

# City of St. Joseph, Missouri

## Industrial Pretreatment Program

### COMMERCIAL/INDUSTRIAL SURVEY QUESTIONNAIRE

If your company has multiple locations, please copy this form and submit a separate questionnaire for each location within the St. Joseph metropolitan area.

Submit completed forms to:

City of St. Joseph  
Water Pollution Control  
Attn: Industrial Pretreatment Program  
3500 759 Highway  
St. Joseph, MO 64504

#### 1. CONTACT INFORMATION

1.1 Facility Name: \_\_\_\_\_

1.2 Premise Address: \_\_\_\_\_

1.3 Mailing Address: \_\_\_\_\_

1.4 Name and title of contact person: \_\_\_\_\_

1.5 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

1.6 E-mail Address: \_\_\_\_\_

#### 2. BUSINESS INFORMATION

2.1 Type of Business: \_\_\_\_\_

2.2 North American Industry Classification System (NAICS) code(s): \_\_\_\_\_  
\_\_\_\_\_

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

2.4 Facility discharges to (check all that are applicable):

- City sewer
- South St. Joseph Industrial Sewer District (SSJISD) sewer
- Septic system
- Other (describe)\_\_\_\_\_

**NOTE: If the facility discharges to the city’s wastewater treatment plant (either directly via city sewers or via SSJISD or other sewers), please complete the rest of this questionnaire. Otherwise, skip to Section 4.**

**3. ADDITIONAL INFORMATION**

3.1 Beginning date of operations at this location (mm/dd/yyyy) \_\_\_\_\_

3.2 (a) What are the total hours of operation in a day?  1-8  9-16  17-24

(b) Number of shifts:  1  2  3

(c) Total number of employees:  0-15  16-50  51-100  101-300  300 +

3.3 (a) Are any wastes hauled off site:  Yes  No

(b) If yes, please indicate the type of waste:

- Acid/Alkalies  Solvents
- Oil & Grease  Paint
- Radioactive  Pesticides
- Heavy Metal  Other\_\_\_\_\_

3.4 Indicate the type of environmental operating permits the facility currently has:

- Hazardous waste Permitting Authority\_\_\_\_\_ Permit #\_\_\_\_\_
- Solid waste Permitting Authority\_\_\_\_\_ Permit #\_\_\_\_\_
- Air Permitting Authority\_\_\_\_\_ Permit #\_\_\_\_\_
- Stormwater Permitting Authority\_\_\_\_\_ Permit #\_\_\_\_\_
- NPDES Permitting Authority\_\_\_\_\_ Permit #\_\_\_\_\_
- Other\_\_\_\_\_ Permitting Authority\_\_\_\_\_ Permit #\_\_\_\_\_
- None

3.5 Indicate where water is used in the facility:

- Boiler feed water  Commercial/Industrial process
- Non-contact cooling  Sanitary
- Irrigation  Other\_\_\_\_\_
- Shipped out with product  None

3.6 Average wastewater discharge volume. If discharge is of a continuous nature, indicate volume in gallons per day. If discharge will be of a batch nature, indicate volume of

each batch discharge in gallons and frequency (i.e. number of days, weeks, months, etc. between each batch discharge): \_\_\_\_\_

- 3.7 Does the facility currently treat wastewater prior to discharge?     Yes     No
- 3.8 Submit with the completed questionnaire a list of chemicals that are used or stored at this location.
- 3.9 Submit with the completed questionnaire a Material Safety Data Sheet for each chemical listed in the previous item.
- 3.10 Submit with the completed questionnaire, the anticipated concentrations for all chemicals or pollutants that are expected to be present in the wastewater discharged to the sewer. If the wastewater from this or a similar facility has been analyzed for pollutant concentrations, submit copies of lab reports or a summary of analytical results with the completed questionnaire. At a minimum, provide anticipated concentrations for the following pollutants:
- 5-day biochemical oxygen demand (BOD<sub>5</sub>)
  - Total suspended solids (TSS)
  - Fats, oils and grease (FOG)
  - pH
  - Cadmium
  - Chromium
  - Copper
  - Lead
  - Nickel
  - Silver
  - Sulfide
  - Zinc
- 3.11 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. This diagram should also show the location and routing of water lines, sewer lines, floor drains, sinks, toilets, grease traps, oil/water separators, wastewater treatment equipment, and chemical storage locations, etc.

#### 4. CERTIFICATION

Refer to Section 29-131(3) of the St. Joseph Code to determine which individual(s) qualify as an *authorized representative* for this facility.

I, \_\_\_\_\_, \_\_\_\_\_, certify under  
(name of authorized representative) (title)  
*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 of authorized representative)*

\_\_\_\_\_  
*(date)*