

INDUSTRIAL WASTEWATER SURVEY

SIOUX CITY WASTEWATER TREATMENT PLANT

Return form to:
 Attn: Pretreatment Coordinator
 Sioux City Wastewater Treatment Plant
 3100 S. Lewis Blvd
 Sioux City, IA 51106

FACILITY CONTACT INFORMATION									
This business is:		Existing		New		Relocating within the City		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									
Retail		Food Establishment		Auto Shop/Detail		Dental/Orthodontics			
Manufacturing		Photo Processing		Transportation		Medical/Veterinary/Lab			
Fuel Dispensing		Equipment Cleaning		Salvage Operations		Car Wash			
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 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:									
Bathrooms		Showers		Kitchen/Breakroom		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											
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?								<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Does your facility generate hazardous waste?								<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Does your facility conduct any wastewater pretreatment processes? If so, describe below:								<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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	<input type="checkbox"/>	Other:
CERTIFICATION											
<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>											
Signature				Name/Title ²				Date			

Please direct any questions you have regarding this form to the department indicated at the top of the page. 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. You will be contacted if it is not returned within a reasonable timeframe. Approval of any/all construction activities are contingent on receipt of this form (as applicable). 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.

