CITY OF SIOUX FALLS

Wastewater Information Form

1. General Information

Business Name: _____

Type of Facility: _____

Facility Representative: _____

Address: _____

Phone Number: _____ Electronic Correspondence? ☐ Yes ☐ No

If yes, Email: _____

Principal Product or Service: _____

Average Number of Employees: _____ Standard Industrial Classification Code (SIC): _____

Years in Operation at this Location: _____ Manufacturing Conducted On Site? ☐ Yes ☐ No

2. Chemical Inventory

Does this facility store hazardous chemicals on site? ☐ Yes ☐ No

Please indicate any chemicals stored on site in quantities of 10 gallons or more.

Grease/Oils	☐ Yes	☐ No	Inks/Dyes/Paints	☐ Yes	☐ No
Fuels	☐ Yes	☐ No	Pesticides/Herbicides	☐ Yes	☐ No
Solvents	☐ Yes	☐ No	Acids/Caustics	☐ Yes	☐ No
Soaps/Cleaners	☐ Yes	☐ No	Metals/Inorganics	☐ Yes	☐ No

Other: _____

Does a waste hauler pick up any chemicals or liquid waste not from the list above?

☐ Yes ☐ No If yes, what is picked up? _____

3. Daily Water Use: Utility Bill

Source of Water: ☐ Municipality ☐ Rural Water ☐ Private Well

Estimate daily water use (Utility/water bill): _____ gallons/day

Water Use (Check all that Apply): ☐ Drinking/Restroom ☐ Manufacturing/Processing

☐ Floor Washing ☐ Evaporative Cooling ☐ Irrigation ☐ Other: _____

4. Wastewater Production

What operations at your facility discharge wastewater to the sanitary sewer?

☐ General Cleaning ☐ Laundry ☐ Cafeteria Services ☐ Laboratory Practices

☐ Parts Washing ☐ High Pressure Cleaning ☐ Equipment/Car Washing

☐ Machine Operation ☐ RO or Deionizing Systems ☐ Surface Prep for Painting

☐ Dye/Leak Testing Tanks ☐ Caustic or Acid Tanks

Describe any industrial or commercial wastewater generation at your facility:

_____

_____

_____

5. Wastewater Disposal: ☐ Municipal Sewer ☐ Septic System/Holding Tank

Type of Wastewater Discharged:

☐ Domestic Wastewater Only (e.g., restrooms)

☐ Combination of Domestic and Process Wastewater (Industrial/Commercial)

Estimate the average volume of discharge or water loss to the City sanitary sewer: _____ gpd

Estimate the average volume of discharge or water loss NOT to the City sanitary sewer:

Natural outlet: _____ gpd Waste Hauler: _____ gpd

Evaporation: _____ gpd Irrigation: _____ gpd

Other: _____ gpd

6. Wastewater Treatment. Does your facility have any of the following equipment?

☐ Trench/Floor Drain ☐ Sand/Oil Interceptor ☐ Grease/Oil Interceptor or Trap

If so, how often are these systems cleaned? _____

Who services the interceptors? ☐ Self ☐ Liquid Waste Hauler ☐ Other _____

7. Stormwater

Does your facility have storm drains on the property?	☐ Yes	☐ No
Does this facility store materials or chemicals for manufacturing/processing outdoors?	☐ Yes	☐ No
Does this facility have a Stormwater Pollution Prevention Plan (SWPPP)?	☐ Yes	☐ No
Does this facility have a Surface Water Discharge Permit for stormwater?	☐ Yes	☐ No

If yes, what is the permit number? _____

8. Site-Specific Information. Does this facility perform any of the following?

Industrial/Commercial Processes	☐ Yes	☐ No	If so, please complete **section 9a** and **10**.
Medical/Veterinary Procedures	☐ Yes	☐ No	If so, please complete **section 9b** and **10**.
Dental Procedures	☐ Yes	☐ No	If so, please complete **section 9c** and **10**.
Food Services	☐ Yes	☐ No	If so, please complete **section 9d** and **10**.

If none apply, please **complete section 10**.

9a. Regulated Categories. Check all Regulated Categories that apply to your facility.

- ☐ Aluminum Forming
- ☐ Battery Manufacturing
- ☐ Cement Manufacturing
- ☐ Coil Coating
- ☐ Concentrated Animal Feeding Operations (Cafo)
- ☐ Construction and Development
- ☐ Copper Forming
- ☐ Dairy Products Processing
- ☐ Electrical and Electronic Components
- ☐ Electroplating
- ☐ Explosives Manufacturing
- ☐ Fertilizer Manufacturing
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Gum and Wood Chemicals Manufacturing
- ☐ Ink Formulating
- ☐ Inorganic Chemicals Manufacturing
- ☐ Iron and Steel Manufacturing
- ☐ Leather Tanning and Finishing
- ☐ Meat and Poultry Products
- ☐ Metal Finishing
- ☐ Metal Molding and Casting
- ☐ Metal Products and Machinery
- ☐ Nonferrous Metals Forming and Metal Powders
- ☐ Nonferrous Metals Manufacturing
- ☐ Organic Chemicals, Plastics, and Synthetic Fibers
- ☐ Paint Formulating
- ☐ Paving and Roofing Materials
- ☐ Pesticide Chemicals
- ☐ Pharmaceutical Manufacturing
- ☐ Phosphate Manufacturing
- ☐ Plastics Molding and Forming
- ☐ Porcelain Enameling
- ☐ Pulp, Paper, and Paperboard
- ☐ Rubber Manufacturing
- ☐ Soap and Detergent Manufacturing
- ☐ Textile Mills
- ☐ Transportation Equipment Cleaning
- ☐ Waste Combustors

9b. Veterinary/Medical Specific Questions

Does your facility have an X-Ray (excluding digital)? ☐ Yes ☐ No

If so, how many? _____ How many X-Rays per week does your office perform? _____

Does your facility have a silver recovery unit for X-Ray fixer waste? ☐ Yes ☐ No

Does your facility generate medical waste (red or yellow bag)? ☐ Yes ☐ No

If so, how is medical waste disposed? _____

9c. Dental Specific Questions

Are old amalgams removed? ☐ Yes ☐ No How many per week? _____

Are new amalgams installed? ☐ Yes ☐ No How many per week? _____

Does your facility use an amalgam **trap**? (e.g. Chairside) ☐ Yes ☐ No

Does your facility use an amalgam **separator**? (e.g. Near Vacuum System) ☐ Yes ☐ No

What does your facility do with waste amalgam? _____

Has your facility completed the One-Time Compliance Report for Dental Dischargers?

☐ Yes ☐ No

Does your facility have X-Ray unit(s) that produce photographic or X-Ray fixer waste? ☐ Yes ☐ No

Does your facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste? ☐ Yes ☐ No

Does your facility generate medical waste (red or yellow bag)? ☐ Yes ☐ No

9d. Food Services Specific Questions

How is fryer grease handled? _____

_____

Grease Traps (if applicable):

Number of grease traps: _____

What is done with the waste removed from the grease traps? _____

For each grease trap/interceptor at your facility, complete the chart. If more than three are present, attach the additional information on another sheet. Provide a drawing for each under sink and in-ground grease trap/interceptor. The drawing must indicate the dimensions in feet.

	Location at the Facility	**Source of Wastewater[1]**	**Capacity (indicate pounds or gallons)**	**Pounds of grease removed off site per year**	**Maintenance Service Frequency[2]**
Grease Trap/ Interceptor					
Grease Trap/ Interceptor					
Grease Trap/ Interceptor					

[1]**Source of Wastewater**: In the space provided in the chart, fill in the letter corresponding to the applicable source.

- **A.** Food processing
- **B.** Equipment/Vessel wash down
- **C.** Floor wash down
- **D.** Rinses containing spent/discarded food products (describe) _____
- **E.** Spent cleaning/sanitizing solutions
- **F.** Fruits/Vegetables Grindings
- **G.** Laboratory Operations
- **H.** Other (describe) _____

[2]**Maintenance Service Frequency**: In the space provided in the chart, fill in the number corresponding to the applicable maintenance service frequency for each grease trap/interceptor.

- **1.** Daily
- **2.** Weekly
- **3.** Every Month
- **4.** Every three months
- **5.** Every six months
- **6.** Every twelve months
- **7.** Other (describe) _____

Check below each type of waste that is hauled from your facility. (Include food processing/ laboratory wastes that go to a holding tank for later disposal off site by a licensed hauler.)

	Waste Type	**Estimated Gallons/Year**
☐	Spent grease wastes from grease trap/interceptor	
☐	Spent cooking grease from deep frying equipment	
☐	Pesticides	
☐	Waste oil from machinery	
☐	Thinner	
☐	Paint	

10. Certification. I certify that all provided information is true and accurate.

Facility Representative Signature: _____ Date: _____

Mail completed form to:

Water Reclamation
4500 North Sycamore Avenue
Sioux Falls SD 57104

This Portion for Official City Use Only—SIU Determination
Facility meets SIU criteria. ☐ Yes ☐ No Comments: _____
Determination by: _____ Date: _____