

# INDUSTRIAL WASTEWATER SURVEY

## WENTZVILLE WATER RECLAMATION CENTER

**Return form to:**

Attn: Ryan Peasel  
City of Wentzville  
2455 Mette Road, Wentzville Missouri 63385  
Or email to: [julia.griggs@wentzvillemo.gov](mailto:julia.griggs@wentzvillemo.gov)

FACILITY CONTACT INFORMATION													
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													
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:													
Year Operations Began					NAICS Code(s) <sup>1</sup>								
Environmental Permits		<input type="checkbox"/> Air		<input type="checkbox"/> Stormwater		<input type="checkbox"/> Hazardous Waste			<input type="checkbox"/> Other				
Number Employees					Days of Operation		<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>S</b>
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)						
WASTEWATER GENERATION													
Wastewater beyond bathrooms, showers, and lunch rooms listed above. Please specify the types of wastewater or characteristics of the wastewater or products that could enter a drain or pipe inside your facility. This survey does not include stormwater (outside drains or pipes).													
<input type="checkbox"/> Cooling Water Blowdown		<input type="checkbox"/> Fertilizers or Pesticides		<input type="checkbox"/> Rinse Waters			<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"/> Photo Finishing		<input type="checkbox"/> Radioactive Wastes				
<input type="checkbox"/> Food Processing		<input type="checkbox"/> Sump Pump		<input type="checkbox"/> Other:			<input type="checkbox"/> Other:		<input type="checkbox"/> Other:				
WASTEWATER TREATMENT													
Does your facility have:													
<input type="checkbox"/> Oil/Water Separator		<input type="checkbox"/> Sedimentation		<input type="checkbox"/> pH Adjustment			<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 <sup>2</sup>				Date					

<sup>1</sup> 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.

<sup>2</sup> Certification shall be provided by a principal executive officer or for a partnership the sole proprietor, general partner, etc. per USEPA 403.12(b)(6).