

SIGNIFICANT INDUSTRIAL USER WASTE SURVEY

DADT I - CENERAI	PART I - GENERAL and PRODUCTION			
FARI I - GENERAL				
Section 1		1		
Facility Name:		Date:		
Business Address:				
Mailing Address:				
Contact Name:		Phone #:		
Contact Title:		Emergency #:		
Section 2				
Facility Operation				
	anufacturing activities or services con	ducted at the above facility	/:	
ı				
ı				
Length of time facility	has operated at this location:			
Does the facility perfo	orm any metal finishing operations (e.g	g., electroplating, anodizing	g, coating, etching, circuit board	
	, list all finishing operations performed			
□Yes □No				
Section 3				
Principal Products or Services				
	r Services	Annual Unit Production	Rate	
	r Services	Annual Unit Production	ı Rate	
	r Services	Annual Unit Production	n Rate	
	r Services	Annual Unit Production	n Rate	
	r Services	Annual Unit Production	ı Rate	

Section 4 List all Standard Industrial Classification Codes (SIC) or North American Industrial Categorization Service (NAICS): If more than one SIC, list in descending order of importance according to value of production or sales. **Section 5 Employment Shift Hours Days of Operation** Shift # Employees 1st 2nd 3rd Section 6 **Annual Variation in Operation** Are there scheduled shutdowns: ☐ Yes \square No Full Production: From: To: **Limited Production:** To: From: No Production: From: To: **PART II - WATER and WASTEWATER Section 7 Facility Raw Water Use and Sources** (Municipal water usage is billed in 100 cubic feet (CCF). To convert from 100 cubic feet (CCF) to gallons, multiply by 748) Minimum Flow (Gallons Per Water Source Maximum (Gallons Per Day) Average (Gallons Per Day) Day) Municipal □ Private Well □ Other: **Section 8**

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

Section 9

Facility Wastewater Dis	scharge				
Discharge to					
Municipal Sanitary Sewe	er 🗆		, (-)		
Septic Tank □					
Waste Hauled □					
Storm Sewer/Environmen	nt 🗆				
Other:					
Do you only discharge sa		oom, water foun	tain, sink) to the	Yes □No	
municipal sewer system,					
(If yes proceed to Part III	of the questionnaire)				
Section 10					
Facility Connections to					
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 (gallons per day)	
C4 11					
Section 11 Pretreatment of Wastey	vater Discharge:				
(Describe existing or pla		ater pretreatmen	nt)		

Section 12

Wastewater Cha	aracteristics						
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							
				epartment will notify yo			
Pollutant	Minimum	Maximum	Average	Pollutant	Minimum	Maximum	Average
Flow, gallons	TVIIIIIIIIIIII	Widamidii	Tiverage	Total Suspended	William	Maximum	riverage
•				•			
per day				Solids (TSS), mg/L			
pН				Biochemical Oxygen			
				Demand (BOD),			
				mg/L			
Oil & Grease,				Chemical Oxygen			
mg/L				Demand (COD),			
				mg/L			
Cyanide, mg/L				Nickel, mg/L			
Cadmium,				Silver, mg/L			
mg/L				Sirver, mg/L			
Chromium,				Zina ma/I			
·				Zinc, mg/L			
mg/L							
Copper, mg/L				Arsenic, mg/L			
Lead, mg/L				Mercury, mg/L			
List any other pa	rameters not 1	isted above b	elow				
List any other pa							
						l	l .
Describe the sampling program that produced the analytical data, specify the sampling date(s) and organization conducting the analyses.						anization	
conducting the a	anaryses.						
Does the wastew	ater discharge	ed to sanitary	sewer contain				
regulated quantit		_		□Yes □ No			
Federal & State r		as waste as a	ormou by				
		EDA Missour	ri Donortmont				
If YES, have you			•	□ Vaa □ Na			
of Natural Resou	rces and City	or independe	nce as	☐ Yes ☐ No			
required?							

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PART III - SOLID AND	HAZARDOUS WASTE GEN	ERATION; HAULED WASTES	
G 41 42			
Section 13 Hazardous Waste Gener	votov		
•	hazardous waste generator?	☐ Yes ☐ No	
What is the facilities gene	erator states and number?		
Type and Quantity of W			
Waste generated at facility	y other than discharged	Quantity per Month (lbs., gallons	s)
wastewater			
Section 14			
Waste Hauler(s)			
Transporter Name	Address		Missouri DNR
Transporter rame	Tradiciss .		Registration Number
G 4.			
Section 15	N:		
Name and Location of D	usposai Sites(s)		
PART IV - FACILITY S	ГORAGE		
Section 16			
Priority Pollutants	41 .1 .4 .4		
Complete Attachment 1, i	ndicating the priority pollutant	chemicals present at the facility, amo	unts stored, and quantity
used per month. Priority p	pomutants maybe fisted as propri	etary ingredients in products used at	the facility. Contact the

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chemical suppler or manufacturing to determine if priority pollutants are present if unknown. Completed \square Yes \square

No

Section 17
Inventory of Chemicals
(Provide a list of all chemicals at the facility and indicate the quantity stored and used per month)
Section 18
Spill Prevention Program
(Describe the facility's program preventing accidental release of chemicals into the municipal sewer and environment)
Section 19
Area Map
Attach a map or diagram showing all sewer connections and stormwater discharge points at the facility.

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Section 20

C	ND A	Title	TII N	otific	ation.
3	X K A	TITLE		onne	amon:

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.

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Section	71
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Facility Comments	
CERTIFICATION:	
I certify under penalty of law that the infor	rmation submitted herein is, to the best of my knowledge and belief, true,
accurate, and complete. I am aware that the	nere are significant penalties for submitting false information, including the
possibility of fine and imprisonment for kr	nowing violations.
Date of Completion	Signature of Facility Official
	Official Tide
	Official Title

Return original completed survey, within two weeks of receipt.

Please keep a copy of the completed form for your records and return the signed original back to the city of Independence – Municipal Services Department, Attention: Josh Eis, 9600 Norledge Ave., Independence, MO 64053.

If you have any questions regarding the completion of this form please contact Josh Eis, Environmental Compliance Manager at 816.325.7011 or at <u>jeis@indepmo.org</u>.

Attachment 1 – Priority Pollutants

Volatile Compounds

		v Olatil
Name of Chemical	Check if	Quantity Used
	Present	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		

${\bf Attachment~1-Priority~Pollutants}$

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

		Wictuit
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		
chlordane		
4,4T-DDT		
4,4T-DDE		
toxaphene		
4,4T-DDD		
dieldrin		
alpha-endosulfan		
beta-endosulfan		

ies			
Nam	e of Chemical	Check if Present	Quantity Used or Stored Per Month
endo	sulfan sulfate		
endr	in		
endr	in aldehyde		
hepta	achlor		
hepta	achlor epoxide		
PCB	-1242		
PCB	-1254		
PCB	-1221		
PCB	-1232		
PCB	-1248		
PCB	-1260		
PCB	-1016		

Miscellaneous

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

Name of Chemical	Check if Present	Quantity Used or Stored Per Month
polyfluoroalkyl		
perfluoroalkyl (PFAS)		