



**City of Muscatine**  
**Industrial/Commercial User Survey**  
**Muscatine Water & Resource Recovery Facility**  
**1202 Musser St. Muscatine, IA 52761 • 563-263-2752**

Office use only
Received: _____
Ins: _____ Rvw: _____ P: _____

All questions must be answered. City Code 13-6-4.1 states "Failure to complete this survey shall be reasonable grounds for terminating service to the industrial user and shall be considered a violation of the ordinance." Return within 30 days of postmarked date is required. Attach any additional info. Digital forms available at: [muscatineiowa.gov/DocumentCenter/Home/View/231](http://muscatineiowa.gov/DocumentCenter/Home/View/231). Questions to: [pretreatment@muscatineiowa.gov](mailto:pretreatment@muscatineiowa.gov).

1. **Company Name/DBA:** \_\_\_\_\_
  
2. **Bus. Phone:** \_\_\_\_\_ **Bus. Address:** \_\_\_\_\_
  
3. **Mailing Address (if different from above):** \_\_\_\_\_
  
4. **Name of contact regarding information in this questionnaire:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
  
5. **Briefly describe the business activities inside and outside your facility (principle activity, product or service):**  
**Inside:** \_\_\_\_\_  
**Outside:** \_\_\_\_\_
  
6. **A. Your business Standard Industrial Classification (SIC):** \_\_\_\_\_ **or**  
**B. National American Ind. Classif. System (NAICS):** \_\_\_\_\_
  
7. **# of shifts:** \_\_\_\_\_ **# of employees:** \_\_\_\_\_ **Check days of operation:**  M  Tu  W  Th  F  Sat  Sun
  
8. **Check all categories that apply to this business/facility:**  Retail  Food Service/Prep  Manufacturing  
 Auto Shop/Repair/Detailing/Painting  Photo Processing/x-ray  Salvage  Fuel Dispensing  
 Transportation/Equipment Cleaning  Medical/Veterinarian  Dentistry/Orthodontics  
 Laundry/Dry Cleaning  Warehousing/Distribution  Other: \_\_\_\_\_
  
9. **Does your facility generate any process wastewater (not including domestic or sanitary wastewater i.e. toilets, showers, bathroom sinks)?**  Yes  No
  
10. **What are the characteristics of any process wastewater (other than domestic i.e. restrooms, showers, etc.):**  
 Acid  Metals  Color Dyes  Soaps/Detergents  Synthetic Organics  Toxic Organics  
 Alkaline  Fats, Oils and Grease  Petroleum Products  Medicine/Rx  Hot Water \_\_\_\_\_ ° F  
 Food Product  Boiler/Cooling system discharge  None of these  Unknown
  
11. **Does your facility have an oil & grease separator (indoor trap or outdoor interceptor)?**  Yes  No
  
12. **Does any process wastewater undergo any pretreatment (i.e. filtration, pH adjustment, dilution, etc.)?**  
 Yes  No **If Yes, briefly describe:** \_\_\_\_\_



13. Does your facility have a Spill Prevention and Countermeasure Plan in effect?  Yes  No
14. Does your facility discharge any substance, which, if otherwise disposed of would be a hazardous waste as defined under 40 CFR part 261?  Yes  No  Unknown
15. Are there any solids, liquids or other wastes removed by a septic service or other chemical hauler?  
 Yes  No If yes, identify the materials, quantities and frequency of service: \_\_\_\_\_

\_\_\_\_\_  
 Name, address and phone of hauler(s): \_\_\_\_\_  
 \_\_\_\_\_

16. Is this facility connected to the City sanitary sewer?  Yes  No  
 If "No", are there plans to connect?  Yes  No If "Yes", indicate when: \_\_\_\_\_

17. Do you have any floor drains, catch basins, sumps, sinks or any other outlets to the sanitary sewer or storm sewer system in your manufacturing/production or storage areas?  Yes  No

18. Does this facility receive a billing statement from Muscatine Power & Water?  Yes  No  
 If "Yes", please list your highest volume account number(s). \_\_\_\_\_

19. Average quantity of wastewater discharged in ccf/month? An estimate may be obtained from your monthly water bill:  Less than 400 ccf/mo  400-1,000 ccf/mo  1001-4000 ccf/mo  more than 4,000 ccf/mo

20. Do you use or store liquid chemicals in quantities of 55 gallons or more?  Yes  No

21. Do you use or store dry chemicals in quantities of 500 pounds or more?  Yes  No

22. Do you store/use materials, chemicals, products, equipment or waste materials outside?  Yes  No

23. Does stormwater come into contact with any process(es) or product(s) at your facility?  Yes  No

24. Do you clean equipment or vehicles at your facility?  Yes  No

Discharged to sanitary sewer? \_\_\_\_ To storm sewer? \_\_\_\_ 100% recycled? \_\_\_\_ Other? \_\_\_\_\_

25. "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."

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

