

INDUSTRIAL WASTEWATER SURVEY

CITY OF SEDALIA PRETREATMENT PROGRAM

Return form to:
 Attn: Brittany Wilbanks
 City of Sedalia
 200 S. Osage
 Sedalia, MO 65301

| FACILITY CONTACT INFORMATION | | | | | | | | | |
|--|--------------------------|--|-------------------------------|--------------------------------------|--------------------------|----------------------------|---------------------------|-------------------------------|----|
| This business is: | <input type="checkbox"/> | Existing | <input type="checkbox"/> | New | <input type="checkbox"/> | Relocating within the City | <input type="checkbox"/> | Expanding at Current Location | |
| Company Name | | | | | | | | | |
| Facility Address | | | | | | | | | |
| | Street | | City | | State | | Zip | | |
| Mailing Address (if different) | | | | | | | | | |
| | Street | | City | | State | | Zip | | |
| Contact Person | | | | | | | | | |
| | Name | | | | Phone | | | | |
| | | | | | | | | | |
| | Title | | | | E-mail | | | | |
| GENERAL INFORMATION | | | | | | | | | |
| Primary Type of Business | | | | | | | | | |
| <input type="checkbox"/> | Retail | <input type="checkbox"/> | Food Establishment | <input type="checkbox"/> | Auto Shop/Detail | <input type="checkbox"/> | Dental/Orthodontics | | |
| <input type="checkbox"/> | Manufacturing | <input type="checkbox"/> | Photo Processing | <input type="checkbox"/> | Transportation | <input type="checkbox"/> | Medical/Veterinary/Lab | | |
| <input type="checkbox"/> | Fuel Dispensing | <input type="checkbox"/> | Equipment Cleaning | <input type="checkbox"/> | Salvage Operations | <input type="checkbox"/> | Car Wash | | |
| <input type="checkbox"/> | Other (Specify) : | | | | | | | | |
| Description of the manufacturing, product, or service provided by your facility: | | | | | | | | | |
| Please list in general the raw materials or products used in any manufacturing processes conducted at your facility: | | | | | | | | | |
| CHEMICAL STORAGE | | | | | | | | | |
| Chemical | Raw Product or Waste | Quantity Stored (gal or lbs) | Type of Storage (drums, etc.) | | | | Indoor or Outdoor Storage | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| NAICS Code(s) ¹ | | Date Operations Began Or Will Begin at Current Location | | Water Usage Actual or Anticipated | | GPD | | | |
| Number Employees | | Days of Operation <small>Fill in Start/Stop Time Each Day</small> | SU | M | TUE | W | TH | F | SA |
| | | | | | | | | | |
| Please specify the types of wastewater generated at your facility: | | | | | | | | | |
| <input type="checkbox"/> | Bathrooms | <input type="checkbox"/> | Showers | <input type="checkbox"/> | Kitchen/Breakroom | <input type="checkbox"/> | Other (See Below) | | |

¹ North America Industry Classification System code which replaces the Standard Industrial Classification (SIC) system. Refer to <http://www.census.gov/epcd/www/naics.html>. List Primary code first followed by any additional codes.

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| WASTEWATER GENERATION | | | | | | | | | |
|---|----------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|---------------------|
| Do you have any wastewater generated beyond bathrooms, showers, and lunchrooms listed above? Please specify the types of wastewater or characteristics of the wastewater or products that could enter a floor drain or pipe inside your facility. This survey does not include stormwater (outside drains or pipes). | | | | | | | | | |
| <input type="checkbox"/> | Cooling Water | <input type="checkbox"/> | Fertilizers or Pesticides | <input type="checkbox"/> | Photo Finishing / X-Rays | <input type="checkbox"/> | Boiler Blow Down | <input type="checkbox"/> | Oils and/or Grease |
| <input type="checkbox"/> | Equipment Cleaning | <input type="checkbox"/> | Medical Wastes | <input type="checkbox"/> | Laundry Wastewater | <input type="checkbox"/> | Rinse Waters | <input type="checkbox"/> | Radioactive Wastes |
| <input type="checkbox"/> | Food Preparation / Cleanup | <input type="checkbox"/> | Chemicals | <input type="checkbox"/> | Brewery / Beverage | <input type="checkbox"/> | Solvents | <input type="checkbox"/> | Stripping Compounds |
| <input type="checkbox"/> | Dental Facility | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Other: |
| Does your manufacturing, production or service area have floor drains, catch basins, sumps, sinks or any other outlets to the sanitary sewer collection system? | | | | | | | | | |
| | | | | | | | No | <input type="checkbox"/> | Yes |
| Does your facility generate hazardous waste? | | | | | | | | | |
| | | | | | | | No | <input type="checkbox"/> | Yes |
| Does your facility conduct any wastewater pretreatment processes? If so, describe below: | | | | | | | | | |
| | | | | | | | | | |
| WASTEWATER TREATMENT | | | | | | | | | |
| Does your facility have: | | | | | | | | | |
| <input type="checkbox"/> | Oil/Water Separator | <input type="checkbox"/> | Filtration/ Sedimentation | <input type="checkbox"/> | pH Adjustment | <input type="checkbox"/> | Grease Interceptor | <input type="checkbox"/> | Grease Trap |
| | | | | | | | Other: | | |
| CERTIFICATION | | | | | | | | | |
| <p><i>"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."</i></p> | | | | | | | | | |
| | | | | | | | | | |
| Signature | | | Name/Title ² | | | | Date | | |

Please direct any questions you have regarding this form to the department indicated at the top of the page. Feel free to call Brittany Wilbanks, Pretreatment Coordinator at (660) 620-5289 or via email at bwilbanks@sedalia.com.

This form is required to be completed for all new non-domestic dischargers or at the request of the City for current users of the City's sewer system. Once this form is reviewed, additional information may be requested, and any specific wastewater requirements will be further communicated.

² Certification shall be provided by a principal executive officer or for a partnership the sole proprietor, general partner, etc.