



BOARD OF PUBLIC WORKS

CITY OF HANNIBAL

OFFICE 573-221-8050
FAX 573-221-7522
www.hannibalbpw.org

ELECTRIC, WATER AND SEWER DEPARTMENTS

3 INDUSTRIAL LOOP DRIVE • PO BOX 1589 • HANNIBAL, MISSOURI 63401-1589

September 1st, 2017

The survey must be completed and appropriately signed. Please complete this form, print, sign and mail a hard copy of the survey no later than October 6th, 2017. The form must be signed by a corporate officer or manager per 40 CFR 403.12(l). Mail completed surveys to:

Hannibal Board of Public Works
Attn: Pretreatment Coordinator
3 Industrial Loop Drive
Hannibal, MO 63401

NON-DOMESTIC / INDUSTRIAL USER SURVEY

GENERAL INFORMATION	
Company Name:	
Facility Name:	
Standard Industrial Classification # (SIC):	
Business License #:	
Site Address:	
City, State, Zip	
Mailing Address:	
City, State Zip	
Representative Completing Form	
Name:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Person to be Contacted in Case of Emergency	
Name:	
Title:	
Phone Number:	
Email Address:	
Property Owner	
Name:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Will / Is the building connected to the public sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Describe wastewater disposal method:	
Is Facility connected to the HBPW potable water system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, does facility have an approved backflow device? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL INFORMATION CONTINUED

Location and size of all approved backflow devices: (attach additional pages if necessary)

Describe in detail the type of business activity conducted at this site. Include primary products or services:

Starting date for your business at this site:

Construction date(s) for building(s) at this site (if known):

Normal Operating Schedule:

Actual Times:

Days of the Week:

Total Number of Employees:

Water consumption (gallons/month):

Estimate

Actual

Wastewater volume generated (gallons/month):

Estimate

Actual

Is this facility a categorical industry as defined by 40 CFR 403 through 40 CFR 471? (also check the appropriate category below)

Yes No Unknown

- | | | |
|---|--|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Paving or Roofing Materials (Tar & Asphalt) |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Inorganic Chemical Manuf. | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Builders' Paper and Board Mills | <input type="checkbox"/> Iron and Steel Manufacturing | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Metal Molding or Casting | <input type="checkbox"/> Pulp, Paper, or Fiberboard Manuf. |
| <input type="checkbox"/> Electrical or Electronic Component | <input type="checkbox"/> Nonferrous Metal Forming / Metal Powders | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Nonferrous Metals Manuf. | <input type="checkbox"/> Soaps or Detergent Manufacturing |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers Manufacturing | <input type="checkbox"/> Steam Electric Power Generating |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Paint Formulating | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Glass Manufacturing | | |
| <input type="checkbox"/> Grain Mill | | |

Will you use EPA Toxics Release Inventory (TRI) chemicals in reportable quantities? Yes No

Identify the above chemicals and quantities used (attached additional sheets if necessary):

Will your site have an irrigation or drinking water well? Yes, Qty: No

Will your site have any underground injection control facilities (UIC's such as drywells, drill holes, or drainage pipe galleries)? Yes, Qty: No

Will you store chemicals at your facility in a volume greater than 5 gallons each? Yes No

If yes, attach a description of the contents, container size and type, storage location, frequency and method of container cleaning. Indicate if buried metal containers have cathodic protection.

Has your company ever been issued a local, state, or federal environmental permit? Yes No

If yes, list the permit(s):

Does this facility use products that contain any of the following items listed below? Check all that are present.

Product verification should be accomplished by product label and MSDS.

- | | | | |
|-------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Acetone | <input type="checkbox"/> Chromium | <input type="checkbox"/> Methylene Chloride | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Copper | <input type="checkbox"/> Molybdenum | <input type="checkbox"/> Toluene |
| <input type="checkbox"/> Barium | <input type="checkbox"/> Cyanide | <input type="checkbox"/> Nickel | <input type="checkbox"/> Xylene |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Ethyl Benzene | <input type="checkbox"/> Petroleum Based Oils | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Lead | <input type="checkbox"/> Phenols / Phenolics | |
| <input type="checkbox"/> Chloroform | <input type="checkbox"/> Mercury | <input type="checkbox"/> Selenium | |

WASTE DISCHARGE		
<input type="checkbox"/> Air Pollution Control Equip.	<input type="checkbox"/> Food Processing	<input type="checkbox"/> Process Water
<input type="checkbox"/> Anodizing	<input type="checkbox"/> Food Service Establishment	<input type="checkbox"/> Slaughter/Meat Packing/Rendering
<input type="checkbox"/> Beverage Bottling / Manuf.	<input type="checkbox"/> Groundwater Treatment	<input type="checkbox"/> Vehicle-Equipment Maint./Repair
<input type="checkbox"/> Boil / Cooling Blowdown	<input type="checkbox"/> Laundry	<input type="checkbox"/> Vehicle or Equipment Washdown
<input type="checkbox"/> Chemical Etching or Milling	<input type="checkbox"/> Medical / Dental Services	<input type="checkbox"/> Waste Recycling
<input type="checkbox"/> Cooling Water, Contact	<input type="checkbox"/> Metal Coating (Chromating, Phosphating, etc.)	<input type="checkbox"/> Water Treatment
<input type="checkbox"/> Cooling Water, Non-Contact	<input type="checkbox"/> Pesticide Application Service	<input type="checkbox"/> Wood Preserving
<input type="checkbox"/> Domestic Waste	<input type="checkbox"/> Photographic / Film Processing	<input type="checkbox"/> Other, List Below:
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Plastic Processing	<input type="checkbox"/>
<input type="checkbox"/> Equipment Manufacturing	<input type="checkbox"/> Powder Coating	<input type="checkbox"/>
<input type="checkbox"/> Fertilizer Application Service	<input type="checkbox"/> Printed Circuit Board Manuf.	<input type="checkbox"/>
<input type="checkbox"/> Grain Mill	<input type="checkbox"/> Printing and Publishing	<input type="checkbox"/>
Will you use fats, oil, grease (cooking or petroleum), or dairy products in your business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will there be a garbage disposal unit (food grinder) at your business? <input type="checkbox"/> Yes, Qty: <input type="checkbox"/> No		
Will there be an interceptor, separator, or other device installed to pretreat your wastewater prior to discharge? If so, check all that apply below: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Amalgam Separator	<input type="checkbox"/> Oil / Water Separator	
<input type="checkbox"/> Amalgam Chairside Trap	<input type="checkbox"/> pH Neutralizer	
<input type="checkbox"/> Grease Interceptor, Outside-Capacity	<input type="checkbox"/> Silver Recovery System	
<input type="checkbox"/> Grease Interceptor, Inside-Capacity	<input type="checkbox"/> Other, List Here:	
<input type="checkbox"/> Hair Trap	<input type="checkbox"/> Other, List Here:	
What is the normal frequency of maintenance for the pretreatment device?		
What is the method of Disposal of all materials collected via pretreatment process and pretreatment device maintenance?		
Will you generate hazardous waste as defined by the Missouri DNR and Federal regulations (RCRA)? <input type="checkbox"/> Yes, Qty: <input type="checkbox"/> No		
Will you discharge any RCRA listed or characteristic hazardous wastes to the sanitary sewer? <input type="checkbox"/> Yes, Qty: <input type="checkbox"/> No		
Do you have an accidental spill prevention document to prevent spills or chemicals or sludge discharges from entering the City's sanitary sewer or storm systems? If so, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide any additional comments or explanations here:		

"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 gathered 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Printed Name

Title

Signature

Date

Phone