide		

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
lead		
mercury		
nickel		
selenium		
silver		
thallium		
zinc		

Pesticides

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
aldrin		
alpha-BHC		
beta-BHC		
gamma-BHC		
delta-BHC		
chlordan		
4,4T-DDT		
4,4T-DDE		
toxaphene		
4,4T-DDD		
dieldrin		
alpha-endosulfan		
beta-endosulfan		

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
endosulfan sulfate		
endrin		
endrin aldehyde		
heptachlor		
heptachlor epoxide		
PCB-1242		
PCB-1254		
PCB-1221		
PCB-1232		
PCB-1248		
PCB-1260		
PCB-1016		

Miscellaneous

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
asbestos		
2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)		
perfluoroalkyl (PFAS)		

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
polyfluoroalkyl		