

## COMMERCIAL/INDUSTRIAL USER WASTEWATER SURVEY

1. MSD P-Reference Number \_\_\_\_\_ (see instructions)
2. MSD Account Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Premise Address \_\_\_\_\_

3. No. of Employees \_\_\_\_\_, No. days/week \_\_\_\_\_, No. shifts/day \_\_\_\_\_, Peak months \_\_\_\_\_

4. Please check off all items which describe activities at your premise:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Doctor/Dental Serv.    | <input type="checkbox"/> Manufacturing     | <input type="checkbox"/> Product Formulating | <input type="checkbox"/> Vehicle Maintenance    |
| <input type="checkbox"/> Dry Cleaning           | <input type="checkbox"/> Offices           | <input type="checkbox"/> Product Packaging   | <input type="checkbox"/> Veterinarian           |
| <input type="checkbox"/> Health Care Serv.      | <input type="checkbox"/> Photo/X-Ray Proc. | <input type="checkbox"/> Residential         | <input type="checkbox"/> Warehousing            |
| <input type="checkbox"/> Laundromat             | <input type="checkbox"/> Printing          | <input type="checkbox"/> Restaurant          | <input type="checkbox"/> Wholesale Distribution |
| <input type="checkbox"/> Machine Shop           | <input type="checkbox"/> Product Assembly  | <input type="checkbox"/> Retail Sales        |   |
| <input type="checkbox"/> Other (describe) _____ |  |  |   |

5. Provide a brief description of the specific activities performed at this establishment:  
\_\_\_\_\_  
\_\_\_\_\_

6. Raw materials & chemicals: \_\_\_\_\_  
Final products/services: \_\_\_\_\_

7. Are other companies located within the same building? Yes \_\_\_ No \_\_\_

If yes, list them: \_\_\_\_\_

8. Do you

- Use water in any manufacturing process? Yes \_\_\_ No \_\_\_ Avg vol/day \_\_\_\_\_  
Use water for cooling purposes? Yes \_\_\_ No \_\_\_ Avg vol/day \_\_\_\_\_  
Use water in a boiler system? Yes \_\_\_ No \_\_\_ Avg vol/day \_\_\_\_\_  
Use any air pollution devices w/water? Yes \_\_\_ No \_\_\_ Avg vol/day \_\_\_\_\_  
Have any above ground storage tanks? Yes \_\_\_ No \_\_\_ # \_\_\_\_\_ Contents: \_\_\_\_\_  
Have any underground storage tanks? Yes \_\_\_ No \_\_\_ # \_\_\_\_\_ Contents: \_\_\_\_\_  
Use or have on site any oils or grease? Yes \_\_\_ No \_\_\_ List: \_\_\_\_\_  
Use or have on site any solvents? Yes \_\_\_ No \_\_\_ List: \_\_\_\_\_

9. Do you prepare metal parts for any coating or painting step? Yes \_\_\_ No \_\_\_  
If yes, is an acid or acid-containing product used? Yes \_\_\_ No \_\_\_

List the acid or product used: \_\_\_\_\_

10. Do you generate hazardous waste? Yes \_\_\_ No \_\_\_ MO hazardous waste generator # \_\_\_\_\_

If yes, but no HW #, explain: \_\_\_\_\_

List hazardous wastes generated: \_\_\_\_\_

11.==> **ATTACH PLANS AND DRAWINGS AS REQUIRED (see instructions)**

12. Information furnished by: Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision; and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.**

13. Name and title of signing official: \_\_\_\_\_

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# COMMERCIAL/INDUSTRIAL USER WASTEWATER SURVEY FORM

## INSTRUCTIONS

- ▶ If you have received this survey for completion in conjunction with a request for approval to connect to MSD sewers, please note the following:

For Item 1, the MSD Engineering Department assigns a P-reference number for all plans with a connection to MSD sewers. Record this number in the space provided.

For a new site, answer the questions based on the operations and conditions which will exist once the new facility is in full operation.

For an expansion or modification of an existing site, answer the questions based on the operations and conditions which will exist only for the expanded/modified portion once the expansion/modification is complete.

For Item 11, include blueprints and/or schematics as required by the MSD Engineering Department, including interior plumbing plans.

- ▶ If you have received this survey as a request for information to update MSD records on industrial activity, please note the following:

For a new site, answer the questions based on the operations and conditions which will exist once the new facility is in full operation.

For an existing site, answer the questions based on the operations and conditions which currently exist for the entire facility.

For Item 11, include any available interior plumbing plans and plans showing where laterals connect to MSD sewers. If these are not available, include a sketch showing the location of all plumbing fixtures, drains, sewer vents and manholes, and any known laterals.

### General Instructions:

Item 1. See top section of instructions.

Item 2. Provide the MSD account number shown on your sewer bills.  
If you have more than one account for this location, list all accounts.

Item 3. For peak months, indicate those in which business activity is higher than average.

Item 4. These are general activities. Check off all that apply.

Item 5. Describe more fully the items checked in Item 4.

Item 6. List any raw materials or chemicals which are used or stored at this facility.  
List also your final products and/or services.

Item 7. If you share a building with other companies, list the other occupants.

Item 8. Answer all questions fully.

Item 9. If you list a brand name, then also include the chemical name.

Item 10. If you generate hazardous waste but do not have a generator number or are not required to have one, explain.

Item 11. See top section of instructions.

Item 12. Self-explanatory.

Item 13. A signing official is either:

- a. a responsible corporate officer if the user is a corporation,
- b. a general partner if the user is a partnership,
- c. the proprietor if the user is a sole proprietorship.