



KC WATER

REGULATORY COMPLIANCE DIVISION

7300 Hawthorne Road • Kansas City, MO 64120

P: 816-513-0600 • www.kcwater.us

**Industrial/Commercial Business Questionnaire
(Industrial Pretreatment Program)**

Per [40 CFR 403.8 paragraph \(f\)\(2\)\(i\)](#), [State of Missouri Revised Statutes Title XV Chapter 249.820](#) and [City of Kansas City Missouri Code of Ordinances Chapter 60 Article IV](#), the City of Kansas City is obligated to review businesses for inclusion in the Industrial Pretreatment Program. Your business has been identified as potentially needing a wastewater discharge permit. Please fill out this questionnaire and return it within 30 days of receipt to:

Regulatory Compliance Division
7300 Hawthorne Rd
Kansas City, MO 64120

Please attach any additional information for review to this questionnaire. If a section doesn't apply, please mark it "N/A"

Provided to: _____
Company Address

Individual Receiving Questionnaire Date

Provided by: _____
Name Email

A. General Information

1. Business Name _____
2. Facility Address _____
3. Mailing Address _____
4. Contact _____
5. Contact Title _____
6. Phone _____
7. Email _____



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B. Product/Service Information

1. Provide a brief description of operations at this facility, and the services and final products provided.

2. Water Use in gallons per day (gpd): Average _____ Maximum _____

3. Number of employees: _____ Number of shifts/Hours per shift: _____

4. Hours of operation: _____

5. Days closed, including holidays: _____

6. List applicable North American Industry Classification System (NAICS) Code(s) for all processes.
(<http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>).

7. Please check all activities that occur at your facility.

- | | | |
|---|---|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Leather Tanning/Finishing | <input type="checkbox"/> Pressure Washing |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Research |
| <input type="checkbox"/> Chemical Manufacturing | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Restaurant/Food Preparation |
| <input type="checkbox"/> Cooling Towers | <input type="checkbox"/> Metal Finishing or Working | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Education | <input type="checkbox"/> Office Unit | <input type="checkbox"/> Water Treatment |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Painting, Stripping, Finishing | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Engraving/Coating | <input type="checkbox"/> Photography | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Flammable/Explosives | <input type="checkbox"/> Plant Wash-down | <input type="checkbox"/> Wood Preserving, Finishing |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Plastics Molding/Forming | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printing | <input type="checkbox"/> Other (specify) |



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C. Waste Generation and Disposal Information

1. List the types and amounts of chemicals used in gallons per day (gpd). Indicate the method for disposal for each chemical listing the letter that corresponds to the appropriate method listed below.

- A. Discharge to the City sewer system with no treatment
- B. Discharge to the City sewer system after pretreatment
- C. Placed with domestic trash for collection
- D. On-site storage, treatment, or disposal
- E. Shipment off-site by outside hazardous waste hauler to waste management facility
- F. Other (specify)

Chemical Used	Amount (gpd)	Method of Disposal

Are there any variations to the above-listed amounts (daily, monthly, seasonal)? _____

2. If an outside firm removes hazardous waste, state the name and address of the company and the frequency of services provided. (Include additional pages, if necessary)

Name of Waste Hauler	Address	Frequency of Disposal



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3. EPA Hazardous Waste Identification Number (if applicable): _____

4. List all environmental permits (if applicable): _____

D. Certification

I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

(Typed or Printed Name)

(Signature)

(Title)

(Date)