

# SANITARY DISTRICT OF DECATUR, ILLINOIS

501 Dipper Lane \* Decatur, Illinois \* 62522

## INDUSTRY QUESTIONNAIRE

Name of Industry: \_\_\_\_\_ Phone #: \_\_\_\_\_

Standard Industrial Classification (SIC) #: \_\_\_\_\_

Site Address: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Name of the person filling out this form: \_\_\_\_\_

Title of the person filling out this form: \_\_\_\_\_

E-mail address of person filling out form: \_\_\_\_\_

Who should the SDD contact if there are questions about information in this questionnaire: \_\_\_\_\_

Name(s) of persons employed by IU to whom communications should be sent:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

What year was the industry established on the current site? \_\_\_\_\_

List shift times: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
(For businesses with shift work)

Other shifts? \_\_\_\_\_

No. of employees, per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Total: \_\_\_\_\_  
(include part time)

List the source(s) of water for this industry and the average volume percentage from each source (in gallons/day):

City \_\_\_\_\_ GPD  Well \_\_\_\_\_ GPD  Other \_\_\_\_\_ GPD  
(specify source below)

Wastewater Discharge Volume: \_\_\_\_\_ Is Discharge Seasonal? \_\_\_\_\_

Is Discharge Continuous? \_\_\_\_\_

Nature of business: \_\_\_\_\_

Description of the industry and its operations:

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Principal Products Or Services:

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Principal Raw Materials Used:

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PRINCIPAL USES OF WATER:

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Does your firm have a plot or map showing the sewers and manholes that you utilize? \_\_\_\_\_  
(include a copy with this form if available)

Does your firm have a schematic flow sheet showing in general the various processes, with special emphasis on points where specific wastes are generated? Yes \_\_\_\_ No \_\_\_\_ (include a copy with this form if available)

How is storm drainage handled? \_\_\_\_\_  
\_\_\_\_\_

NPDES Number: \_\_\_\_\_

Does your business have any wastewater pretreatment capabilities? (such as a grease trap, lint trap, heat reclaimer, metals recovery system etc.)

\_\_\_\_\_ If yes, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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List the materials that are or could be discharged by your firm whether by normal production, maintenance, clean-up, or accidental spills:

_____ Acids	_____ Lubrications	_____ Solvents
_____ Alkalis	_____ Metals	_____ High Heat
_____ Blood	_____ Mineral Oils	_____ Vegetable Oils
_____ Chemicals	_____ Motor Oils	_____ Viscous Material
_____ Detergents	_____ Phenols	_____ Dye(s)
_____ Inert Materials	_____ Radioactive Material	_____ Other (List)

Number of sewer connections: \_\_\_\_\_

Has any wastewater sampling and analysis been done? \_\_\_\_\_

If yes, are the results available? \_\_\_\_\_

Who did the sampling and analysis? \_\_\_\_\_

Are any RCRA regulated wastes stored on site? \_\_\_\_\_ If yes, give details:

Who handles waste materials (in house)? \_\_\_\_\_

Name(s) of waste hauler(s) and/or land disposal site(s):

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Name: \_\_\_\_\_ Site: \_\_\_\_\_

List any environmental control permits held by IU.

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Are any chemicals stored in quantities greater than 50 gallons? \_\_\_\_\_

If so, please give details: \_\_\_\_\_

Does your firm have a written Spill Prevention Control and Countermeasure (SPCC) plan or similar spill control or slug control plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Remarks, Comments Etc.: \_\_\_\_\_

I certify that this form is accurate and complete to the best of my knowledge:

X

\_\_\_\_\_

(Signature and title of responsible company official)

\_\_\_\_\_

(Printed Name And Official Title)

Date Signed: \_\_\_\_\_

**THE FOLLOWING SECTION IS FOR USE BY SANITARY DISTRICT OF DECATUR PERSONNEL**

This form was received and reviewed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_