

SANITARY DISTRICT OF DECATUR, ILLINOIS

501 Dipper Lane * Decatur, Illinois * 62522

INDUSTRY QUESTIONNAIRE

Company Name: _____ Phone #: _____

Correspondence Address: _____

Site Address: _____
(if different) _____

Standard Industrial Classification (SIC) #s: _____

North American Industry Classification

System (NAICS) #s: _____

Name, title, telephone number, and email
address of person authorized to represent
this firm to the Sewer Authority _____

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

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

Name: _____ Title: _____ Phone #: _____

Name: _____ Title: _____ Phone #: _____

What year was the industry established on the current site? _____

Identify the type of business conducted by the company: _____

What are the hours of operation? _____

Shift start times: 1st _____ 2nd _____ 3rd _____
(For businesses with shift work)

Other shifts? _____

No. of employees, per shift: 1st _____ 2nd _____ 3rd _____ Total: _____
(include temporary & part time)

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

City _____ GPD Well _____ GPD Other _____ GPD
(specify source below)

Wastewater Discharge Volume: _____ Is Discharge Seasonal? _____

Is Discharge Continuous? _____

Provide a description of the manufacturing, production, or service activities conducted by this business:

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Principal Products or Services:

Principal Raw Materials and Process Additives Used:

Principal Uses Of Water:

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 exchanger, metals recovery system etc.)

_____ If yes, please describe briefly: _____

Number of sewer connections: _____

Has any wastewater sampling and analysis been done? _____

If yes, are the results available? _____

Who did the sampling and analysis? _____

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List the materials that are or could be in the wastewater generated by your firm whether by normal production, maintenance, clean-up, or accidental spills. Check all that apply:

Substance	Volume (gal./day)	Substance	Volume (gal./day)	Substance	Volume (gal./day)
<input type="checkbox"/> Acids	_____	<input type="checkbox"/> Dye(s)	_____	<input type="checkbox"/> Phenols	_____
<input type="checkbox"/> Alkalis	_____	<input type="checkbox"/> High Heat	_____	<input type="checkbox"/> Radioactive Material	_____
<input type="checkbox"/> Blood	_____	<input type="checkbox"/> Inert Materials	_____	<input type="checkbox"/> Solvents	_____
<input type="checkbox"/> Chemicals	_____	<input type="checkbox"/> Lubrications	_____	<input type="checkbox"/> Storm Water	_____
<input type="checkbox"/> Cooling Water	_____	<input type="checkbox"/> Metals	_____	<input type="checkbox"/> Vegetable Oils	_____
<input type="checkbox"/> Detergents	_____	<input type="checkbox"/> Mineral Oils	_____	<input type="checkbox"/> Viscous Material	_____
<input type="checkbox"/> Domestic Wastes	_____	<input type="checkbox"/> Motor Oils	_____	<input type="checkbox"/> Other (List below)	_____

Are any Resource Conservation Recovery Act (RCRA) regulated wastes stored on site? _____ If yes, give details:

Who handles waste materials? _____

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 Industry.

Are any chemicals stored in quantities greater than 50 gallons? _____

If so, please give details: _____

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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.: _____

This form is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

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: _____

