KC WATER
REGULATORY COMPLIANCE DIVISION
2 NE 32nd St ● Kansas City, MO 64116
P: 816-513-0600 ● www.KCWater.us

City of Kansas City, Missouri

Industrial Pretreatment Program

Wastewater Permit Survey

The Kansas City Water Services Department is required under 40 CFR Part 403 and Chapter 60 of the Code of Ordinances of Kansas City, Missouri (Sewers and Sewage Disposal), to identify and locate all industrial and commercial users that may discharge wastewater to the Publicly Owned Treatment Works (POTW) and have the potential to impact its operation.

Under Chapter 60, Significant industrial user means any industrial user which:

- Is subject to categorical pretreatment standards; or
- Purchases, uses, or discharges an average of 25,000 gallons per day or more of water; or
- Discharges a process wastestream which makes up five percent or more of the average dry weather hydraulic or organic capacity of the wastewater treatment plant serving the said industrial user; or
- Accepts waste from another location outside the facility's boundaries for treatment, storage or disposal; or
- Is designated as significant by the director on the basis that the industrial user has a reasonable potential for adversely affecting the POTW's operations, for violating this article or for violating pretreatment standards or requirements.

Pursuant to Chapter 60, including provisions related to prohibited discharges and industrial user requirements, all facilities are required to provide accurate and complete information upon request by the Control Authority.

Submit the completed survey within 30 days of KC Water's written request.

If you have any questions regarding this survey or require assistance, please contact the Regulatory Compliance Division:

- **Email:** water.ipp@kcmo.org
- **Phone:** (816) 513-0600

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How to submit

Submit through the KC Water reporting platform when available for your facility. Otherwise, mail the signed original and attachments to:

KC Water Regulatory Compliance Division

Attn: Pretreatment Coordinator

2 NE 32nd St

Kansas City, MO 64116

Email courtesy copies to water.ipp@kcmo.org to expedite review; email does not replace the signed submittal.

Section 1: General Contact

a. Facility Information

This business is: ☐ Existing ☐ New ☐ Operational Change ☐ Ownership Change

Company Legal Name: _____

Company Operating Name: _____

KC Water account number: _____

☐ The facility does NOT have a Kansas City utility account

Physical Address _____

City/State/Zip _____

☐ Physical and mailing addresses are the same

Mailing Address _____

City/State/Zip _____

General Phone _____ Alt Phone _____

General Email _____

b. Authorized Representative: *(Person responsible for compliance with wastewater regulations)*

First Name _____

Last Name _____

Title _____

Cell Phone _____ Work Phone _____

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Email _____

Check all that apply:

☐ Contact is the Owner and/or landlord

☐ Contact is a third-party consultant

☐ Contact filled out this application

c. Facility Contact: Primary *(Day-to-day operational contact, if different from above)*

First Name _____

Last Name _____

Title _____

Cell Phone _____ Work Phone _____

Email _____

Check all that apply:

☐ Contact is the Owner and/or landlord

☐ Contact is a third-party consultant

☐ Contact filled out this application

d. Emergency Contact (24-Hour): *(Spills, slug discharges, or urgent response)*

First Name _____

Last Name _____

Title _____

Cell Phone _____ Work Phone _____

Email _____

Check all that apply:

☐ Contact is the Owner and/or landlord

☐ Contact is a third-party consultant

☐ Contact filled out this application

e. Facility Details

Number of Employees: _____

Holiday/Shutdowns: _____

Operating Days: _____ Hours: _____

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Number of Shifts per Day: _____

☐ The facility operates on the weekends

Section 2: Operational Information

a. NAICS Code(s):

North American Industry Classification System (NAICS) code replaced the Standard Industrial Classification (SIC) system. Refer to https://www.census.gov/naics/ . List Primary code first followed by any additional codes.

NAICS Code Primary : _____

NAICS Code Secondary : _____

Description of Operations : _____

_____

_____

_____

b. Industrial Activities

Which activities are conducted at your facility? RCD will evaluate whether categorical pretreatment standards apply.

(Check all that apply)

☐ Metal Finishing	☐ Electroplating	☐ Electrical & Electronic Components
☐ Metal Molding & Casting	☐ Iron & Steel Manufacturing	☐ Nonferrous Metals Manufacturing
☐ Metal Products & Machinery	☐ Coil Coating	☐ Porcelain Enameling
☐ Battery Manufacturing	☐ Pesticide Formulating	☐ Pharmaceutical Manufacturing
☐ Organic Chemicals Manufacturing	☐ Inorganic Chemicals Manufacturing	☐ Plastics & Synthetic Fibers
☐ Petroleum Refining	☐ Paint & Ink Formulating	☐ Adhesives & Sealants
☐ Soap & Detergent Manufacturing	☐ Fertilizer Manufacturing	☐ Explosives Manufacturing
☐ Textile Mills	☐ Leather Tanning & Finishing	☐ Pulp, Paper, or Paperboard Mills
☐ Timber Products Processing	☐ Rubber Processing	☐ Food Processing
☐ Canned/Bottled Beverages	☐ Dairy Products Processing	☐ Grain Mills

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☐ Centralized Waste Treatment	☐ Hazardous Waste Treatment	☐ Waste Combustors / Incineration
☐ Steam Electric Power Generation	☐ Airport Deicing Operations	☐ Other (specify below)

If "Other," describe activity: _____

c. Products and materials

Description of the manufacturing, product, or service provided by your facility:

_____

_____

_____

_____

RAW MATERIALS, CHEMICAL STORAGE, WASTE STORAGE, OR PRODUCTS MANUFACTURED:

Describe the type and amount of process chemicals used daily. Identify actual chemical names and any applicable trade or product names. Trade names alone are not sufficient; use Safety Data Sheets or supplier information to identify chemical constituents.

General Description	How Used/Generated	Quantity	Units (gal, lbs, etc.)	Type of Storage (drums, etc.)	Storage Location (bldg. #)

d. Water source(s) & Wastewater Production:

Current Water sources: ☐ City ☐ Private Well ☐ Hauled Water ☐ Other

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Average water purchased or used per day: _____ gallons ☐ Estimated ☐ Metered

Does your manufacturing, production, or service area have floor drains, catch basins, sumps, sinks, or any other outlet to the sanitary sewer collection system? ☐ Yes ☐ No

Does your facility generate hazardous waste? ■ Yes ☐ No

Hazardous Waste Generator number: _____

Does your facility have a discharge/wastewater/or outgoing water meter? ☐ Yes ☐ No

Meter type: _____ Size: _____

Total gallons per day (GPD) discharged to the sanitary sewer from Batch and/or Continuous operation:

Batch: _____ gpd ☐ Estimated ☐ Metered

Continuous: _____ gpd ☐ Estimated ☐ Metered

Domestic Sources: ☐ Restrooms (toilets/sinks) ☐ Showers ☐ Kitchen / Breakroom

Process and Non-Domestic Wastewater Sources:

- ☐ Boiler Blowdown
- ☐ Cooling Water / Chiller Blowdown
- ☐ Softener Regeneration / RO Reject
- ☐ Equipment Cleaning / Washdown
- ☐ Mop Water / Floor Cleaning
- ☐ Food Preparation and Cleanup
- ☐ Oils and Grease (FOG)
- ☐ Chemical Wastewater
- ☐ Solvents
- ☐ Rinse Water
- ☐ Laundry Wastewater
- ☐ Photo Processing / X-Ray
- ☐ Stripping Compounds
- ☐ Leachate
- ☐ Medical Wastewater
- ☐ Radioactive Wastewater
- ☐ Other (describe): _____
- ☐ Other (describe): _____

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e. Pretreatment Systems / BMPs

Is any pretreatment or BMP practiced at this facility? *(Check all that apply)*

☐ Screening	☐ Grit/Sand Removal	☐ Sedimentation
☐ Filtration	☐ Oil/Grease Separator	☐ Grease Trap
☐ DAF	☐ Centrifuge/Cyclone	☐ pH Neutralization
☐ Chemical Precipitation	☐ Ion Exchange	☐ Ozonation/Chlorination
☐ Reverse Osmosis	☐ Solvent Separation	☐ Amalgam Separator
☐ Septic/Sump	☐ Flow Equalization	☐ Spill Containment
☐ Storage/Waste Hauling	☐ Biological Treatment	☐ Rainwater Diversion

☐ Other pretreatment / BMP (describe): _____

f. Offsite Waste Receipt and Disposal:

Does the facility receive waste or wastewater from outside its boundaries for treatment, storage, or disposal? ☐ Yes ☐ No

If yes, describe the material, source, and approximate quantity: _____

Does your facility generate any liquid waste or sludge that is hauled offsite for disposal? ☐ Yes ☐ No

If yes, provide hauling contractor information below:

Contractor Name : _____

Phone Number: _____ Email: _____

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Certification

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.

Signature: _____ Date: _____
Authorized Representative

Printed Name: _____

For KC Water Staff Only – Initial Review

☐ Contact for permit ☐ Permit not needed ☐ Request more information

Comments/Notes:

Survey Reviewed By: Date:

Revision September 9, 2026