6-26-12 Acct # cha

Sewer Acct. #: **4112225102**

Company: **ANHEUSER-BUSCH INSTITUTE**

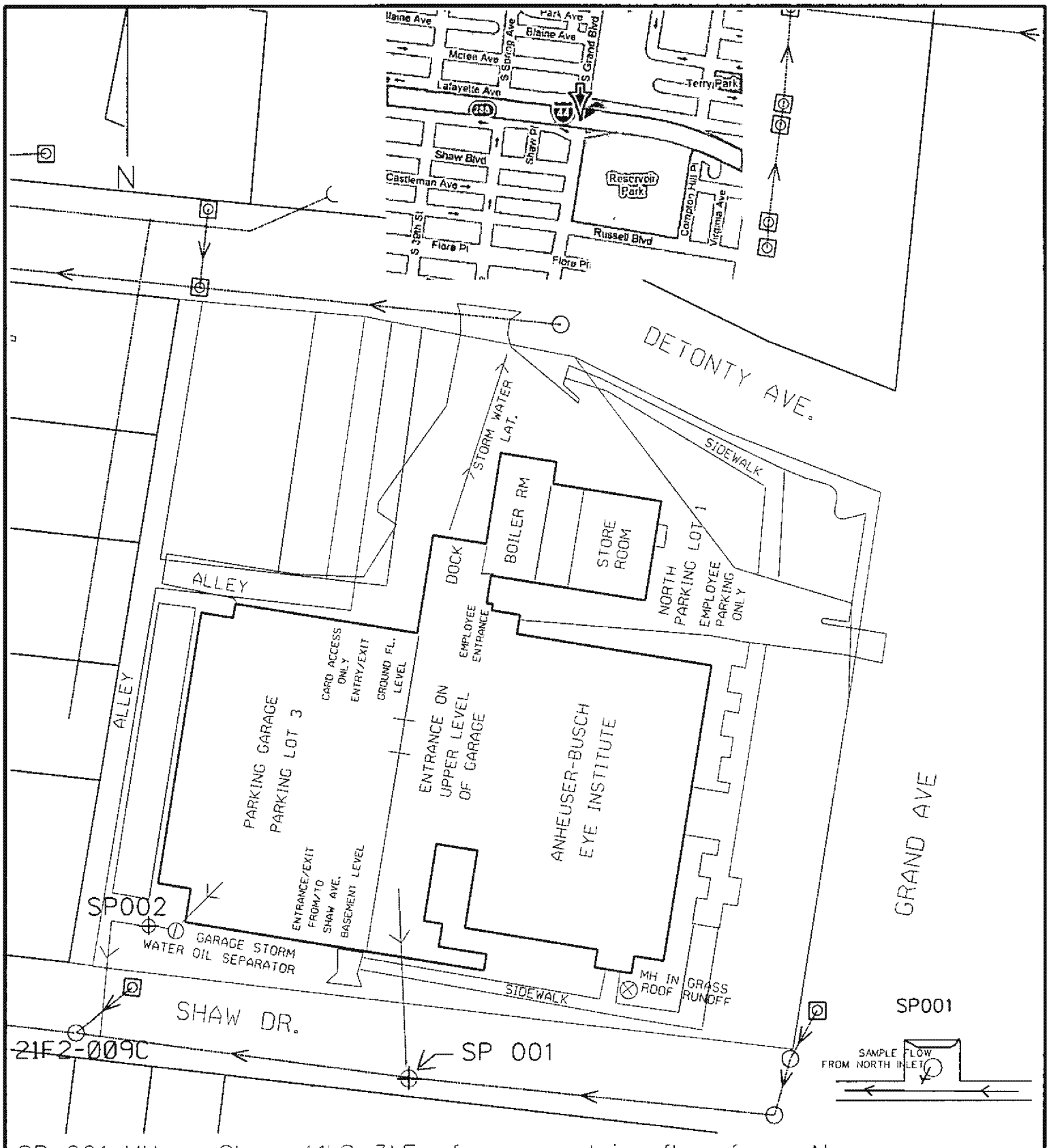
Address: 1755 S. Grand Blvd.

City: St Louis

State and Zip: MO 63104

Ind_id	File Code	File Description
66530	30	INDUSTRY

MSD-DEC INDUSTRY SAMPLING MAP

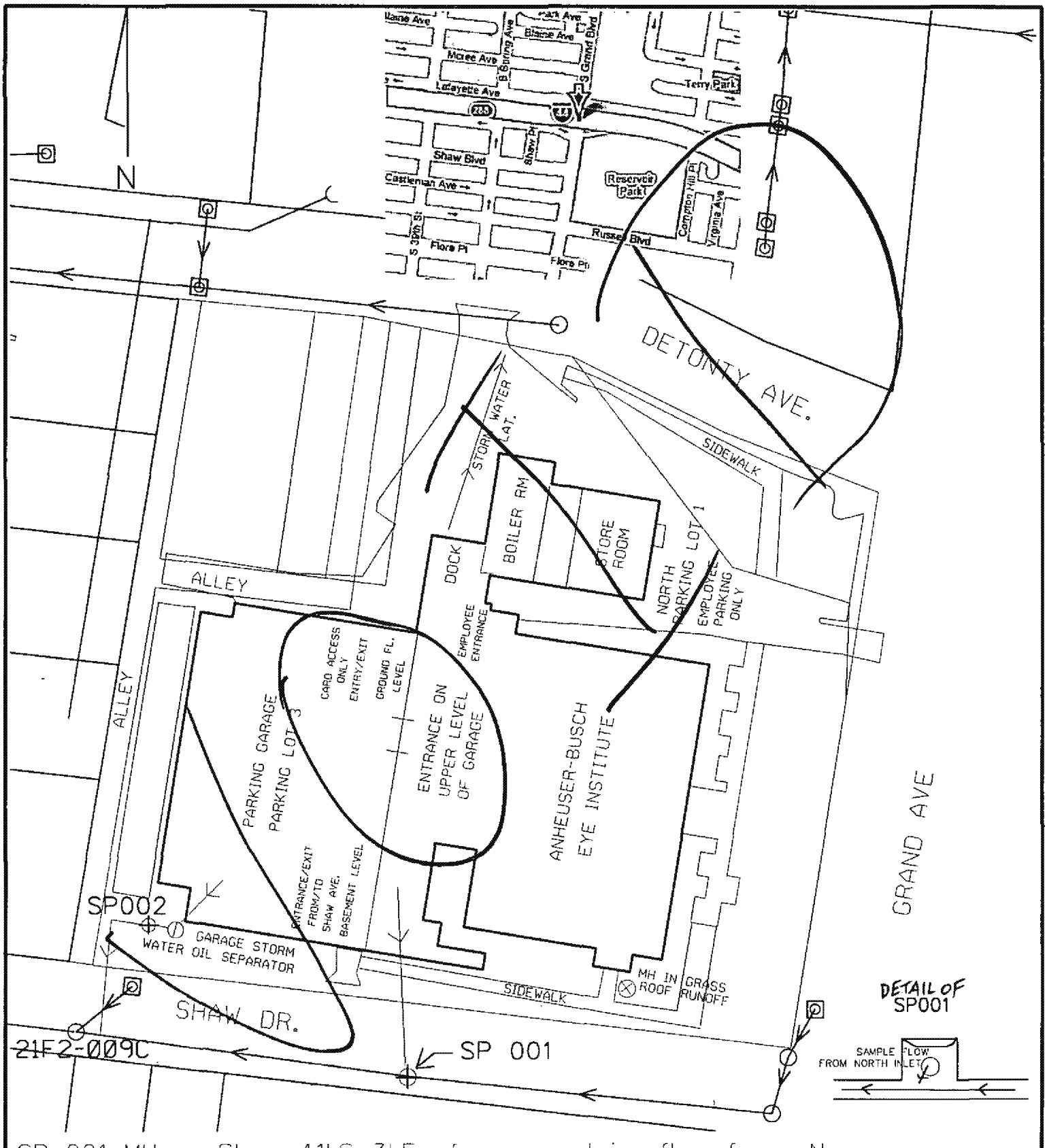


SP 001: MH on Shaw 41' S, 3' E of garage stairs, flow from N.
SP 002: 6" vent 5' W of garage oil separator.

Company Name: ANHEUSER BUSCH INSTITUTE	MSD Account No.: 1020566700		Drawn by: SMR
Premise Address: 1755 S. GRAND BLVD.	Zip: 63104	Date: 6/26/12	Page 1 of 1

MSD-DEC INDUSTRY SAMPLING MAP

MSD



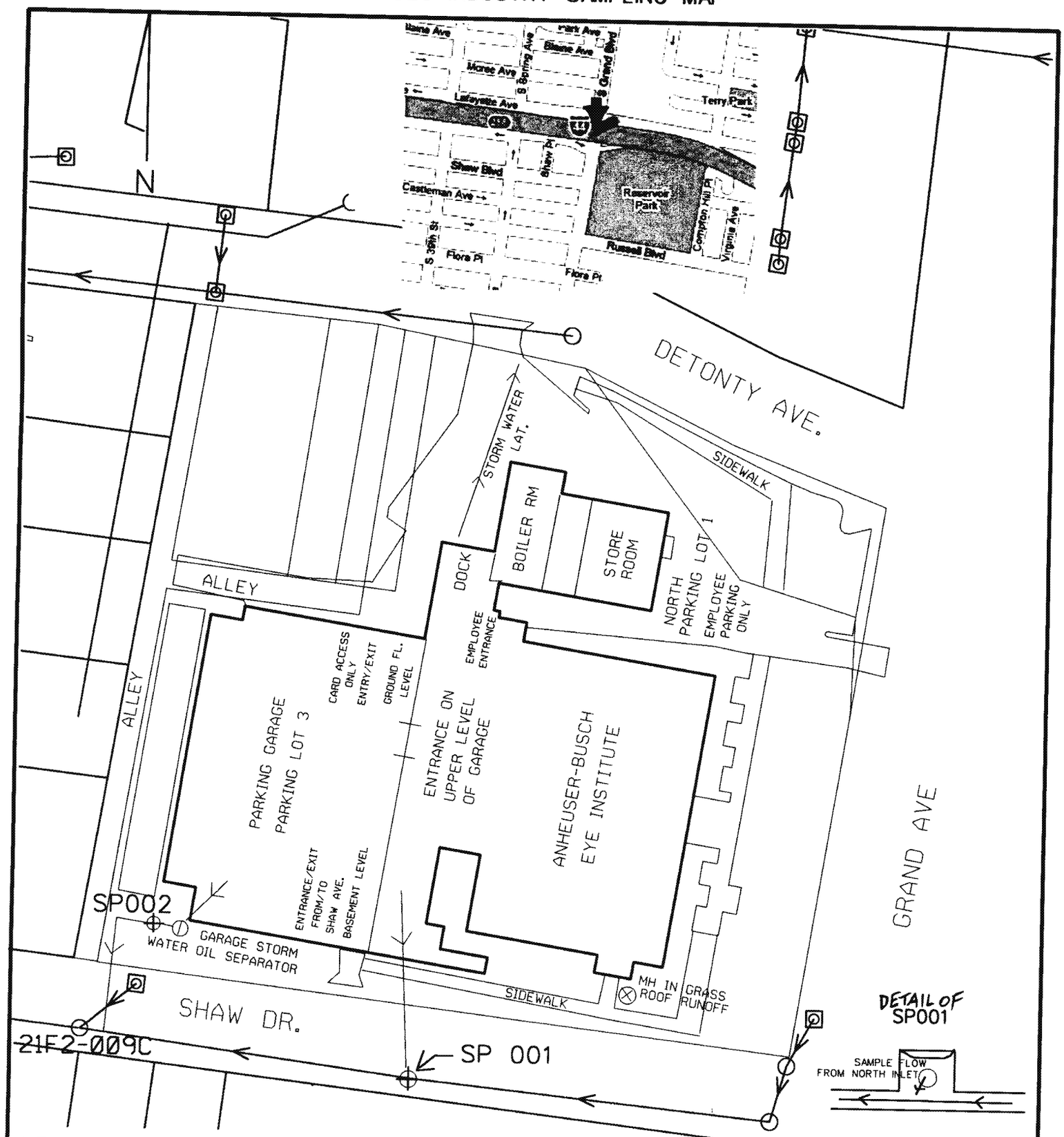
SP 001: MH on Shaw 41' S, 3' E of garage stairs, flow from N.

SP 002: 6" vent 5' W of garage oil separator.

VOID-6/26/12-SMR

Company Name: ANHEUSER BUSCH INSTITUTE	MSD Account No.: 41122251-02		DRAWN BY: MJB
Premise Address: 1755 S. GRAND BLVD.	Zip: 63104	Date: 7-21-10	Page 1 of 1

MSD-DEC INDUSTRY SAMPLING MAP



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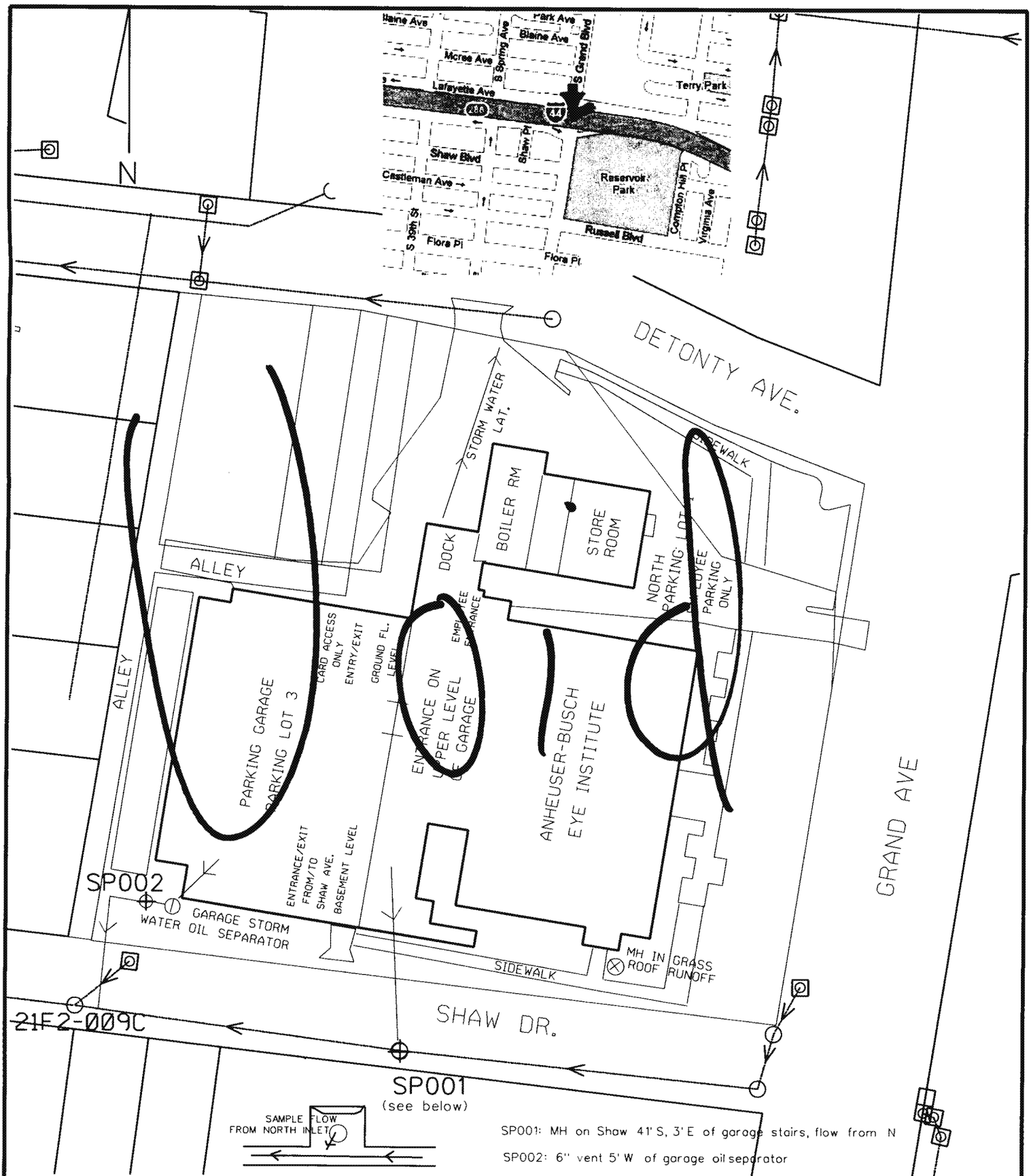
Company Name: ANHEUSER BUSCH INSTITUTE	MSD Account No.: 41122251-02		DRAWN BY: MJB
Premise Address: 1755 S. GRAND BLVD.	Zip: 63104	Date: 7-21-10	Page 1 of 1

MSD

MSD-DEC INDUSTRY SAMPLING MAP



Company Name: ANHEUSER BUSCH INSTITUTE

MSD Account No.: 41122251-02

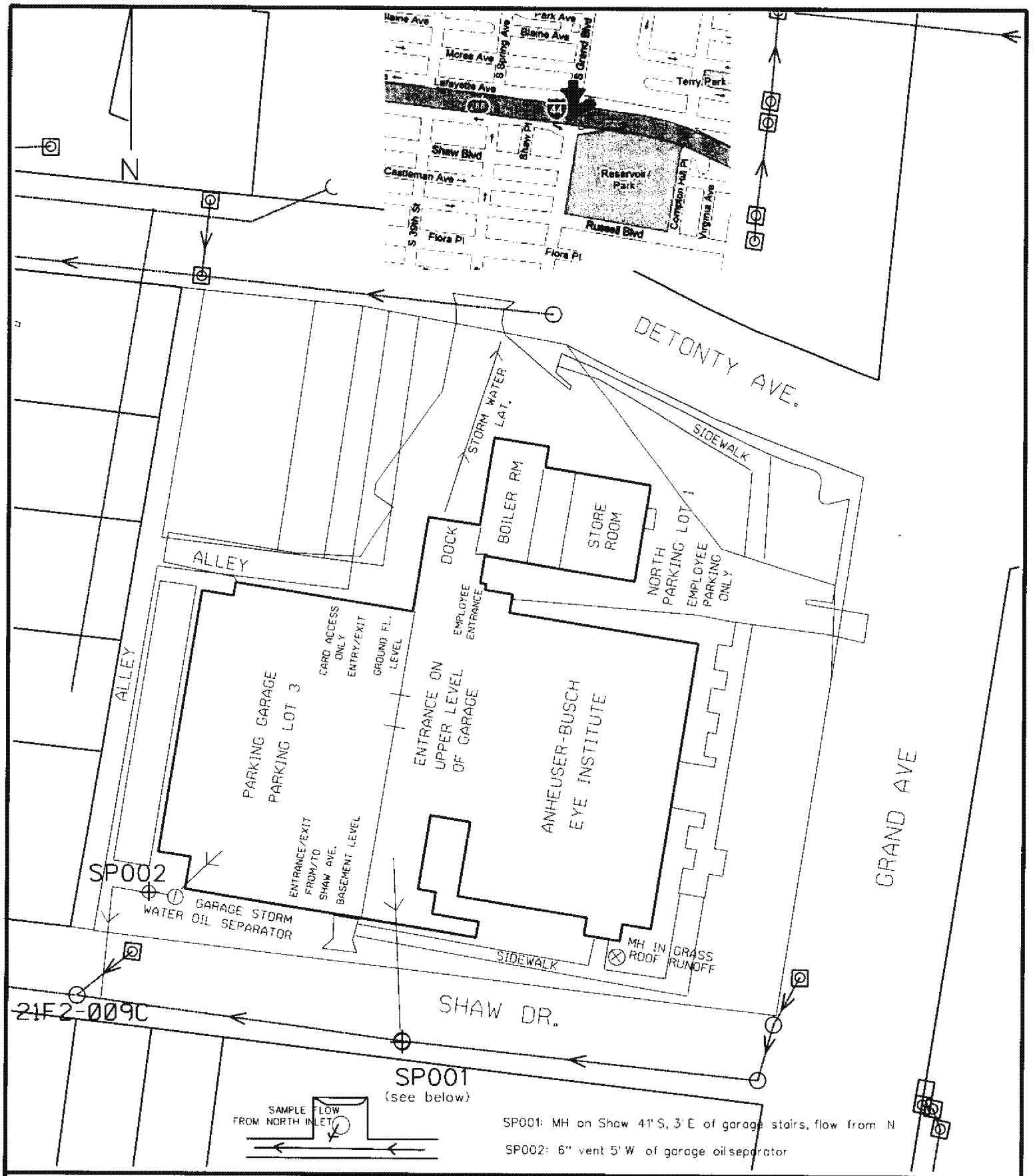
Premise Address: 1755 S. GRAND BLVD.

Zip: 63104

Date: 1/26/09

Page 1 of 1

MSD-DEC INDUSTRY SAMPLING MAP



Company Name: ANHEUSER BUSCH INSTITUTE

MSD Account No.: 41122251-02

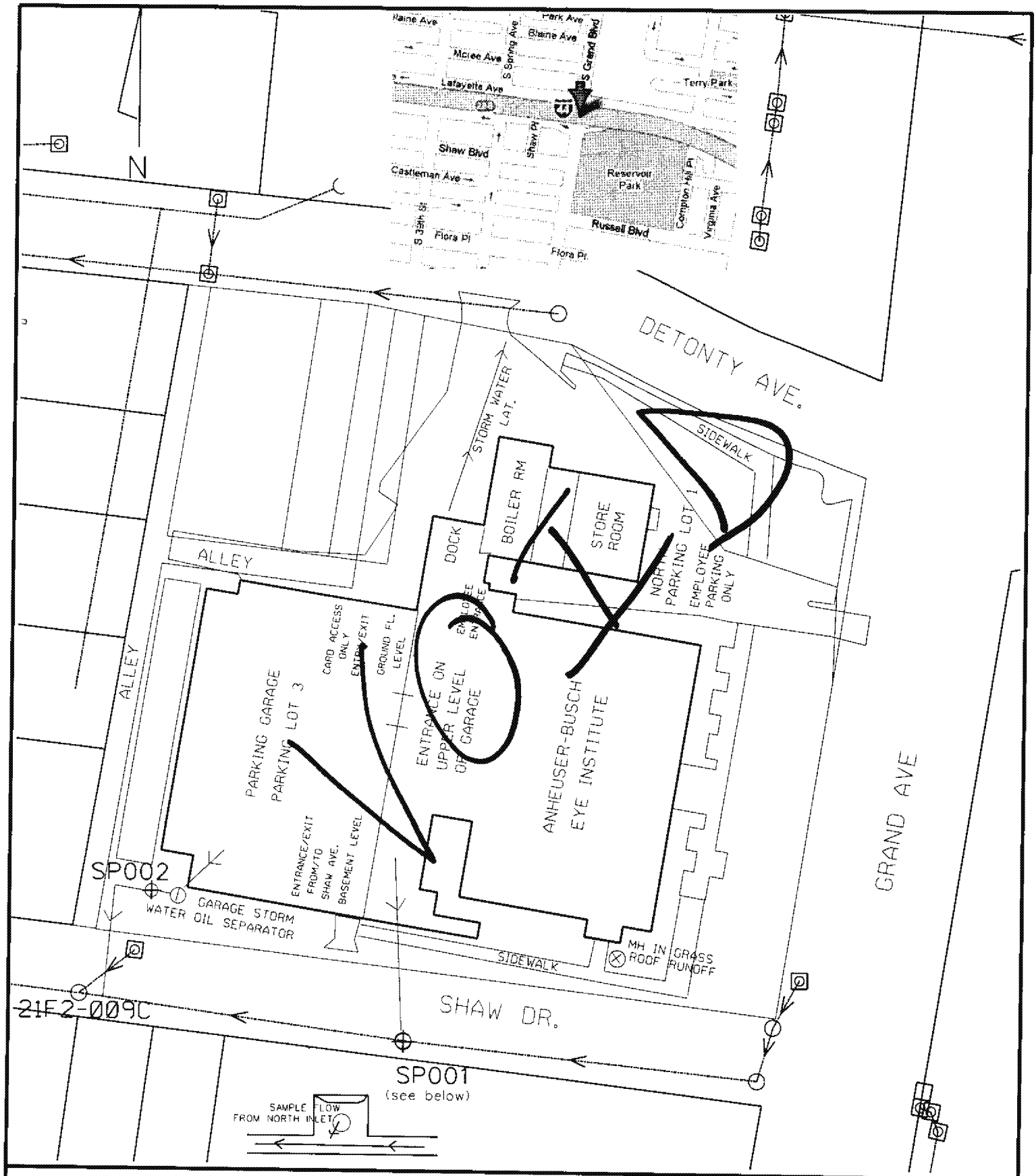
Premise Address: 1755 S. GRAND BLVD.

Zip: 63104

Date: 1/26/09

Page 1 of 1

MSD-DEC INDUSTRY SAMPLING MAP



Company Name: ANHEUSER BUSCH INSTITUTE

MSD Account No.: 41122251-02

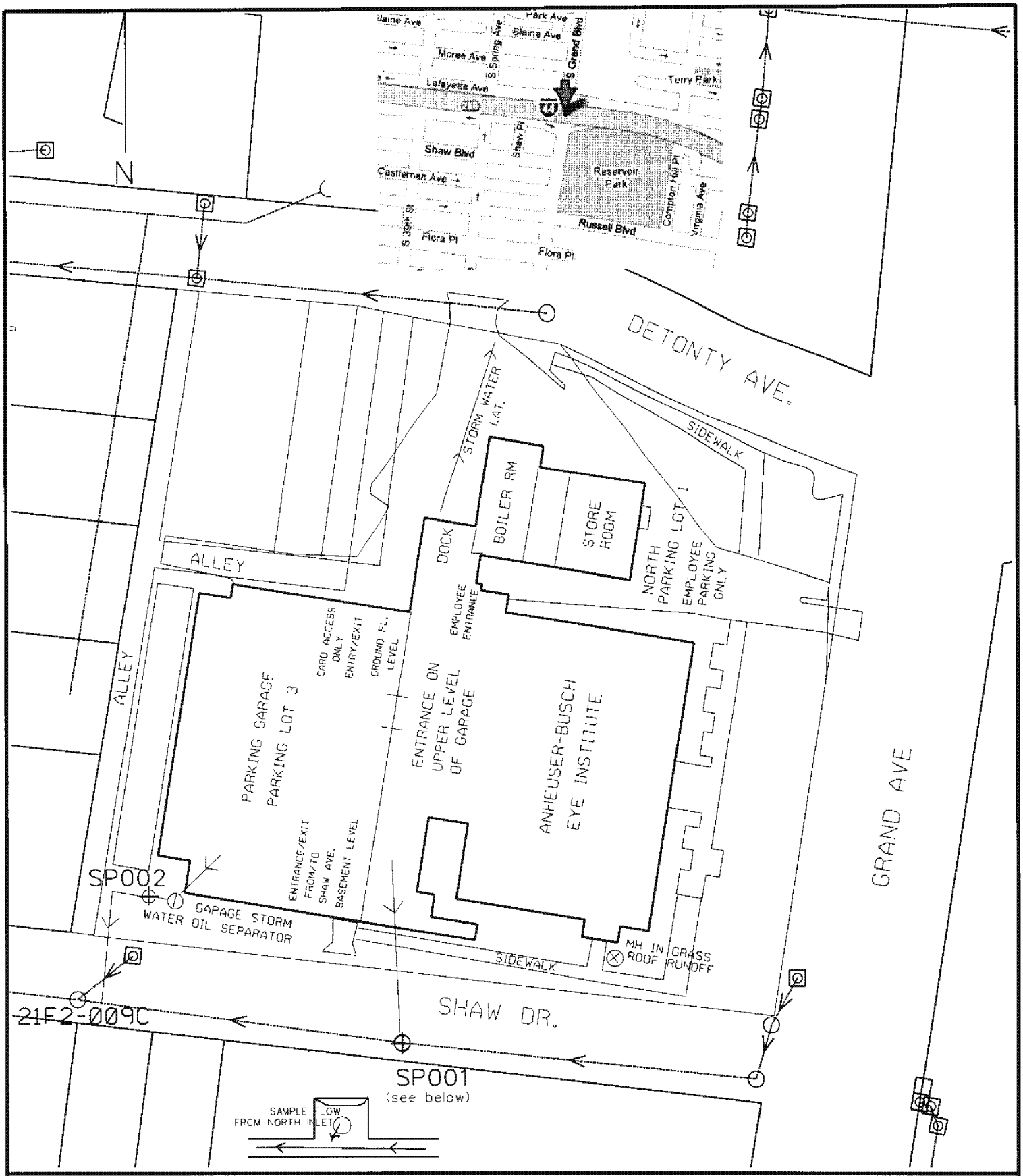
Premise Address: 1755 S. GRAND BLVD.

Zip: 63104

Date: 07/03/07

Page 1 of 1

MSD-DEC INDUSTRY SAMPLING MAP



Company Name: ANHEUSER BUSCH INSTITUTE

MSD Account No.: 41122251-02

Premise Address: 1755 S. GRAND BLVD.

Zip: 63104

Date: 07/03/07

Page 1 of 1

M➤DEC INDUSTRY SAMPLING M

Company Name: ANHEUSER BUSCH INSTITUTE

Premise Address: 1755 S. GRAND BLVD.

Zip Code: 63104

Nearest Intersection: SHAW DR.

Wunnenberg: H22-38 Base Map: 21F1

MSD Account No.: 41122251-02

Total No. of Active Sample Points: 1

Active SP Nos: 001

Facility Contact: TIM HILL 314-577-8072

Secondary Contact: DAVE STRICKLAN

Must contact prior to sampling: Yes ____ No X

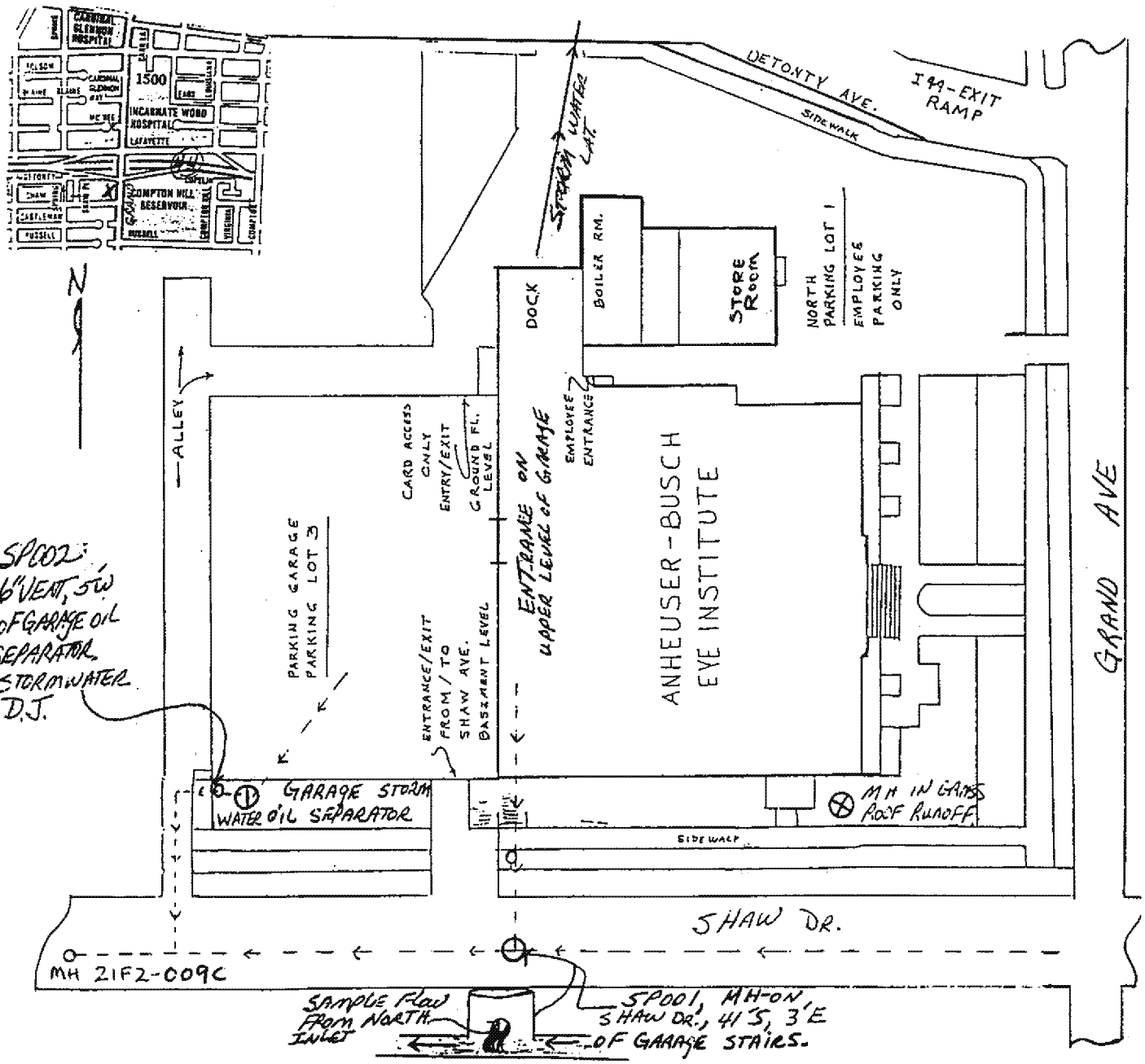
Reason: ____

Company wants to split samples: Yes ____ No X

Special Sampling Requirements or Instructions:

Map Effective Date: 09-22-97 By: JEG Map Revision Date: 2-16-05 By: MJB DMP

Map Revision Date: 11-30-99 By: JEG Map Void Date: 7/3/07 By: DJS



SP MAP DMM-1/95-1

MAP IS INVALID IF NOT DATED AND INITIALED OR IF VOID DATE IS FILLED IN

MSD-DEC INDUSTRY SAMPLING MAP

Company Name: ANHEUSER BUSCH INSTITUTE

Premise Address: 1755 S. GRAND BLVD.

Zip Code: 63104

Nearest Intersection: SHAW DR.

Wunnenberg: H22-38 Base Map: 21F1

MSD Account No.: 41122251-02

Total No. of Active Sample Points: 1

Active SP Nos: 001

Facility Contact: TIM HILL 314-577-8072

Secondary Contact: DAVE STRICKLAN

Must contact prior to sampling: Yes ____ No X

Reason: ____

Company wants to split samples: Yes ____ No X

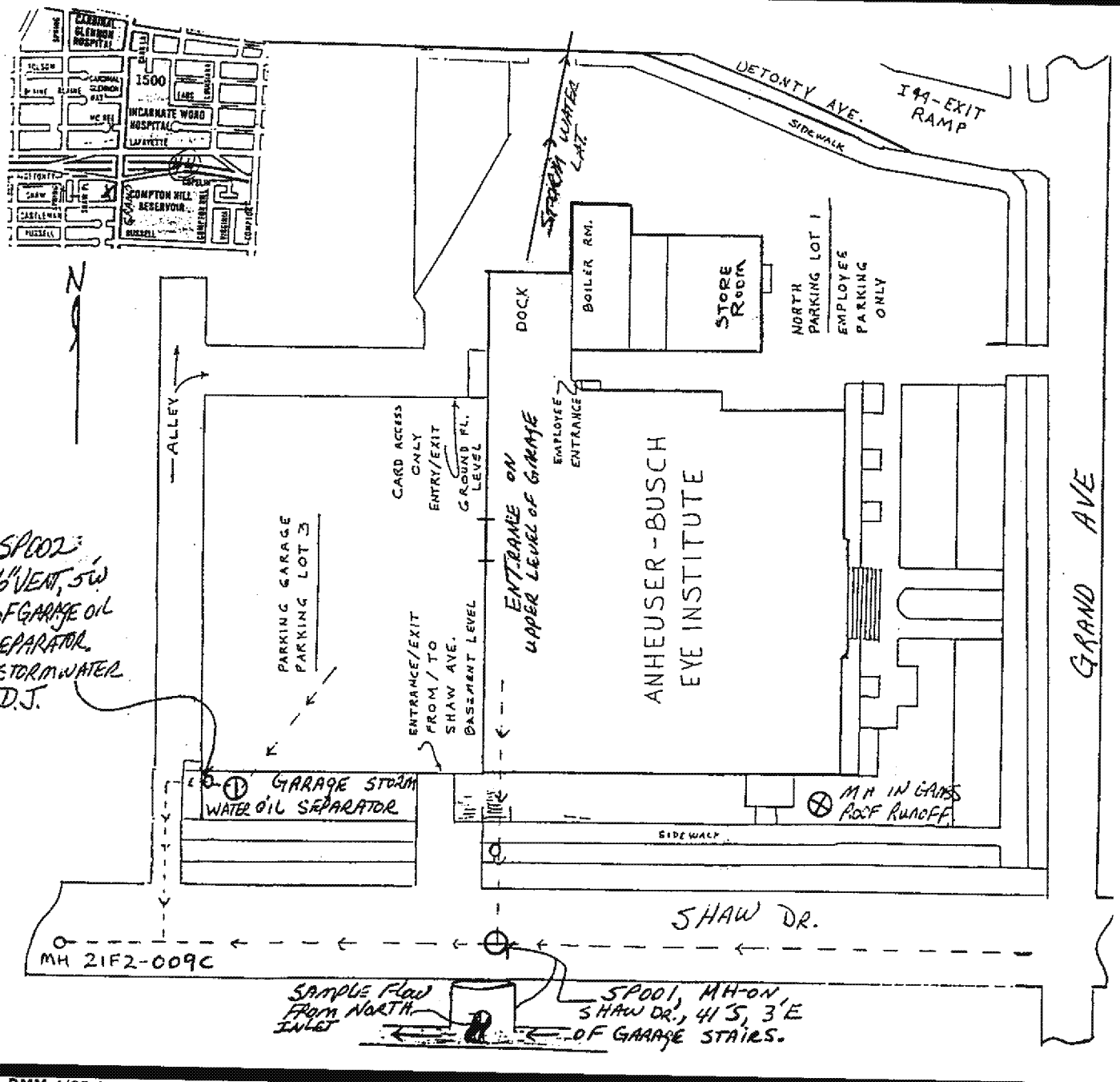
Special Sampling Requirements or Instructions: ____

Map Effective Date: 09-22-97 By: JEG

Map Revision Date: 11-30-99 By: JEG

Map Revision Date: 2-16-05 By: MJB DrP

Map Void Date: ____ By: ____



SP MAP DMM-1/95-1

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MSD-DEC INDUSTRY SAMPLING MAP

Company Name: ANHEUSER BUSCH INSTITUTE

Premise Address: 1755 S. GRAND BLVD.

Zip Code: 63104

Nearest Intersection: SHAW DR.

Wunnenberg: H22-38 Base Map: 21F1

MSD Account No.: 41122251-02

Total No. of Active Sample Points: 1

Active SP Nos: 001

Facility Contact: PHIL VAN CLEVE (577-8070)

Secondary Contact: DAVE STRICKLAN

Must contact prior to sampling: Yes ____ No X

Reason:

Company wants to split samples: Yes ____ No X

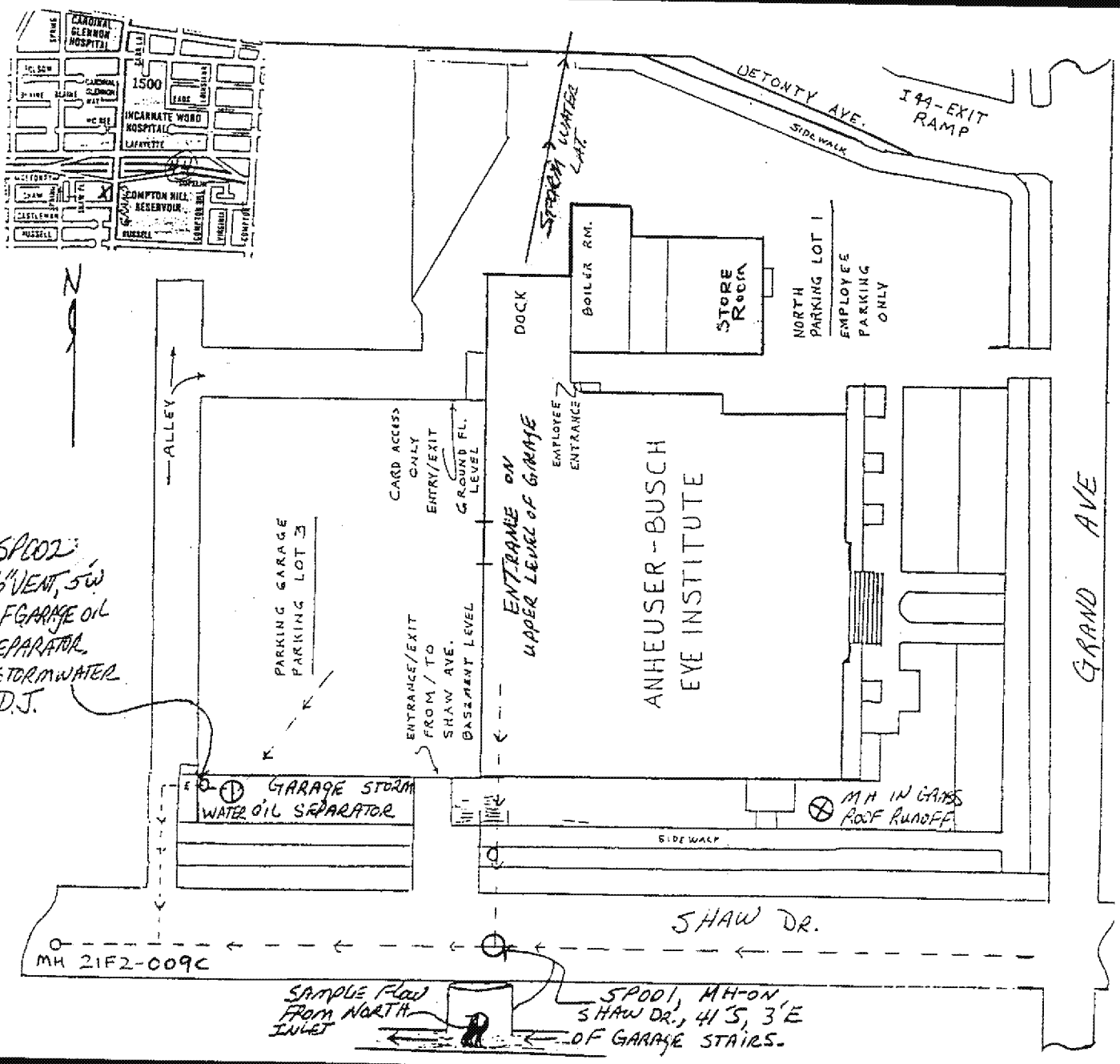
Special Sampling Requirements or Instructions:

Map Effective Date: 09-22-97 By: JEG

Map Revision Date: 11-30-99 By: JEG

Map Revision Date: ____ By: ____

Map Void Date: 2-16-05 By: MJB



SP MAP DMM-1/95-1

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MSD-DEC INDUSTRY SAMPLING MAP

Company Name: ANHEUSER BUSCH INSTITUTE

Premise Address: 1755 S. GRAND BLVD.

Zip Code: 63104

Nearest Intersection: SHAW DR.

Wunnenberg: H22-38 Base Map: 21F1

MSD Account No.: 41122251-02

Total No. of Active Sample Points: 1

Active SP Nos: 001

Facility Contact: PHIL VAN CLEVE (577-8070)

Secondary Contact: DAVE STRICKLAN

Must contact prior to sampling: Yes ____ No X

Reason: ____

Company wants to split samples: Yes ____ No X

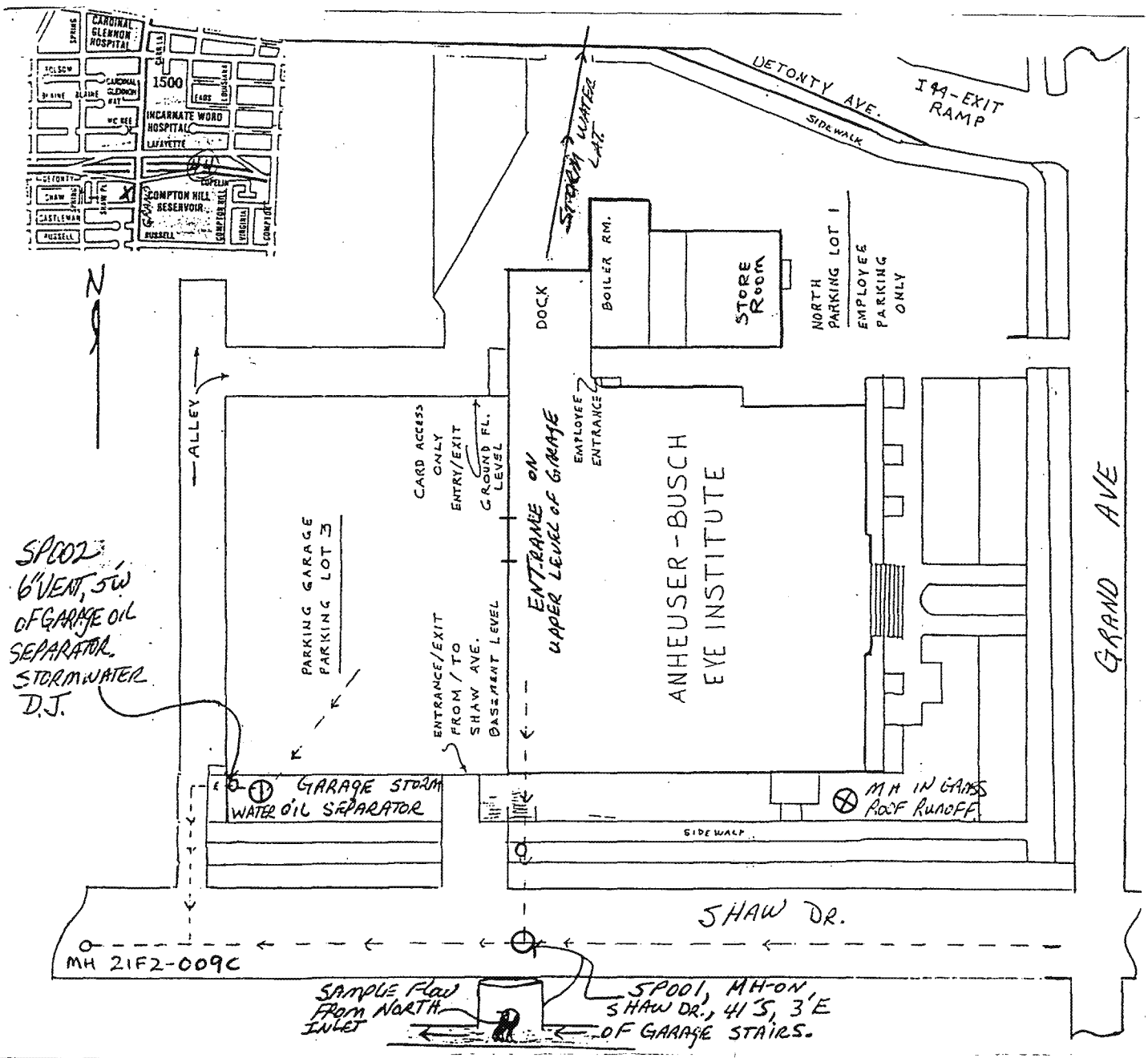
Special Sampling Requirements or Instructions: ____

Map Effective Date: 09-22-97 By: JEG

Map Revision Date: 11-30-99 By: JEG

Map Revision Date: ____ By: ____

Map Void Date: ____ By: ____



SP MAP DMM-1/95-1

MAP IS INVALID IF NOT DATED AND INITIALED OR IF VOID DATE IS FILLED IN

Metropolitan St. Louis Sewer District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.436.8710 www.stlmsd.com

April 8, 2021

Kevin Ferguson
Associate Radiation Safety Officer
ST LOUIS UNIVERSITY HEALTH SCIENCES CENTER
1402 S. Grand Blvd.
Caroline Bldg. – C305
St. Louis, MO 63104

Re: Radioactive Materials Discharges

Dear Mr. Ferguson,

We have reviewed your January 12, 2021 request for permission to cease the submittal of radioactive material discharge reports from the following facilities:

- **ANHEUSER-BUSCH INSTITUTE**
  1755 S. Grand Boulevard
- **SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPITAL**
  1465 S. Grand Boulevard
- **SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL**
  1201 S. Grand Boulevard
- **SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL**
  3635 & 3655 Vista Avenue

Per your March 26, 2021 email, we understand that the above facilities (excluding the new St. Louis University Hospital) were authorized to dispose of radioactive material due to the presence of various laboratories leasing space at those locations. Those laboratories have moved out over a decade ago. The new St. Louis University Hospital at 3635 & 3655 Vista Avenue does not have any research labs, nor will there be any in the future.

Based on the information you provided, we are revoking the approval for the facilities listed above to discharge small quantities of radioactive material to the Metropolitan St. Louis Sewer District. Following the submittal of the 1st quarter 2021 reports, due no later than **April 28, 2021**, quarterly reports from each will no longer be required. Additionally, revised permits for SSM Health Cardinal Glennon Children's Hospital and SSM Health St. Louis University Hospital (both the new and legacy locations) will be issued, with the quarterly radioactive materials reporting requirement removed.

If you wish to resume discharge of radioactive material to MSD's sewer system, you must obtain approval from us prior to any discharge. Your request must contain at least the following information:

- A list itemizing the isotopes used, and identifying those to be discharged
- Decay rates (half-life) for those isotopes to be discharged
- Information concerning the form of radiation emitted by each isotope (i.e. alpha, beta, gamma)
- The total level of radiation anticipated to be discharged, along with a list of the radiation level corresponding to each isotope
- The discharge locations of the radioactive materials within your facility, and the connection points to MSD's sewers for these discharge locations
- Verification that the material is readily soluble or readily dispersible biological material
- Copies of your radioactive materials licenses

Thank you for your assistance in helping us to comply with state and federal regulations. If you have any questions, please contact me at 314.436.8762.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Carly Reidt

Carly Reidt
Assistant Engineer

ec: Doug Mendoza
Dave Kupke
Mike Kynion

FILE: ANHEUSER-BUSCH INSTITUTE, 1020566700, Industry
SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPITAL, 1020548900, Industry
SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL, 1020548801, Industry
SSM HEALTH ST LOUIS UNIVERSITY HOSPITAL, 1055710900, Industry

Carly Reidt

From: Kevin Ferguson <kevin.ferguson@slu.edu>
Sent: Friday, March 26, 2021 9:52 AM
To: Carly Reidt
Subject: Re: Request for Discontinuation of Authorization for Some Drain Disposal Locations

Hi Carly,

I wish I could provide something like that, but our NRC license doesn't work that way. We have one broad scope license that covers both the University and Hospital, and it uses street boundaries to spell out where licensed materials can be used. Potentially any building owned by the University or Hospital in this part of town could be used for rad. materials under our license. Here is what that section of the license says:

"Licensed material may be used or stored at the licensee's facilities bounded by Olive Boulevard on the north, Shaw Avenue on the south, Compton Avenue on the east, and 39th Street on the west, St. Louis Missouri".

The license also does specifically spell out that Nuclear Medicine and PET/CT departments in the Hospital may use licensed materials. However, there would be no drain disposal of radioactive materials from these clinical areas other than possibly exempt patient excreta. This category of waste is exempt from reporting by NRC and MSD.

The only reason there was ever a drain disposal authorization for the old hospital was due to some labs on the 10th and 11th floor of Bordley Pavilion that were leased space from the hospital. They were all moved out more than a decade ago. Also, over two decades ago there were a few research labs in West Pavilion (Bethesda Eye Institute at the time) that utilized some drain disposal. They were moved out prior to my arrival (23 years ago) and there have been no drain disposals of rad. mat. there since.

Cardinal Glennon also had some old labs down the basement which were leased space. They never drain disposed anything since I came to SLU and were moved out over a decade ago. We no longer have a presence in Cardinal Glennon, and Cardinal Glennon has their own NRC license for the clinical use of rad. materials.

ABI also had leased space on the 5th floor that the labs were moved out of more than a decade ago. There may still be some hospital clinical labs here, but none are authorized for rad. materials and there are no plans to authorize any users in that space, nor would we allow drain disposal in the unlikely event that did happen.

Two labs on Frost campus are authorized for rad. materials, but only one has any on hand. We do not put any rad. materials down the drain on Frost campus and have not for at least a decade. If any aqueous rad. waste was generated, it would disposed via the Med. School drain.

We have not drain disposed rad. materials in various locations throughout the campus for years and have only used one drain in the Med. School for this purpose in the recent past. There has never been any authorization in individual labs for drain disposal. We have mostly only authorized one drain per building (there were two in one building in one case). This was partly to make tracking easier and partly because we didn't want to contaminate all the plumbing in our buildings. The research use of radioactive materials has steadily declined for the past two decades and will likely continue to do so as other methods are replacing its use. Of the currently authorized drain disposal locations, only Frost campus has any current authorization for rad.

materials (other than Med. School). Since we would be picking up other waste streams (such as dry solid waste and scintillation vials) from Frost anyway, it just makes sense to pick up any aqueous waste as well and dispose down a single sink (which is what we have done on the rare occasions it has been required in the past decade from Frost campus).

Sorry for the lengthy email. I just wanted to be a little more detailed in my explanation. If MSD decides that we need to retain these authorized locations then we will continue to report them every quarter, but we will not be actually using them for rad. materials disposal, except for the Med. School drain.

Please let me know if you need anything else.

Thanks,
Kevin

Kevin Ferguson
Associate Radiation Safety Officer
Research Integrity and Safety Group

Office of the Vice President for Research
Saint Louis University

314-977-6896
kevin.ferguson@slu.edu

Caroline C-305

From: Carly Reidt <creidt@stlmsd.com>
Sent: Thursday, March 25, 2021 2:00 PM
To: Kevin Ferguson <kevin.ferguson@slu.edu>
Subject: [External] RE: Request for Discontinuation of Authorization for Some Drain Disposal Locations

Hi Kevin!

Question for you…I'm assuming all of the facilities that are no longer discharging the radioactive materials have an NRC license, except for maybe the new SLU Hospital. Do you by any chance have any sort of documentation from the NRC showing the licenses have been terminated? If you do, that might be helpful.

Thanks again for your patience!

-Carly

Carly Reidt
Assistant Engineer -- Environmental Compliance
Metropolitan St. Louis Sewer District
10 East Grand Avenue
St. Louis, MO 63147

Carly Reidt

From: Kevin Ferguson <kevin.ferguson@slu.edu>
Sent: Tuesday, January 12, 2021 11:04 AM
To: Carly Reidt
Subject: Request for Discontinuation of Authorization for Some Drain Disposal Locations
Attachments: Letter to MSD - Deletion of Permits Radionuclide Discharge - 2021-01-01DRAFT.docx

Hi Carly,

Here is the letter we previously discussed requesting the discontinuation of authorization for several disposal locations. The only one we would like to retain is the Med. School location.

With research radionuclide use in decline for several decades now and few disposals needed, there is no reason to retain any other location. The legacy hospital at one time housed research labs, but neither it nor the new hospital currently have any research labs, nor are there plans for any. There will be no radionuclide discharges in either the legacy or new hospital that are not exempt patient related. Please let me know if you need anything else.

Thanks,
Kevin

Kevin Ferguson
Associate Radiation Safety Officer
Research Integrity and Safety Group

Office of the Vice President for Research
Saint Louis University

314-977-6896
kevin.ferguson@slu.edu

Caroline C-305

SAINT LOUIS UI

SAINT LOUIS UNIVERSITY.
EST. 1818

ASSOCIATE RADIATION SAFETY OFFICER

ENVIRONMENTAL HEALTH & SAFETY

1402 South Grand Blvd.
Caroline Building – C305
St. Louis, MO 63104

P: 314-977-6896
M: 636-667-6687
F: 314-977-5560
kevin.ferguson@slu.edu

www.slu.edu

January 11, 2021

Carly Reidt
Assistant Engineer - Environmental Compliance
Metropolitan St. Louis Sewer District
10 East Grand Avenue
St. Louis, MO 63147

SUBJECT: Request for Deletion of Authorized Locations for Drain Disposal of Low-Level Radionuclide Effluents

Dear Ms. Reidt:

We would like to request that the radioactive materials discharge permits be discontinued for the locations listed below. None of these locations have been used in many years and/or there are no plans to use them in the future. There will be no radioactive materials discharged into the sewer system from either the legacy SSM SLU Hospital or the new SSM SLU Hospital that are not exempt patient related.

1. **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
   Permit No: 41122251-02
   Premise No: 1755 South Grand Boulevard, 63104

2. **Saint Louis University; Frost Campus**
   Permit No: *(none specified)*
   Premise No: 3505 Laclede Avenue, 63103

3. **Cardinal Glennon Hospital**
   Permit No: *(none specified)*
   Premise No: 1465 S. Grand, 63104

4. **Saint Louis University Hospital *(legacy permit)***
   Permit No: 41121951-00
   Premise No: 3635 Vista at Grand Boulevard, 63104

5. **SSM Saint Louis University Hospital *(recently issued permit)***
   Permit No: 1020548801
   Premise No: 3635 & 3655 Vista Avenue, Saint Louis, MO 63110

We are planning to continue small radioactive materials discharges (well below regulatory limits) from the location listed below and would like to retain this permit.

- **Saint Louis University Health Sciences Center; Medical School**
  Permit No: 41121936-00
  Premise No: 1402 South Grand Boulevard, 63104

Higher purpose. Greater good.

If you have any questions regarding this request, please contact me at (636) 667-6687 or at kevin.ferguson@slu.edu.

Sincerely,

Kevin Ferguson
Associate Radiation Safety Officer

Copies to: Dana Baum, Ph.D., Chairperson, Radiation Safety Committee
Matthew Christian, Associate Vice President for Research
Kelly Baumer, Vice President Specialty Services, SSM Health Saint Louis University Hospital
Mark Haenchen, M.S., J.D., Executive Director, Environmental Health & Safety; and Radiation Safety Officer
Madison Himelright, Environmental Safety Specialist, SSM Health Saint Louis University Hospital

Higher purpose. Greater good.

03

Industrial Data Report

Facility Name:	ANHEUSER-BUSCH INSTITUTE		
Facility Identifier:	1020566700	Facility Type:	Industrial User
Physical Location:	1755 S Grand BOULEVARD Saint Louis, MO 63104	Mailing Address:	3635 Vista Ave Saint Louis, MO 631100250
MSD Base Map Page / Section:	21 / F1	Facility ID:	665

Inspections from 1/1/2019 to 7/30/2020

Inspection Type	Inspector	Start	End	Status
Industrial Facility Inspection	Mike Kynion	7/22/2020 7:45:00AM	7/22/2020 9:15:00AM	Completed Successfully

Contact: Dan Brawley - Head of Maintenance
Gary Bennett - Maintenance

23799 Industrial Facility Inspection Result

1. HAS FACILITY GENERAL INFORMATION BEEN REVIEWED ON iPACS FACILITY INFO PAGES?

● Yes ○ No

2. BILLING ACCOUNTS

Are there additional accounts (incoming flows), or were any accounts removed?

○ Yes ● No

Were there any additions/deletions/changes to any account numbers, including to suffixes?

○ Yes ● No

If there were any involved accounts with Return Factors, was Cost Recovery Unit informed of the changes?

● NA ○ Yes ○ No

Did all account numbers have water usage in iPACS?

● Yes ○ No

3. DOES COMPANY HAVE WATER/WASTEWATER SOURCES OTHER THAN FROM INCOMING WATER METERS?

○ Yes ● No

4. PROCESSES and CLEANUP/WASHDOWN

Have facility outgoing flow streams been reviewed?

● Yes ○ No

Were there any additions/deletions/changes to outgoing flow streams, or are there any processes that do not use or discharge water/liquids?

○ Yes ● No

List them (including continuous or batch, water/liquids used, discharge frequency or other disposal means, receiving sample point):

MSD 020030

Hospital waste - Ophthalmology, Dermatology, Ortho, Surgeries, Lab waste, etc.: Batch, Water/Liquid - Y, Discharge - daily, SP001

Have all outgoing flow streams been identified?

- [x] Yes
- [ ] No

5. DOES COMPANY HAVE ANY STORM WATER DISCHARGES TO THE SEPARATE SANITARY SEWER? (Including: slotted MH/vent covers, uncovered or unbermed outside wash pads, etc.)

- [ ] Yes
- [x] No

6. HAVE FACILITY PRETREATMENT PROCESSES (including grease traps) BEEN REVIEWED?

- [x] Yes
- [ ] No

Were there any additions/deletions/changes to pretreatment processes?

- [ ] Yes
- [x] No

7. DOES COMPANY HAVE ANY GREASE TRAPS?

- [ ] Yes
- [x] No

8. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSPECTION?

- [ ] Yes
- [x] No

9. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSPECTION?

- [ ] Yes
- [x] No

10. FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS (including without discharge)

Are there any federally regulated operations which are "Not Applicable" (including those that are "No PSES" and "General Stds Only")?

- [x] Yes
- [ ] No

List regulations & describe operations (including any discharge) and explain why it is N/A:

40 CFR 460 Sub A - General hospital service (no standards)

Are there any federally regulated operations which are subject to discharge limits?

Yes No

11. HAS COMPANY CERTIFIED TO THE ABSENCE OF SPECIFIC CATEGORICAL POLLUTANTS?

Yes No

12. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CATEGORICAL WASTEWATER PRIOR TO SAMPLING?

Yes No

13. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS?

Yes No

14. ARE ANY RADIOACTIVE MATERIALS HANDLED?

Yes No

If Yes, describe operations & disposal:

There are currently no rad materials onsite. Company retains the discharge approval should rad material activity resume. Rad Material reports are submitted quarterly along with SSM Health St. Louis University Hosptial.

Does company have an NRC license?

Yes No

If non-exempt (human excreta) & disposed to sewer, does company submit quarterly reports to MSD?

Yes No Exempt/Not Sewered

Amount discharged in most recent four complete calendar quarters:

0

Is company in compliance with requirements of sewer use ordinance prohibition?

- [x] Yes
- [ ] No

15. DOES COMPANY GENERATE WASTES/WASTEWATER BY GENETIC ENGINEERING RESEARCH?

- [ ] Yes
- [x] No

16. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? (IS COMPANY USING DILUTION TO MEET DISCHARGE LIMITATIONS?)

- [ ] Yes
- [x] No

Explain how use was verified & any needed changes:

No excessive water use was observed during the inspection. Usage has increased slightly since the previous inspection from approximately 33,000 GPD to 34,000 GPD. Majority of the usage is for hospital waste and sanitary.

17. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER?

- [x] Yes
- [ ] No

If Yes, describe:

CT and boilers

What is the approximate daily volume that is not discharged?

unknown

Was "Return Factor Program" brochure given to company? (Give it to ALL companies.)

- [x] Yes
- [ ] No

If company does not have non-discharged water, does it have any Return Factors?

Yes ● No

18. INCOMING AND OUTGOING WATER/WASTEWATER VOLUME

What is the total average daily incoming water volume (from water meters + unmetered sources)?

34,727 GPD

What is the total average daily volume discharged to sewer (from all sample point flow streams)?

19,550 GPD

What is the DIFFERENCE?

15,177 GPD - Difference is due to overflow from COVID patient load at SLU Hospital. Non-COVID patients were directed to portions of ABI for safety and hospital bed purposes. Usage is anticipated to drop significantly in the next month or two as many of the operations and doctors offices are moving to the new SLU Hospital.

Does it agree with the amount not discharged from above question (within 20% of incoming amount)?

Yes ● No

If no, explain:

See above comments

19. HAS COMPANY BEEN GRANTED A VARIANCE FROM DISCHARGE LIMITATIONS CONTAINED IN THE SEWER USE ORDINANCE?

Yes ● No

20. HAVE ANY NUMERICAL LIMITATIONS BEEN APPLIED TO COMPANY, IN ADDITION TO THOSE ALREADY CONTAINED IN THE SEWER USE ORDINANCE?

Yes ● No

21. VIOLATIONS & ENFORCEMENT

Have violations & enforcement been reviewed from iPACS compliance pages and file information?

● Yes No

Has company exceeded categorical or sewer use ordinance discharge limits since last inspection or within the last 12 months (if last inspection was less than 12 months ago)?

Yes ● No

22.HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE THE LAST INSPECTION?

Yes ● No

23. COULD SPILLS OR LEAKS OF ANY PROCESS TANKS, OR STORAGE TANKS, OR STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS?

Yes ● No

If No, how are they controlled?

Flammable cabinets are in place for small volume chemicals. Containment pallets are in place. Lab waste and infectious waste are stored in separate contained rooms. Spill kits are available.

24. DOES COMPANY HAVE ANY WASTEWATER DISCHARGES TO STORM SEWER OR TO GROUND?

Yes ● No

25. DOES COMPANY HAVE ANY NPDES PERMITS?

Yes ● No

26. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES IMPAIR STORMWATER RUNOFF?

Yes ● No

Was "Illicit Stormwater Discharges" brochure given to company? (Give regardless of whether there are any problem areas.)

● Yes ○ No

27. DOES COMPANY HAVE ANY WRITTEN SLUG DISCHARGE CONTROL (INCLUDES SPILLS) PLANS [40CFR403.8(f)(2)(vi)]?

● Yes ○ No

Title of plan (actual title, not 'SPCCP') and Last Update

Hazardous Chemical Spill Plan - 1/1/15

Were plans reviewed for completeness, especially regarding batch discharges/slugs and any past problem discharges?

● Yes ○ No

Are updates needed to existing Plans?

○ Yes ● No

Are any Plans needed (either to create one or in addition to existing ones)?

○ Yes ● No

Explain why existing or no plans are sufficient, or why updates/new/additional plans are needed:

Plan covers spill procedures, emergency contacts, PPE, etc.

(If updates or new/additional plans are needed, write company and require.)

28. SOLVENTS, INCLUDING MAINTENANCE SHOP PARTS WASHERS:

Does company have any maintenance shop parts washers?

○ Yes ● No

Are any organics or solvents used (other than in parts washers)?

● Yes ○ No

List solvents, uses, how disposed:

Phenol, Methylene Chloride, Toluene, Formalin, Xylene, Acetone, Alcohols, etc. - hauled/evaporate

Which solvents are priority pollutants, and which are used in 413/433/469 processes?

Phenol, Methylene Chloride, Toluene (see PP list in iPACS)

Does company have a 413/433/469-regulatory "solvent management plan"? (Required if company has 413/433/469 processes, whether or not solvents used)

○ Yes ● No

29. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS?

○ Yes ● No

Was company provided notification cards & told to post where emergency response personnel can locate them?

● Yes ○ No

(Company must post if it generates process wastewater or stores chemicals of concern.)

30. SELF-MONITORING

Is company required to self-monitor any of their discharges?

○ Yes ● No

Does company self-monitor its wastewater discharge?

○ Yes ● No

Does company continuously monitor at sample point and keep a permanent record for pH, TEMP, LEL?

○ Yes ● No

31. DOES MSD SPLIT SAMPLES WITH THE COMPANY?

Yes ● No

32. IS COMPANY REQUIRED TO REGULARLY SUBMIT ANY REPORTS OTHER THAN SELF-MONITORING REPORTS?

● Yes No

Requirement is contained in:

permit ● other document

If other document, date & description:

Date:

10/16/2012

Description:

Permit Termination Letter

What is required to be reported?

Rad Material Discharge

How frequently are reports required?

Quarterly

Have reports been on-time, complete & signed by proper person?

● Yes No

33. Is company under any environmental enforcement orders or requirements to submit compliance schedule reports?

Yes ● No

34. ASK COMPANY: IS COMPANY IN COMPLIANCE WITH APPLICABLE NESHAP REGULATIONS FOR WW DISCHARGES?

● Yes No

35. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS?

- [x] Yes
- [ ] No

Where are they kept?

EHS office files at 1015 Corporate Sq Dr.

36. IS COMPANY CLASSIFIED AS A SIGNIFICANT INDUSTRIAL USER (SIU)?

- [ ] Yes
- [x] No

37. IS COMPANY CLASSIFIED AS "MULTI-USER"?

- [ ] Yes
- [x] No

Comments:

N/A

38. IS COMPANY CLASSIFIED AS "Special Handling/Billing"?

- [ ] Yes
- [x] No

39. DO MSD CLASSIFICATIONS NEED TO BE REVISED?

- [ ] Yes
- [x] No

40. SAMPLE POINTS:

Have sample locations and associated flow streams and volumes been reviewed on iPACS?

- [x] Yes
- [ ] No

Are any sample points trapped vents?

○ Yes ● No

Are discharges at any sample points small/irregular enough to allow grab samples?

● Yes ○ No

List which sample points and reasons:

002 - storm water discharge

Are there any unsampled discharges?

○ Yes ● No

Do any sample points (including unsampled/dummy ones) receive storm water?

● Yes ○ No

List which sample points:

001 & 002

Were all sample points (except dummy ones) opened & inspected?

○ No SPs ● Yes ○ No

If any sample points cannot be located or opened, explain:

N/A

If any sample point descriptions need to be changed, explain:

N/A

Is it possible to use an auto-sampler to collect samples (regardless of volume size or batches)?

● Yes ○ No ○ Some SPs

(Mark iPACS indicator as needed.)

Was ANY grease or other problem/debris observed in any sample point?

Yes ● No

41. SAMPLE POINT MAP

Last map revision date:

06/26/2012

Is the map correct and accurate in all its details:

● Yes No

42. DO INSTRUCTIONS FOR "Contact Prior to Sampling" or FIELD VISIT "Special Instructions" NEED REVISION?

Yes ● No

43. IS COMPANY LOCATED WITHIN AN MSD HAZARDOUS AREA BOUNDARY?

Yes ● No

44. USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE:

7th floor - Chapel, mechanical room, training and development
6th floor - Offices
5th floor - Lab, Haz waste storage (room 505), Dermatology
4th floor - Offices, Dermatology
3rd floor - Ophthalmology, Conference rooms, offices, library
2nd floor - Eye surgery/Operating Room, dermatology clinic, ortho surgery, central sterile, infectious waste storage rooms (Room 237), Specimen Room 236
1st floor - Radiology (digital), Ophthalmology, Dermatology
Ground floor - Small kitchen/grill (small fryer/no grease trap), House keeping, Boiler room, biohazardous/infectious waste storage (Room G015), maintenance shop

Labs have satellite storage containers for lab waste. According to facility representatives, lab waste is collected weekly on Fridays by Environmental Services.

All labs have moved to SLU Hospital. However, one dermatology lab remains onsite.

The chiller system was under repair at the time of inspection. A temporary chiller unit is set up outside of the facility until the repairs can be complete. Increased water usage at the facility could be attributed to issues with the chiller system.

Industrial Data Report

GENERAL INFORMATION

MSD Sewer Accounts

Account Number	Status
1020566700	Active

Case Managers

First Name	Last Name	Title	Responsibilities
Chris	Bulmahn	Associate Engineer	Permit and SMR Management
Mike	Kynion	Environmental Engineering Associate	Inspection Management and Correspondence

ADDITIONAL COMMENTS

Facility Comments

Comment Type	Comment

Industrial Data Report

Contact Information

First Name:	Last Name:	Title:	Contact Type:	Responsibilities:	Email:	Business Phone:	Cell Phone:
Mr. Dan	Brawley	Head of Maintenance	Facility	Field Contact 2nd Alt		314-577-8072	
Ms. Janet	Dickson	Administrative Assistant	Facility			314-577-8070	
Ms. Madison	Himelright	Environmental Safety Specialist	Facility	Authorized Signatory, Field Contact - Primary	madison.himelright@ssmhealth.com		
Mr. Matt	Perciful	Energy Plant Supervisor	Facility	Field Contact 1st Alt	mathew.perciful@ssmsluh.com	314-577-8074	
Mr. Donnie	Sparks	Facilities Supervisor	Facility		donnie.sparks@ssmsluh.com	314-268-7516	314-625-0067
Ms. Leslie	Thornburg	ESSEP Specialist	Facility	Authorized Signatory, Billing Contact, Office Contact - Primary	leslie.thornburg@ssmhealth.com	314-989-6134	
Ms. Kaitlin	Walker	ESSEP Manager	Facility	Authorized Signatory, Office Contact 1st Alt	kaitlin.walker@ssmhealth.com	314-989-2159	

Facility Groups

Group Name	Group Category	Group Description
TOX	Facility Classification	Toxics-Bearing Process Water or Wastes

Permit Information

Permit No.:	4112225102 - 2.1	Permit Type:	No Permit Needed
Effective Date:	11/1/2012 12:00:00AM	Expiration Date:	6/30/2099 12:00:00AM
Issued Date:	11/1/2012 12:00:00AM	Permit Status:	Issued

Work Requirement

Task Template	Start Date	End Date	No. of Time	Frequency	Sample Location
Industrial Facility Inspection	06/01/2015	06/30/2099	1	Once/2 years	
Radiation Discharge	07/29/2004	10/31/2052	1	Once/3 mo	
BOD & TSS (T04); COD (T04); Cyanide-Amenable (G00); Field - pH & Temperature (G00); Metals - 465 B (Cr, Cu, Zn) (T04); Oil & Grease (G00); Semi-Volatile Organics - Base/Neutrals (T04); Total Phenols (single test) (G00); Vol Orgs-not incl Acr & 2-chloro (group poll only) (G00)	06/01/2020	06/30/2099	1	Once/year	001
BOD & TSS (T00); COD (T00); Field - pH & Temperature (G00); Oil & Grease (G00)	11/01/2012	06/30/2099	1	Once/year	002

Industrial Data Report

PRODUCTION/SERVICES INFORMATION

Operation Description: Hospital patient care

Shift Information

Shift	Start Time	End Time	Average No. of Employees
1	06:00 AM	06:00 PM	250

SIC

SIC Code	SIC Name	SIC Description
8062	8062	General medical & surgical hospitals
8733	8733	Noncommercial Research Organizations

Raw Material List

Laboratory chemicals Medicines

CHEMICAL INVENTORY INFORMATION

Industrial Data Report

Full Disclosure of Chemicals

Substance Name	Presence Ind	Categorically Related?
(cis & trans) 1,3-Dichloropropene	Known Absent	
1,1,1-Trichloroethane	Known Absent	
1,1,2,2-Tetrachloroethane	Known Absent	
1,1,2-Trichloroethane	Known Absent	
1,1-Dichloroethane	Suspected Absent	
1,1-Dichloroethene	Suspected Absent	
1,2,4-Trichlorobenzene	Known Absent	
1,2-Dichlorobenzene	Suspected Absent	
1,2-Dichloroethane	Suspected Absent	
1,2-Dichloropropane	Known Absent	
1,2-Diphenylhydrazine	Known Absent	
1,3-Dichlorobenzene	Suspected Absent	
1,4-Dichlorobenzene	Suspected Absent	
2,3,7,8-Tetrachlorodibenzo-p-dioxin	Known Absent	
2,4,6-Trichlorophenol	Known Absent	
2,4-Dichlorophenol	Known Absent	
2,4-Dimethylphenol	Known Absent	
2,4-Dinitrophenol	Known Absent	
2,4-Dinitrotoluene	Known Absent	
2,6-Dinitrotoluene	Known Absent	
2-Chloroethyl vinyl ether	Known Absent	
2-Chloronaphthalene	Known Absent	
2-Chlorophenol	Known Absent	
2-Nitrophenol	Suspected Present	
3,3-Dichlorobenzidine	Known Absent	
4,4'-DDD	Known Absent	
4,4'-DDE	Known Absent	
4,4'-DDT	Known Absent	
4,6-Dinitro-2-Methylphenol	Known Absent	
4-Bromophenyl phenyl ether	Known Absent	
4-Chloro-3-Methylphenol	Known Absent	
4-Chlorophenyl phenyl ether	Known Absent	
4-Nitrophenol	Known Absent	
Acenaphthene	Known Absent	
Acenaphthylene	Known Absent	
Acrolein	Known Absent	
Acrylonitrile	Known Absent	

Industrial Data Report

Aldrin	Known Absent
Alpha-BHC	Known Absent
Anthracene	Known Absent
Antimony (Total)	Known Absent
Arsenic (Total)	Suspected Absent
Asbestos (Fibrous)	Known Absent
Benzene	Known Absent
Benzidine	Known Absent
Benzo (A) Anthracene	Known Absent
Benzo (A) Pyrene	Known Absent
Benzo (B) Fluoranthene	Known Absent
Benzo (G,H,I) Perylene	Known Absent
Benzo (K) Fluoranthene	Known Absent
Beryllium (Total)	Known Absent
Beta-BHC	Known Absent
Bis (2-Chloroethoxy) Methane	Known Absent
Bis (2-Chloroethyl) Ether	Known Absent
Bis (2-Chloroisopropyl) Ether	Known Absent
Bis (2-EthylHexyl) Phthalate	Known Absent
Bromodichloromethane	Known Absent
Bromoform	Known Absent
Bromomethane	Known Absent
Butylbenzyl Phthalate	Known Absent
Cadmium (Total)	Known Absent
Carbon Tetrachloride	Suspected Present
Chlordane	Known Absent
Chlorobenzene	Suspected Absent
Chloroethane	Known Absent
Chloroform	Known Present
Chloromethane	Known Absent
Chromium (Total)	Known Present
Chrysene	Known Absent
Copper (Total)	Known Present
Cyanide (Total)	Known Present
Delta-BHC	Known Absent
Di-n-butyl Phthalate	Suspected Present
Di-n-octyl Phthalate	Known Absent
Dibenzo (A,H) Anthracene	Known Absent
Dibromochloromethane	Known Absent

Industrial Data Report

Dieldrin	Known Absent
Diethyl Phthalate	Suspected Present
Dimethyl Phthalate	Suspected Present
Endosulfan I	Known Absent
Endosulfan II	Known Absent
Endosulfan Sulfate	Known Absent
Endrin	Known Absent
Endrin Aldehyde	Known Absent
Ethylbenzene	Suspected Absent
Fluoranthene	Known Absent
Fluorene	Known Absent
Gamma-BHC	Known Absent
Heptachlor	Known Absent
Heptachlor Epoxide	Known Absent
Hexachlorobenzene	Known Absent
Hexachlorobutadiene	Known Absent
Hexachlorocyclopentadiene	Known Absent
Hexachloroethane	Known Absent
Indeno (1,2,3-cd) pyrene	Known Absent
Isophorone	Known Absent
Lead (Total)	Suspected Present
Mercury (Total)	Known Absent
Methylene Chloride	Known Present
N-Nitrosodi-n-Propylamine	Known Absent
N-Nitrosodimethylamine	Known Absent
N-Nitrosodiphenylamine	Known Absent
Naphthalene	Suspected Absent
Nickel (Total)	Suspected Absent
Nitrobenzene	Suspected Absent
PCB - 1016	Known Absent
PCB - 1221	Known Absent
PCB - 1232	Known Absent
PCB - 1242	Known Absent
PCB - 1248	Known Absent
PCB - 1254	Known Absent
PCB - 1260	Known Absent
Pentachlorophenol	Known Absent
Phenanthrene	Known Absent
Phenol	Known Present

Industrial Data Report

Pyrene	Known Absent
Selenium (Total)	Suspected Absent
Silver (Total)	Known Absent
Tetrachloroethene	Known Absent
Thallium (Total)	Known Absent
Toluene	Known Present
Toxaphene	Known Absent
Trans-1,2-Dichloroethene	Known Absent
Trichloroethene	Known Absent
Vinyl Chloride	Known Absent
Zinc (Total)	Known Absent

Process List

Process Name	Process Description	Seasonal?	Status	Process Detail
Non-Sewered: Off-Site Disposal			A	Acids and/or Alkalies, Infectious Waste, Kitchen/Food Service Grease
Non-Sewered: On-Site Storage			A	Acids and/or Alkalies, Infectious Waste, Kitchen/Food Service Grease

Control Plans

Name	Type	Approval Date	Status
026136	MDNR - Hazardous Waste Program	01/21/1997	Approved
24-00196-07	Nuclear Regulatory Commission	10/24/1997	Approved
Slug Discharge/Spill Control Plan (start 7/1/2004)	Slug Discharge/Spill Control Plan	07/01/2004	Approved

PROCESS FLOW DETAILS

Industrial Data Report

Process Flow Details from 7/22/2019 to 7/22/2020

Flow Stream Name	Flow Direction	Flow Type	Status
1020566700	Incoming	Water Supply	A

Flow Data List

Start Date	End Date	Reading Type	Flow Value
02/12/2020	05/04/2020	Total Volume	3117.0000 CCF
11/13/2019	02/11/2020	Total Volume	3349.0000 CCF
08/08/2019	11/12/2019	Total Volume	2815.0000 CCF
04/20/2019	08/07/2019	Total Volume	3175.0000 CCF

Average Daily Volume: 41.13 CCF

Total Average Daily Volume: 41.13 CCF

Facility Flow Methodology

Name	Formula	Flow Start Date	Return Factor

PRETREATMENT INFORMATION

Pretreatment System(s)

Pretreatment Type:	Primary Purpose:	Effective Date:	Sample Location
Oil/Water Interceptor		11/29/1999	002
pH Adjustment/Neutralization		10/01/1998	001

SAMPLE LOCATION INFORMATION

Sample Locations

Location Name	Location Type	Sample Location Description	Status	Flow Stream Name (Fed Regulation)
001	SP - Ordinance Only	MH on Shaw 41' S, 3' E of garage stairs, flow from N	A	Boiler Blowdown (), Cooling Tower Blowdown (), Hospital Waste (), Sanitary (), Storm Water ()
002	SP - Ordinance Only	6" vent 5' W of garage oil separator	A	Storm Water ()
L-01	LAT - Sanitary Or San+Storm (Combined)	12" line S from S side of building near garage stairs to Shaw	A	

Industrial Data Report

L-02	LAT - Sanitary Or San+Storm (Combined)	6" line S from SW corner of parking garage to Shaw Blvd	A
LR-01	LAT - Radiation Discharge	No physical lateral, for radioactive materials' receiving treatment plant only	A

Industrial Data Report

Sample Locations Flow Data by Sample Location and Flow Stream

Sample Location: 001 Auto-Sampler Ready? Y

Flow Stream Name	Flow Direction	Flow Type	Flow Discharge Type
Boiler Blowdown	Outgoing	Dilution	Batch

Flow Data

Meter	Start Date	End Date	Reading Type	Flow Value
	09/20/2010	06/30/2099	Average	300 GPD

Cooling Tower Blowdown	Outgoing	Dilution	Batch

Flow Data

Meter	Start Date	End Date	Reading Type	Flow Value
	03/13/2014	06/30/2099	Average	1000 GPD

Hospital Waste	Outgoing	Dilution	Continuous

Flow Data

Meter	Start Date	End Date	Reading Type	Flow Value
	03/13/2014	06/30/2099	Average	12000 GPD

Sanitary	Outgoing	Dilution	Continuous

Flow Data

Meter	Start Date	End Date	Reading Type	Flow Value
	03/13/2014	06/30/2099	Average	6250 GPD

Storm Water	Outgoing	Dilution	Batch

Flow Data

Meter	Start Date	End Date	Reading Type	Flow Value
	09/20/2010	06/30/2099	Average	0 GPD

Sample Location: 002 Auto-Sampler Ready? Y

Flow Stream Name	Flow Direction	Flow Type	Flow Discharge Type
Storm Water	Outgoing	Dilution	Batch

Flow Data

Meter	Start Date	End Date	Reading Type	Flow Value
	09/20/2010	06/30/2099	Average	0 GPD

Industrial Data Report

Sample Locations Flow Data by Meter Reads only

Sample Location: 001 Auto-Sampler Ready? Y

Flow Stream	Meter	Start Date	End Date	Reading Type	Flow Value
Boiler Blowdown		09/20/2010	06/30/2099	Average	300 GPD
Cooling Tower Blowdown		03/13/2014	06/30/2099	Average	1000 GPD
Hospital Waste		03/13/2014	06/30/2099	Average	12000 GPD
Sanitary		03/13/2014	06/30/2099	Average	6250 GPD
Storm Water		09/20/2010	06/30/2099	Average	0 GPD

Total: 19,550.00 GPD

Sample Location: 002 Auto-Sampler Ready? Y

Flow Stream	Meter	Start Date	End Date	Reading Type	Flow Value
Storm Water		09/20/2010	06/30/2099	Average	0 GPD

Total: 0.00 GPD

Associated Sample Locations

Location Name	Associated Location Name	Associated Location Status
L-01	001	A
L-02	002	A
LR-01	001	A

Geographic Locations

Sample Location	Geo Location	Type	Status	Description
L-01	Bissell Point Treatment Plant Area	Treatment Area	A	
L-01	BP47 - Tower Grove - Manchester	Trunk Sewer	A	
L-01	21F2-009C	Downstream Manhole	A	
L-02	Bissell Point Treatment Plant Area	Treatment Area	A	
L-02	BP47 - Tower Grove - Manchester	Trunk Sewer	A	
L-02	21F2-009C	Downstream Manhole	A	

4

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute** 102056670C
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ■(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☑ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 10/9/19

RECEIVED
OCT 09 2019
DIVISION OF
ENVIRONMENTAL COMPLIANCE

CR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute** 1020566700
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ■(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

[KF] I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 4/18/19

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APR 19 2019
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

SR
4/15

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104** 1020-5667-00
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ■(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☑ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 12/4/19

RECEIVED
JAN 07 2019
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: Saint Louis University Health Sciences Center; Anheuser Busch Institute
Permit No: 41122251-02
Premise No: 1755 South Grand Boulevard, 63104
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ■(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

KF I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 10/9/18

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OCT 09 2018
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR
7-12

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020566700

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ■(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: _____ Date: 7/11/2018

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JUL 12 2018
DIVISION OF
ENVIRONMENTAL COMPLIANCE

B

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: Anheuser Busch Institute — Account #: 1020566700
Premise Address: 1755 S. Grand Blvd. — Zip Code: 63104
MSD Classes: SIU ☐ Non-Significant CIU ☐ CIU ☐ Surcharge ☐ Non-Toxic Process Water/Wastes ☐
Toxics-Bearing Waste ☒ No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Leslie Thornburg
Title: ESSEP Specialist — Phone#: 314-989-6134
Inspector: Mike Kynion
Others Present: Don Sparks - Facilities Supervisor; Daniel Brawley - Maintenance
Inspection Date: **2/21/18** Time: From 08:45 AM To 10:15 AM (Last Insp. 1/19/16)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Were any changes (including to the primary or changes only to suffixes) for acct no's with RFs? NA☒ Yes☐ No☐
   C. If yes to B, was Cost Recovery Unit informed of the change(s)? NA☐ Yes☐ No☐
   D. Did all acct no's have water usage on PIMS? Yes☒ No☐
   E. If no to D, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch?	Water/Liquids Used?	DISCHARGE Frequency (or how else disposed?)	Sample pt.
Hospital waste - Ophthalmology, Dermatology, Ortho, Surgeries, Lab waste, etc.	Batch	Yes	Daily	001
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment/neutralization (lab)	001
Oil/water separator (parking garage)	002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☐ No☒
If yes: A. List sample points: _____
   B. What is the frequency for cleaning & maintenance? _____
   C. Were cleaning & maintenance logs reviewed for to verify frequency? (must be done) Yes☐ No☐
   D. If No to C: Explain: _____
   E. Has company been in SNC in the past two years for food-based oil & grease violations? Yes☐ No☐
   F. If Yes to E: Is frequency for cleaning & maintenance at least once/quarter? NA☐ Yes☐ No☐
   G If No to F, require company to begin cleaning at least once/quarter. Was this done? NA☐ Yes☐ No☐
   H. Are any additives used in traps? Yes☐ No☐
   I. If yes to H, was company warned MSD will bill them for blockages they cause? NA☐ Yes☐ No☐
   J. Was company informed that MSD performs separate grease trap inspections? Yes☐ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSPECTION? Yes☐ No☒
If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
   B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
   C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSPECTION? Yes☐ No☒

If yes: A. List pollutants & process: _____

B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐

C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐

(MSD must notify MDNR if B or C is yes and discharge will continue [40CFR122.42(b)].)

D. Comments: _____

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS THAT ARE "NOT APPLICABLE"? Yes☒ No☐

(including those that are 'No PSES' and 'General Stds Only')

If yes: A. List regulation & describe operations (including any discharge):

40 CFR 460 Sub A - General hospital service

B. Explain why it is N/A: No standards

8. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS SUBJECT TO DISCHARGE LIMITS? Yes☐ No☒

If yes: A. List regulation & describe operations (including any discharge):

_____

B. Is maximum daily categorical discharge ≤ 100 GPD? (includes batch discharges) Yes☐ No☐

If yes to B: C. Batch ☐ or Continuous ☐? Volume verified how? _____

D. Does company ever discharge untreated, concentrated categorical wastewater? Yes☐ No☐

E. Was company in SNC during any part of the previous **24** months? Yes☐ No☐

F. Date of last NSCIU Certification Statement: _____ or not currently NSCIU ☐

(If no to B, yes to D or E, or Cert. Statement not submitted as required, company is not eligible to be an NSCIU)

9. HAS COMPANY CERTIFIED TO THE ABSENCE OF SPECIFIC CATEGORICAL POLLUTANTS? Yes☐ No☒

(New certification also is required for each permit renewal)

If yes: A. Certification date: _____

B. Pollutants accepted by MSD as absent: _____

C Were any requested "absent" pollutants rejected by MSD? Yes☐ No☐

If yes to C: D. List them and explain why: _____

E. Were all the accepted pollutants non-detect in all monitoring since certification was approved? Yes☐ No☐

(If compared to intake water levels, explain details below)

If no to E: F. Explain: _____

G. Does Wastewater Discharge Permit need to be updated to remove detected pollutants? Yes☐ No☐

H. Comments: _____

10. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CATEGORICAL WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____

B. Current applied factor: _____ Is it correct? Yes☐ No☐

C. If no, list correct factor/explain? _____

11. IS ANY WASTEWATER SUBJECT TO PRODUCTION ☐ OR MASS ☐ BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____

B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐

C. If yes to B, explain: _____

12. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: There are currently no rad materials onsite. Company retains the discharge approval should rad material activity resume in the future.

B. If non-exempt & disposed to sewer, does company submit quarterly reports to MSD? NA☐ Yes☒ No☐

(If No to B, write company & require quarterly reports of discharge to sewer – or have permit revised as needed)

C. Amount discharged in most recent four complete calendar quarters: None

D. Is company in compliance with requirements of sewer use ordinance prohibition? Yes☒ No☐

13. DOES COMPANY GENERATE WASTES/WASTEWATER BY GENETIC ENGINEERING RESEARCH? Yes☐ No☒

If yes: A. Does company render wastes/wastewater innocuous? Yes☐ No☐

B. If yes, describe how: _____

C. Does company have MSD authorization for disposal to sewer? NA☐ Yes☐ No☐

D. Most recent authorization date: _____

14. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒
(IS COMPANY USING DILUTION TO MEET DISCHARGE LIMITATIONS?)

A. Explain how use was verified & any needed changes:
No excessive water usage was identified at the time of inspection. However, water records indicated an increase in usage at the facility. According to site contacts, the increase was attributed to water leaks which have been repaired.

15. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: CT and boilers

B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

16. HAS COMPANY BEEN GRANTED A VARIANCE FROM DISCHARGE LIMITATIONS CONTAINED IN THE SEWER USE ORDINANCE? Yes☐ No☒

If yes: A. Pollutant(s) and variance limit: _____

B. Latest approval date: _____

C. Is the approved variance more than 5 years old? Yes☐ No☐
(If yes to C, a new variance must be requested – write company)

17. HAVE ANY NUMERICAL LIMITATIONS BEEN APPLIED TO COMPANY, IN ADDITION TO THOSE ALREADY CONTAINED IN THE SEWER USE ORDINANCE? Yes☐ No☒

If yes: A. Pollutant(s) and discharge limit: _____

B. Date originally applied: _____, or as part of variance above? ☐

18. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

19. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN LAST 12 MONTHS (if last insp <12 months ago)? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

20. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____

B. Explain any marked: _____

21. COULD SPILLS OR LEAKS OF ANY PROCESS TANKS, OR STORAGE TANKS, OR STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?

_____

If no: B. How are they controlled?
Flammable cabinets are in place for small volume chemicals. Containment pallets were in place. Lab waste and infectious waste are stored in separate contained rooms. Spill kits are available.

22. DOES COMPANY HAVE ANY NPDES PERMITS? Yes☐ No☒

If yes: A. Receiving stream:_____

B. Does it have a MDNR general permit for stormwater discharges from industrial activities? Yes☐ No☐
If yes to B: Permit #: MO-R_____

C. Does it have a MDNR general permit for wastewater discharges? Yes☐ No☐
If yes to C: Permit #: MO-G_____ Permitted activity:_____

D. Does it have a MDNR site specific permit for wastewater discharges? Yes☐ No☐
If yes to D: Permit #: MO0_____

Outfall	Description	Vol (GPD)	Components

E. Comments: _____

23. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: _____

B. What needs to be done? _____

C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

24. DOES COMPANY HAVE ANY WRITTEN SLUG DISCHARGE CONTROL (INCLUDES SPILLS) PLANS [40CFR403.8(f)(2)(vi)]? Yes☒ No☐

If yes: A.

	Title (actual title, NOT "SPCCP")	Last Update
1.	Hazardous Chemical Spill Plan	1/1/15
2.	Hazardous Material Spill Plan	5/1/09

B. Were Plans reviewed for completeness, especially regarding batch discharges/slugs and Q.19/20/21? Yes☒ No☐
(must be done)

C. Are updates needed to existing Plans? (If yes, write company & require) Yes☐ No☒

D. Are any Plans needed (either in addition to those listed in Part A, or if there currently are no written control plans)? (If yes, write company & require) Yes☐ No☒

E. Explain why/why not for C or D: Plans cover spill response, emergency contacts, spill procedures, PPE, etc.

25. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☐ No☒

If yes: A. Parts washer solvent name: _____

B. Priority pollutants (or "none"): _____

C. How is spent solvent disposed? _____
(These solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

26. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A. Solvent name/ components

Solvent name/ components	Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Phenol, Methylene Chloride, Toluene, various lab reagents (See PP list)	lab reagents	Yes☐ No☒	Hauled/evaporates	Yes☒ No☐
Formalin	Lab analysis and preservation	Yes☐ No☒	Hauled	Yes☐ No☒
Xylene, acetone, alcohols	Lab reagents	Yes☐ No☒	Hauled/evaporates	Yes☐ No☒
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

27. DOES COMPANY HAVE A 413/433/469-REGULATORY "SOLVENT MANAGEMENT PLAN"? Yes☐ No☒
(Applies if co. has 413/433/469 processes, whether or not solvents used)

If yes:
- A. Is it part of a Spill/Slug Control Plan listed above? Yes[1.☐ 2.☐] No☐
- B. If no to A, date of last update for SMP: _____
- C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐
- D. Does SMP address all 413/433/469 solvents? (or verify "none" ☐) Yes☐ No☐
  (If no to C or D, write company and require submittal and/or update)

28. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐
- A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐
  (Must post if company generates process wastewater or stores chemicals of concern)

29. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☐ No☒

If yes:
- A. Is requirement contained in permit ☐ or other document ☐.
- B. If other document, date & description: _____
- C. How frequently is sampling required? _____
- D. How frequently are reports required? _____
- E. Have reports been on-time, complete & signed by proper person? Yes☐ No☐
- F. If no, explain: _____

30. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☐ No☒

If yes:
- A. Does sample collection time period match co's production shifts? Yes☐ No☐
- B. Are representative grab/comp samples collected? Yes☐ No☐
- C. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☐ No☐
- D. Does company measure pH and/or temperature itself? Yes☐ No☐
- If yes: E. Have the company show equipment and procedure (meters, calibration stds, etc.). Is measurement performed properly? Yes☐ No☐
- F. If no to A,B,C, or E, _____ explain needed changes:

31. DOES COMPANY CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes:
- A. At which SPs? _____
- B. Are discharge limits in PIMS "alert only"? (If not, change to that & make note: _____) Yes☐ No☐
- C. Does company submit quarterly summaries? Yes☐ No☐
- D. If no, explain: _____

32. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes: A. Is company having the samples analyzed Yes☐ No☐

B. How does company insure proper preservation, holding times & analytical methods?

_____

C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐

D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐

E. If no to C, or D, explain: _____

F. Does company still want to split samples? Yes☐ No☐

G. Comments: _____

33. IS COMPANY REQUIRED TO REGULARLY SUBMIT ANY REPORTS OTHER THAN SELF-MONITORING REPORTS? Yes☒ No☐

If yes: A. Is requirement contained in permit ☐ or other document ☒.

B. If other document, date & description: Permit Termination letter 10/16/12

C. What is required to be reported? Rad Material Discharge

D. How frequently are reports required? Quarterly

E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐

F. If no, explain: _____

34. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes: A. Type and date: _____

B. Have the reports & actions been on-time & complete? Yes☐ No☐

C. If no, explain: _____

35. ASK COMPANY: IS COMPANY IN COMPLIANCE W/APPLICABLE NESHAP REGULATIONS FOR WW DISCHARGES? Yes☒ No☐

[To see if 40CFR63 applies to MSD plant, per §§63.1580(b) & 63.1582(a). Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge. City/County-issued air permits are not NESHAP permits.]

If no: A. Describe: _____

B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

36. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐

If no: A. How long does company retain records? _____

B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐

C. Where are they kept? In the main EHS office files at 1015 Corporate Sq Dr.

37. IS COMPANY CLASSIFIED AS A SIGNIFICANT INDUSTRIAL USER (SIU)? Yes☐ No☒

If yes: A. Check & explain applicable criteria:

☐ Process subject to categorical stds under 40 CFR 403.6. Which cat. stds? _____

☐ Process discharge => 25,000 GPD Total process volume: _____

☐ Process discharge => 5% of TP ADW hydraulic capacity TP ADW hydraulic capacity: _____. Percent: _____

☐ Process discharge => 5% of TP ADW organic capacity Which organic pollutant? _____

TP ADW organic capacity: _____. Percent: _____

☐ Reasonable potential for adverse effect on operations Why? _____

☐ Reasonable potential for violating PT std or req't Which ones & why? _____

B. Does company own its bldg (is it listed as the owner in E-CIS)? Yes☐ No☐

If no: C. What is Bldg owner name (use DBA if avail.)? _____
(check E-CIS CAPS Customer Info)

D: What is Bldg owner mailing address? _____
(check E-CIS CAPS Customer Info)

38. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒

If yes: A. Indicate correct classifications:

SIU ☐ Non-Significant CIU ☐ CIU ☐ Surcharge ☐ Non-Toxic Process Water/Wastes ☐

Toxics-Bearing Waste ☐ No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐

B. Explain changes: _____

39. IS COMPANY CLASSIFIED AS "Multi-User"? Yes☐ No☒

If yes:
- A. Is company's discharge segregated from other tenants' discharge? Yes☐ No☐
- B. If no to A, does the company own the bldg/receive the MSD bills? Yes☐ No☐
- C. If yes to B, was company informed it is responsible for total discharge, or else must provide segregated sample points? Yes☐ No☐
- D. If no to B, are any Process/P&E Wash-type wastes discharged? Yes☐ No☐
- E. If yes to D, are the wastes completely innocuous? Yes☐ No☐
  (And explain why/why not: _____)
- F. If yes to D, and no to E, company must accept responsibility or provide segregated SP.
  Acceptance letter date: _____ Or write company with requirement ☐
- G. If no to D or yes to E, are limits "alert only" on PIMS? Yes☐ No☐
- H. Comments: _____

40. IS COMPANY CLASSIFIED AS "Special Handling/Billing"? Yes☐ No☒

If yes:
- A. Why? _____
- B. Are any changes needed to reasons/details? Yes☐ No☐
- C. If yes, explain: _____
- D. Were company records reviewed & verified for special handling/billing reports? NA☐ Yes☐ No☐

41. SAMPLE POINTS

						Auto-sampler ready?	DJ (y/n)
SP #	001	Fed.Reg.	N/A	Components:	Sanitary + Hospital waste + Boiler blowdown + CT blowdown + Storm water	Yes	No
SP #	002	Fed.Reg.	N/A	Components:	Stormwater (parking garage O/W separator)	Yes	Yes
SP #		Fed.Reg.		Components:		N/A	N/A
SP #		Fed.Reg.		Components:		N/A	N/A
SP #		Fed.Reg.		Components:		N/A	N/A

42. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒

If yes:
- A. List SPs: _____
- B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

43. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☒ No☐

If yes:
- A. List SPs and reasons: SP002 Stormwater discharge

44. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

If yes:
- A. Was company informed that SPs may be required in the future if the discharges change? Yes☐ No☐
- B. Are all unsampled discharges very low flow and/or innocuous? Yes☐ No☐
- C. If No to B, explain: _____
  (Must also write company and require installation of SP)

45. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐

If yes:
- A. List Sample Points: SP001 and SP002

46. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐
- A. If any SPs cannot be located or opened, explain: _____
- B. If any SP descript's need to be changed, explain: _____
- C. Is it possible to use an auto-sampler to collect samples (regardless of volume or batches)? Yes☒ No☐
  Update PIMS indicator as needed.
- D. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
  - E. If yes to C, list SPs & describe: _____
  - F. If yes to C, was company directed to take corrective actions? Yes☐ No☐

47. REVIEW THE SAMPLE POINT MAP! Last map revision date: 6/29/12

A. Is the map correct and accurate in all its details? Yes☒ No☐

B If no, what changes are needed: _____

48. DO INSTRUCTIONS FOR "Contact Prior to Sampling" or FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒

If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

7th floor - Chapel, mechanical room, training and development
6th floor - Offices
5th floor - Lab, Haz waste storage (room 505), Dermatology
4th floor - Offices, Dermatology
3rd floor - Ophthalmology, Conference rooms, offices, library
2nd floor - Eye surgery/Operating Room, dermatology clinic, ortho surgery, central sterile, infectious waste storage rooms (Room 237)
1st floor - Radiology (digital), Ophthalmology, Dermatology
Ground floor - Small kitchen/grill (small fryer/no grease trap), House keeping, Boiler room, biohazardous/infectious waste storage, maintenance shop

Labs have satellite storage containers for lab waste. According to facility representatives, lab waste is collected weekly on Fridays by Environmental Services.

All labs have moved to SLU Hospital. However, one dermatology lab remains onsite.

Site contacts have been updated in PIMS.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997 TOX

WUNNENBERG INFO.

Base Map 21F1
Wun:St. Louis City & Co.
Grid: H 22 Page 38

SIU CRITERIA

GENERAL INFORMATION

Office Mailing Address
3635 Vista Ave
St Louis, MO. 63110-0250

Billing Address
1755 S. Grand Blvd
St. Louis, MO. 63104

INSPECTION INFORMATION

Next Due	Insp Rslt	
02/21/2018	RIN	Mike Kynion

PERMIT INFORMATION

Issue Date:
Expire Date:
Extended Date:
Writer

IUQ INFORMATION

IUQ Recvd Date: 07/07/2000
Reviewer: Gunter Durdel
IUQ Recvd Date: 06/07/2005
Reviewer: Martin Blecha
IUQ Recvd Date: 09/21/2010
Reviewer: Martin Blecha

CONTACTS

BILL	Leslie Thornburg	ESSEP Specialist	OFF	(314) 989-6134 Ext.
FLD1	Donnie Sparks	Facilities Supervisor	OFF	(314) 268-7516 Ext.
	Donnie Sparks	Facilities Supervisor	CELL	(314) 625-0067 Ext.
FLD2	Matt Perciful	Energy Plant Supervisor	OFF	(314) 577-8074 Ext.
FLD3	Janet Dickson	Administrative Assistant	OFF	(314) 577-8070 Ext.
OFF1	Leslie Thornburg	ESSEP Specialist	OFF	(314) 949-6134 Ext.
OFF2	Kaitlin Walker	ESSEP Manager	OFF	(314) 989-2159 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	250	06:00AM	12.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 Hrs: 12.0

OTHER AGENCIES INFORMATION

01/21/1997	MDNR - Hazardous Waste Program	026136
10/24/1997	Nuclear Regulatory Commission	24-00196-07
09/28/2005	MSD - Billing Account Number	00208246
04/04/2016	MSD - Billing Account Number	01122763

NON-SEWERED WASTE

On-Site Storage Y On-Site Disposal N Off-Site Disposal Y

09/20/2010	Acids and/or Alkalies		30	GPY
09/20/2010	Kitchen/Food Service		150	GPY
09/20/2010	Infectious Waste	Blood, bandages, tissue	4000	LB/YR

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT
05/07/2004	Laboratory chemicals		
05/07/2004	Medicines		

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
1020566700

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 02/26/2017 End Date = 02/26/2018 Wdays Cdays

Acct. No.			Consumption					Discharge	
1020566700			CCF's	Gallons				Gal/ Wday	Gal/ Cday
1020566700	02/01/2017	04/28/2017	1,950	1,950	A	62	87	87	
RF	1.00	Acct. Total	1,950	1,458,701		62	87	23,527	16,767
		Facility Total	1,950						

Report No. PIMS012A 02/26/2018 12:48:17 pm
Data Date & Time: 02/26/2018 12:48:17 pm

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Lemay
01	LAT - Sanitary Or San+Storm (Combined)	21F2	009C	Trunk Sewer	LE76 - Tower Grove - Manchester

Description 12" line S from S side of building near gar

Sewer Route W on Shaw to Thurman, N in trunk to trea

SAMPLE POINT NO. 001 SP - Ordinance Only **NPDES Outfall No.**

Description MH on Shaw 41' S, 3' E of garage stairs, flow from N

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Boiler Blowdown		300	GPD		GPD	D	9/20/10
Storm Water		0	GPD		GPD	D	9/20/10
Sanitary		6,250	GPD		GPD	D	3/13/14
Hospital Waste	Sanitary, lab services	12,000	GPD		GPD	D	3/13/14
Cooling Tower Blo		1,000	GPD		GPD	D	3/13/14
	Total Flow Avg =	19,550		Max =			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Lemay
02	LAT - Sanitary Or San+Storm (Combined)	21F2	009C	Trunk Sewer	LE76 - Tower Grove - Manchester

Description 6" line S from SW corner of parking garag

Sewer Route W on Shaw to Thurman, N in trunk to trea

SAMPLE POINT NO. 002 SP - Ordinance Only **NPDES Outfall No.**

Description 6" vent 5' W of garage oil separator

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Storm Water	From parking garage	0	GPD		GPD	D	9/20/10
	Total Flow Avg =	0		Max =			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment/Neutralization
002	11/29/1995	DC35	Oil/Water Interceptor

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Cyanide (Total)	KP	Copper (Total)	KP	Lead (Total)	SP
Chromium (Total)	KP	Phenol	KP	Dimethyl Phthalate	SP
Toluene	KP	Methylene Chloride	KP	Chloroform	KP
Carbon Tetrachloride	SP	Di-n-butyl Phthalate	SP	2-Nitrophenol	SP
Diethyl Phthalate	SP				

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS

For Account Number Selected **1020566700** **ANHEUSER-BUSCH INSTITUTE**
Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type / Contact Type	Contact Name	Contact Title	Email	Signatory	Phone Type	Number	Ext.
Billing Address							
Billing Contact	Leslie Thornburg	ESSEP Specialist	leslie.thornburg@ssmhealth.com	Y	OFF	(314)989-6134	
Office Mailing Address							
Office Contact - Primary	Leslie Thornburg	ESSEP Specialist	leslie.thornburg@ssmhealth.com	Y	OFF	(314)949-6134	
Office Contact 1st Alt	Kaitlin Walker	ESSEP Manager	kaitlin.walker@ssmhealth.com	Y	OFF	(314)989-2159	
Premise Address							
Field Contact - Primary	Donnie Sparks	Facilities Supervisor	donnie.sparks@ssmsluh.com	Y	CELL	(314)625-0067	
Field Contact - Primary	Donnie Sparks	Facilities Supervisor	donnie.sparks@ssmsluh.com	Y	OFF	(314)268-7516	
Field Contact 1st Alt	Matt Perciful	Energy Plant Supervisor	mathew.perciful@ssmsluh.com	N	OFF	(314)577-8074	
Field Contact 2nd Alt	Janet Dickson	Administrative Assistant		N	OFF	(314)577-8070	

MSD 020069

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **1020566700**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	1755 S. Grand Blvd	St Louis	MO	63104

001 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2018
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2018
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2018
	T237000	pH	Once/year	Grab	06/30/2018
	T247000	Temperature	Once/year	Grab	06/30/2018
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2018
	T257000	Total Phenols	Once/year	Grab	06/30/2018
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2018
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2018
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2018
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2018
Phenolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Grab	06/30/2018
Semi-Volatile Organics - Ba	T994000	Semi-Volatile Organics - Base/Neutrals	Once/year	Comp-Time 04 Hrs	06/30/2018
Volatile Organics	T996000	Volatile Orgs-not incl Acro/Acryl & 2-	Once/year	Grab	06/30/2018

002 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Grab (Auth in lieu of composite)	06/30/2018
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of composite)	06/30/2018
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2018
	T237000	pH	Once/year	Grab	06/30/2018
	T247000	Temperature	Once/year	Grab	06/30/2018
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of composite)	06/30/2018

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: ~~41122251-02~~ 1020-5667-00
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ■(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☑ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 1/12/18

RECEIVED

JAN 17 2018

DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

SP

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: **Saint Louis University Health Sciences Center: Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ■(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 10/10/17

RECEIVED
OCT 10 2017
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ■(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: _____ Date: 7/20/17

RECEIVED
JUL 20 2017
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ■(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 4/13/17

RECEIVED
APR 13 2017
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ■(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: [signature] Date: 1/4/17

RECEIVED
JAN 04 2017
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SP

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ■(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 10/19/16

RECEIVED
OCT 19 2016
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ■(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 7/18/16

RECEIVED
JUL 18 2016
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ■(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

RECEIVED

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 4/20/16

APR 20 2016
DIVISION OF
ENVIRONMENTAL COMPLIANCE

CB

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: Anheuser-Busch Institue — Account #: 1020566700
Premise Address: 1755 S. Grand Blvd. — Zip Code: 63104
MSD Classes: SIU ☐ Non-Significant CIU ☐ CIU ☐ Surcharge ☐ Non-Toxic Process Water/Wastes ☐
Toxics-Bearing Waste ☒ No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Daniel Brawley
Title: Maintenance — Phone#: 314-577-8070
Inspector: Mike Kynion
Others Present: None
Inspection Date: 1/19/16 Time: From 08:50 AM To 10:20 AM (Last Insp. 3/13/14)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Were any changes (including to the primary or changes only to suffixes) for acct no's with RFs? NA☒ Yes☐ No☐
   C. If yes to B, was Cost Recovery Unit informed of the change(s)? NA☐ Yes☐ No☐
   D. Did all acct no's have water usage on PIMS? Yes☐ No☒
   E. If no to D, explain: Due to SSM buyout of SLU Hospital, Utility Def Alpha needs to be entered for 1020566700. ✓DH

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch?	Water/Liquids Used?	DISCHARGE Frequency (or how else disposed?)	Sample pt.
Hosptial waste - Ophthalmology, Dermatology, Orthopedics, Surgeries, Lab waste, etc.	Batch	Yes	Daily	001
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment/neutralization (labs)	001
Oil/water separator (parking garage)	002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☐ No☒
   If yes: A. List sample points: _____
   B. What is the frequency for cleaning & maintenance? _____
   C. Are any additives used in traps? Yes☐ No☐
   D. If yes to C, was company warned MSD will bill them for blockages they cause? Yes☐ No☐
   E. Was company informed that MSD performs separate grease trap inspections? Yes☐ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSPECTION? Yes☐ No☒
   If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
   B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
   C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSPECTION? Yes☐ No☒

If yes: A. List pollutants & process: _____

B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐

C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐

(MSD must notify MDNR if B or C is yes and discharge will continue [40CFR122.42(b)].)

D. Comments: _____

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS THAT ARE "NOT APPLICABLE"? Yes☒ No☐

(including those that are 'No PSES' and 'General Stds Only')

If yes: A. List regulation & describe operations (including any discharge):

40 CFR 460 Sub A - General hospital services

B. Explain why it is N/A: No standards

8. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS SUBJECT TO DISCHARGE LIMITS? Yes☐ No☒

If yes: A. List regulation & describe operations (including any discharge):

_____

B. Is maximum daily categorical discharge ≤ 100 GPD? (includes batch discharges) Yes☐ No☐

If yes to B: C. Batch ☐ or Continuous ☐? Volume verified how? _____

D. Does company ever discharge untreated, concentrated categorical wastewater? Yes☐ No☐

E. Was company in SNC during any part of the previous **24** months? Yes☐ No☐

F. Date of last NSCIU Certification Statement: _____ or not currently NSCIU ☐

(If no to B, yes to D or E, or Cert. Statement not submitted as required, company is not eligible to be an NSCIU)

9. HAS COMPANY CERTIFIED TO THE ABSENCE OF SPECIFIC CATEGORICAL POLLUTANTS? Yes☐ No☒

(New certification also is required for each permit renewal)

If yes: A. Certification date: _____

B. Pollutants accepted by MSD as absent: _____

C Were any requested "absent" pollutants rejected by MSD? Yes☐ No☐

If yes to C: D. List them and explain why: _____

E. Were all the accepted pollutants non-detect in all monitoring since certification was approved? Yes☐ No☐

(If compared to intake water levels, explain details below)

If no to E: F. Explain: _____

G. Does Wastewater Discharge Permit need to be updated to remove detected pollutants? Yes☐ No☐

H. Comments: _____

10. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CATEGORICAL WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____

B. Current applied factor: _____ Is it correct? Yes☐ No☐

C. If no, list correct factor/explain? _____

11. IS ANY WASTEWATER SUBJECT TO PRODUCTION ☐ OR MASS ☐ BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____

B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐

C. If yes to B, explain: _____

12. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: All radio active materials have been removed. Company retains discharge approval should radioactive material operations resume in the future.

B. If non-exempt & disposed to sewer, does company submit quarterly reports to MSD? NA☐ Yes☒ No☐

(If No to B, write company & require quarterly reports of discharge to sewer – or have permit revised as needed)

C. Amount discharged in most recent four complete calendar quarters: None

D. Is company in compliance with requirements of sewer use ordinance prohibition? Yes☒ No☐

13. DOES COMPANY GENERATE WASTES/WASTEWATER BY GENETIC ENGINEERING RESEARCH? Yes☐ No☒

If yes: A. Does company render wastes/wastewater innocuous? Yes☐ No☐

B. If yes, describe how: _____

C. Does company have MSD authorization for disposal to sewer? NA☐ Yes☐ No☐

D. Most recent authorization date: _____

14. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒
(IS COMPANY USING DILUTION TO MEET DISCHARGE LIMITATIONS?)

A. Explain how use was verified & any needed changes:
No excessive water usage was observed during the facility inspection. Process discharges are typical of a hospital setting. Usage appears normal for the type and size of facility.

15. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: Evaporative loss from CT and boilers.

B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

16. HAS COMPANY BEEN GRANTED A VARIANCE FROM DISCHARGE LIMITATIONS CONTAINED IN THE SEWER USE ORDINANCE? Yes☐ No☒

If yes: A. Pollutant(s) and variance limit: _____

B. Latest approval date: _____

C. Is the approved variance more than 5 years old? Yes☐ No☐
(If yes to C, a new variance must be requested – write company)

17. HAVE ANY NUMERICAL LIMITATIONS BEEN APPLIED TO COMPANY, IN ADDITION TO THOSE ALREADY CONTAINED IN THE SEWER USE ORDINANCE? Yes☐ No☒

If yes: A. Pollutant(s) and discharge limit: _____

B. Date originally applied: _____, or as part of variance above? ☐

18. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

19. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN LAST 12 MONTHS (if last insp <12 months ago)? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

20. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____

B. Explain any marked: _____

21. COULD SPILLS OR LEAKS OF ANY PROCESS TANKS, OR STORAGE TANKS, OR STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?

_____

If no: B. How are they controlled?
Flammable cabinets and containment pallets are available in applicable areas. Lab wastes and infectious waste are stored in separate contained rooms. Spill kits/absorbents are available where applicable.

22. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: _____
B. What needs to be done? _____
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

23. DOES COMPANY HAVE ANY WRITTEN SLUG DISCHARGE CONTROL (INCLUDES SPILLS) PLANS [40CFR403.8(f)(2)(vi)]? Yes☒ No☐

If yes: A.

	Title (actual title, NOT "SPCCP")	Last Update
1.	Hazardous Material Spill Release	1/1/08
2.		

B. Were Plans reviewed for completeness, especially regarding batch discharges/slugs and Q.19/20/21? Yes☒ No☐
(must be done)
C. Are updates needed to existing Plans? (If yes, write company & require) Yes☐ No☒
D. Are any Plans needed (either in addition to those listed in Part A, or if there currently are no written control plans)? (If yes, write company & require) Yes☐ No☒
E. Explain why/why not for C or D: Plan covers spill response procedures.

24. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☐ No☒

If yes: A. Parts washer solvent name: _____
B. Priority pollutants (or "none"): _____
C. How is spent solvent disposed? _____
(These solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

25. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A.

Solvent name/ components	Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Phenol, Methylene Chloride, Toluene, various lab reagents (See PP list)	Lab reagents	Yes☐ No☒	Hauled and evaporates	Yes☒ No☐
Formalin	Lab analysis and preservation	Yes☐ No☒	Hauled	Yes☐ No☒
Xylene, acetone, alcholos	Lab reagents	Yes☐ No☒	Hauled and evaporates	Yes☐ No☒
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

26. DOES COMPANY HAVE A 413/433/469-REGULATORY "SOLVENT MANAGEMENT PLAN"? Yes☐ No☒
(Applies if co. has 413/433/469 processes, whether or not solvents used)

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes[1.☐ 2.☐] No☐
B. If no to A, date of last update for SMP: _____
C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐
D. Does SMP address all 413/433/469 solvents? (or verify "none" ☐) Yes☐ No☐
(If no to C or D, write company and require submittal and/or update)

27. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☐ No☒

A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐
(Must post if company generates process wastewater or stores chemicals of concern)

28. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☐ No☒

If yes:
A. Is requirement contained in permit ☐ or other document ☐.
B. If other document, date & description: _____
C. How frequently is sampling required? _____
D. How frequently are reports required? _____
E. Have reports been on-time, complete & signed by proper person? Yes☐ No☐
F. If no, explain: _____

29. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☐ No☒

If yes:
A. Does sample collection time period match co's production shifts? Yes☐ No☐
B. Are representative grab/comp samples collected? Yes☐ No☐
C. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☐ No☐
D. Does company measure pH and/or temperature itself? Yes☐ No☐
If yes: E. Have the company show equipment and procedure (meters, calibration stds, etc.). Is measurement performed properly? Yes☐ No☐
F. If no to A,B,C, or E, _____ explain needed changes:

30. DOES COMPANY CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes:
A. At which SPs? _____
B. Are discharge limits in PIMS "alert only"? (If not, change to that & make note: _____) Yes☐ No☐
C. Does company submit quarterly summaries? Yes☐ No☐
D. If no, explain: _____

31. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes:
A. Is company having the samples analyzed Yes☐ No☐
B. How does company insure proper preservation, holding times & analytical methods? _____
C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐
E. If no to C, or D, explain: _____
F. Does company still want to split samples? Yes☐ No☐
G. Comments: _____

32. IS COMPANY REQUIRED TO REGULARLY SUBMIT ANY REPORTS OTHER THAN SELF-MONITORING REPORTS? Yes☒ No☐

If yes:
A. Is requirement contained in permit ☐ or other document ☒.
B. If other document, date & description: Permit Termination Letter 10/16/12
C. What is required to be reported? Radioactive Material Discharge
D. How frequently are reports required? Quarterly
E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐
F. If no, explain: _____

33. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes:
A. Type and date: _____
B. Have the reports & actions been on-time & complete? Yes☐ No☐
C. If no, explain: _____

34. ASK COMPANY: IS COMPANY IN COMPLIANCE W/APPLICABLE NESHAP REGULATIONS FOR WW DISCHARGES? Yes☒ No☐
[To see if 40CFR63 applies to MSD plant, per §§63.1580(b) & 63.1582(a). Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge. City/County-issued air permits are not NESHAP permits.]

If no: A. Describe: _____
B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

35. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐

If no: A. How long does company retain records? _____
B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐
C. Where are they kept? In the SLU EHS files.

36. IS COMPANY CLASSIFIED AS A SIGNIFICANT INDUSTRIAL USER (SIU)? Yes☐ No☒

If yes: A. Check & explain applicable criteria:
- ☐ Process subject to categorical stds under 40 CFR 403.6. Which cat. stds? _____
- ☐ Process discharge => 25,000 GPD Total process volume: _____
- ☐ Process discharge => 5% of TP ADW hydraulic capacity TP ADW hydraulic capacity: _____. Percent: _____
- ☐ Process discharge => 5% of TP ADW organic capacity Which organic pollutant? _____ TP ADW organic capacity: _____. Percent: _____
- ☐ Reasonable potential for adverse effect on operations Why? _____
- ☐ Reasonable potential for violating PT std or req't Which ones & why? _____

B. Does company own its bldg (is it listed as the owner in E-CIS)? Yes☐ No☐

If no: C. What is Bldg owner name (use DBA if avail.)? _____
(check E-CIS CAPS Customer Info)
D: What is Bldg owner mailing address? _____
(check E-CIS CAPS Customer Info)

37. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒

If yes: A. Indicate correct classifications:
SIU ☐ Non-Significant CIU ☐ CIU ☐ Surcharge ☐ Non-Toxic Process Water/Wastes ☐
Toxics-Bearing Waste ☐ No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
B. Explain changes: _____

38. IS COMPANY CLASSIFIED AS "Multi-User"? Yes☐ No☒

If yes: A. Is company's discharge segregated from other tenants' discharge? Yes☐ No☐
B. If no to A, does the company own the bldg/receive the MSD bills? Yes☐ No☐
C. If yes to B, was company informed it is responsible for total discharge, or else must provide segregated sample points? Yes☐ No☐
D. If no to B, are any Process/P&E Wash-type wastes discharged? Yes☐ No☐
E. If yes to D, are the wastes completely innocuous? Yes☐ No☐
(And explain why/why not: _____)
F. If yes to D, and no to E, company must accept responsibility or provide segregated SP.
Acceptance letter date: _____ Or write company with requirement ☐
G. If no to D or yes to E, are limits "alert only" on PIMS? Yes☐ No☐
H. Comments: _____

39. IS COMPANY CLASSIFIED AS "Special Handling/Billing"? Yes☐ No☒

If yes: A. Why? _____
B. Are any changes needed to reasons/details? Yes☐ No☐
C. If yes, explain: _____
D. Were company records reviewed & verified for special handling/billing reports? NA☐ Yes☐ No☐

40. SAMPLE POINTS

						Auto-sampler ready?	DJ (y/n)
SP #	001	Fed.Reg.	N/A	Components:	Sanitary + Hospital waste + Boiler blowdown + CT blowdown + Storm water	Yes	No
SP #	002	Fed.Reg.	N/A	Components:	Storm water (parking garage O/W separator)	Yes	Yes
SP #		Fed.Reg.		Components:		N/A	N/A
SP #		Fed.Reg.		Components:		N/A	N/A
SP #		Fed.Reg.		Components:		N/A	N/A

41. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒

If yes: A. List SPs: _____

B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

42. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☒ No☐

If yes: A. List SPs and reasons: SP002 - storm water discharge

43. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

If yes: A. Was company informed that SPs may be required in the future if the discharges change? Yes☐ No☐

B. Are all unsampled discharges very low flow and/or innocuous? Yes☐ No☐

C. If No to B, explain:_____

(Must also write company and require installation of SP)

44. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐

If yes: A. List Sample Points: SP001 and SP002

45. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐

A. If any SPs cannot be located or opened, explain: _____

B. If any SP descript's need to be changed, explain: _____

C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒

D. If yes to C, list SPs & describe: _____

E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

46. REVIEW THE SAMPLE POINT MAP! Last map revision date: 6/26/12

A. Is the map correct and accurate in all its details? Yes☒ No☐

B If no, what changes are needed: _____

47. DO INSTRUCTIONS FOR "Contact Prior to Sampling" or FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒

If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

7th floor - Chapel, payroll, mechanical room

6th floor - Offices

5th floor - Histology lab, various labs, Haz waste storage (room 505)

4th floor - Offices, Dermatology

3rd floor - Ophthalmology, Conference rooms, offices, class rooms, library

2nd floor - Eye surgery/Operating room, dermatology clinic, labs, central sterile, infectious waste storage rooms (Room 237)

1st floor - Radiology (digital), Ophthalmology, Dermatology

Ground floor - Small kitchen/grill (small fryer/no grease trap), House keeping, Boiler room, biohazardous/infectious waste storage, maintenance shop

Labs have satellite storage containers for lab waste. According to facility representatives, lab waste is collected weekly on Fridays by Environmental Services. A few labs moved out of the 5th and relocated to SLU Hospital.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997 TOX

WUNNENBERG INFO.

Base Map 21F1
Wun: St. Louis City & Co.
Grid: H 22 Page 38

SIU CRITERIA

GENERAL INFORMATION

Office Mailing Address
3635 Vista Ave
St Louis, MO. 63110-0250

Billing Address
1755 S. Grand Blvd
St. Louis, MO. 63104

INSPECTION INFORMATION

Next Due
Insp Rslt
01/19/2016 RIN Mike Kynion

PERMIT INFORMATION

Issue Date: 01/01/2011
Expire Date: 12/31/2016
Extended Date: 10/31/2012
Writer Mark Montagu

IUQ INFORMATION

IUQ Recvd Date: 07/07/2000
Reviewer: Gunter Durdel
IUQ Recvd Date: 06/07/2005
Reviewer: Martin Blecha
IUQ Recvd Date: 09/21/2010
Reviewer: Martin Blecha

CONTACTS

BILL	Pat McCormak	Director of Building Services	OFF	(314) 577-8072 Ext.
FLD1	Robert Hicks	Plant Operations Manager	OFF	(314) 577-8070 Ext.
	Robert Hicks	Plant Operations Manager	CELL	(314) 625-0067 Ext.
FLD2	Tim Gray	Maintenance	OFF	(314) 577-8072 Ext.
OFF1	Robert Hicks	Plant Operations Manager	OFF	(314) 577-8036 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	250	06:00AM	12.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 **Hrs:** 12.0

OTHER AGENCIES INFORMATION

01/21/1997	MDNR - Hazardous Waste Program	026136
10/24/1997	Nuclear Regulatory Commission	24-00196-07
09/28/2005	MSD - Billing Account Number	00208246

NON-SEWERED WASTE

On-Site Storage Y **On-Site Disposal** N **Off-Site Disposal** Y

09/20/2010	Acids and/or Alkalies		30	GPY
09/20/2010	Kitchen/Food Service		150	GPY
09/20/2010	Infectious Waste	Blood, bandages, tissue	4000	LB/YR

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT
05/07/2004	Laboratory chemicals		
05/07/2004	Medicines		

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
1020566700

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/28/2015 **End Date =** 01/28/2016 **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
1020566700			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1020566700	11/04/2014	02/06/2015	2,985	2,985	A	68	95	95	
1020566700	02/07/2015	05/13/2015	3,200	6,185		69	96	191	
RF	1.00	**Acct. Total**	6,185	4,626,702		137	191	33,772	24,224
		Facility Total	6,185						

Report No. PIMS012A 01/28/2016 9:56:36 am
Data Date & Time: 01/28/2016 9:56:36 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Lemay
01	Sanitary Or Combined	21F2	009C	Trunk Sewer	76 - Tower Grove - Manchester

Description 12" line S from S side of building near gar

Sewer Route W on Shaw to Thurman, N in trunk to tre

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH on Shaw 41' S, 3' E of garage stairs, flow from N

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Boiler Blowdown		300	GPD		GPD	D	9/20/10
Storm Water		0	GPD		GPD	D	9/20/10
Sanitary		6,250	GPD		GPD	D	3/13/14
Hospital Waste	Sanitary, lab services	12,000	GPD		GPD	D	3/13/14
Cooling Tower Blo		1,000	GPD		GPD	D	3/13/14
	Total Flow Avg =	**19,550**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Lemay
02	Sanitary Or Combined	21F2	009C	Trunk Sewer	76 - Tower Grove - Manchester

Description 6" line S from SW corner of parking garag

Sewer Route W on Shaw to Thurman, N in trunk to trea

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description 6" vent 5' W of garage oil separator

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Storm Water	From parking garage	0	GPD		GPD	D	9/20/10
	Total Flow Avg =	**0**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment/Neutralization
002	11/29/1995	DC35	Oil/Water Interceptor

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Cyanide (Total)	KP	Copper (Total)	KP	Lead (Total)	SP
Chromium (Total)	KP	Phenol	KP	Dimethyl Phthalate	SP
Toluene	KP	Methylene Chloride	KP	Chloroform	KP
Carbon Tetrachloride	SP	Di-n-butyl Phthalate	SP	2-Nitrophenol	SP
Diethyl Phthalate	SP				

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS

For Account Number Selected **1020566700** **ANHEUSER-BUSCH INSTITUTE**
Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type / Contact Type	Contact Name	Contact Title	Email	Signatory	Phone Type	Number	Ext.
Billing Address							
Billing Contact	Pat McCormak	Director of Building Services		Y	OFF	(314)577-8072	
Office Mailing Address							
Office Contact - Primary	Robert Hicks	Plant Operations Manager	robert.hicks@tenethealth.com	Y	OFF	(314)577-8036	
Premise Address							
Field Contact - Primary	Robert Hicks	Plant Operations Manager	robert.hicks@tenethealth.com	Y	CELL	(314)625-0067	
Field Contact - Primary	Robert Hicks	Plant Operations Manager	robert.hicks@tenethealth.com	Y	OFF	(314)577-8070	
Field Contact 1st Alt	Tim Gray	Maintenance		N	OFF	(314)577-8072	

MSD 020088

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **1020566700**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	1755 S. Grand Blvd	St Louis	MO	63104

001 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2016
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2016
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2016
	T237000	pH	Once/year	Grab	06/30/2016
	T247000	Temperature	Once/year	Grab	06/30/2016
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2016
	T257000	Total Phenols	Once/year	Grab	06/30/2016
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2016
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2016
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2016
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2016
Phenolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Grab	06/30/2016
Semi-Volatile Organics - Ba	T994000	Semi-Volatile Organics - Base/Neutrals	Once/year	Comp-Time 04 Hrs	06/30/2016
Volatile Organics	T996000	Volatile Orgs-not incl Acro/Acryl & 2-	Once/year	Grab	06/30/2016

002 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Grab (Auth in lieu of composite)	06/30/2016
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of composite)	06/30/2016
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2016
	T237000	pH	Once/year	Grab	06/30/2016
	T247000	Temperature	Once/year	Grab	06/30/2016
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of composite)	06/30/2016

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ■(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

KF I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 1/13/16

RECEIVED
JAN 14 2016
DIVISION OF ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: _____ Date: 10/12/15

RECEIVED
OCT 12 2015
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ■(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 7/6/15

RECEIVED
JUL 06 2015
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 4/13/15

RECEIVED
APR 13 2015
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020566700

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 1/12/15

RECEIVED
JAN 13 2015
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Doug Mendoza AB Institute

From: Doug Mendoza
Sent: Tuesday, November 25, 2014 9:28 AM
To: Doug Mendoza
Subject: Clarification for MSD Ebola virus disinfection requirements letter, and policy re. CDC's interim guidance for untreated sewage

On November 20, the Metropolitan St. Louis Sewer District issued a letter to the hospitals in its service area that included requirements for treatment of wastewater generated and discharged to the sewer system from facilities that are treating or caring for patients infected with the Ebola virus. We understand that there has been some confusion over a portion of item three in the requirements. Therefore, MSD is providing the following clarification through rewording of the item:

3. For any wastes such as feces, urine and vomit, and liquid waste from washing that are produced by the Ebola-infected patient, <u>and for liquid waste by those in direct contact with the patient that is produced immediately afterward from washing</u>: all such wastes must be placed into a toilet or other vessel to hold the wastes, and then disinfected using disinfectants known to meet CDC's criteria for use against the Ebola virus, with a contact time of at least 2.5 times the prescribed contact time for the particular disinfectant.

MSD recognizes that those in direct contact, but not infected, will not be contagious for the Ebola virus. However, as a cautionary measure, they still must disinfect liquid wastes from washing after having had direct contact with an Ebola-infected patient.

This past Friday, November 21, 2014, the Centers for Disease Control and Prevention also issued Interim Guidance for Managers and Workers Handling Untreated Sewage from Individuals with Ebola in the United States. Please understand that this is only interim guidance. MSD has determined that its requirements, contained in the November 20, 2014 letter and clarified above, will remain in effect in addition to the CDC's interim procedures. Once a final guidance has been released by the CDC, then MSD will revisit the issue.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT
Douglas M. Mendoza, P.E.
Industrial Pretreatment Manager

Re: MSD Ebola virus disinfection requirements letter

As you are likely aware, concerns over public health and exposure to the Ebola virus have recently become an issue in the United States. One of these concerns involves the Ebola virus in wastewater and its impact on workers in the sewers, workers at wastewater treatment plants, personnel working on plumbing systems in buildings, and the public that may come into contact with wastewater from sewer blockages or other overflows.

While the Centers for Disease Control and Prevention (CDC) has stated that sewage handling processes in the United States are designed to inactivate infectious agents, these processes do not occur until after potential exposure to all the above-listed parties. Therefore, MSD has developed requirements for treatment of wastewater generated and discharged to the sewer system from facilities that are treating or caring for patients infected with the Ebola virus. Such facilities must treat their wastewater prior to discharge to the sewer system. These requirements have been developed based on Water Environment Federation (WEF) meetings and consultations, and discussions with other sewage agencies located in cities that have treated patients infected with the Ebola virus. WEF is a not-for-profit technical and educational organization of 36,000 individual members and 75 affiliated Member Associations representing water quality professionals around the world.

1. When a facility receives an Ebola virus-infected patient, the facility must immediately notify the Metropolitan St. Louis Sewer District via telephone at 314.768.6260. This number is MSD's 24-hour line.

2. If any liquids or other materials generated from treatment and care of an Ebola-virus infected patient are to be discharged to sewer, all such liquids and other materials must be disinfected using disinfectants known to meet CDC's criteria for use against the Ebola virus. The list is available at http://www.epa.gov/oppad001/list-l-ebola-virus.html.

3. For any wastes such as feces, urine and vomit, and liquid waste from washing that are produced by the Ebola-infected patient or those in direct contact with the patient: all such wastes must be placed into a toilet or other vessel to hold the wastes, and then disinfected using disinfectants known to meet CDC's criteria for use against the Ebola virus, with a contact time of at least 2.5 times the prescribed contact time for the particular disinfectant. This will help to address aerosolization concerns for wastewater as toilets are flushed, along with differences in disinfection of bulk volumes as compared to surfaces.

We trust you share our concern for protection of workers and the public. If you have any questions, please contact me at 314.436.8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Manager of Industrial Pretreatment

cc: Brian Hoelscher – MSD Executive Director
Jonathon Sprague, Bret Berthold, Rich Unverferth, John Lodderhose, Susan Myers
Vicki Edwards, Mike Grace, Lance LeComb

Metropolitan St. Louis Sewer District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.768.6200 www.stlmsd.com

November 20, 2014

Robert Hicks
Plant Operations Manager
ANHEUSER-BUSCH INSTITUTE
3635 Vista Ave.
P.O. Box 15250
St. Louis, MO 63110-0250

Dear Mr. Hicks:

Re: MSD Ebola virus disinfection requirements letter

As you are likely aware, concerns over public health and exposure to the Ebola virus have recently become an issue in the United States. One of these concerns involves the Ebola virus in wastewater and its impact on workers in the sewers, workers at wastewater treatment plants, personnel working on plumbing systems in buildings, and the public that may come into contact with wastewater from sewer blockages or other overflows.

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Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Manager of Industrial Pretreatment

cc: Brian Hoelscher – MSD Executive Director
Jonathon Sprague, Bret Berthold, Rich Unverferth, John Lodderhose, Susan Myers
Vicki Edwards, Mike Grace, Lance LeComb

Michael S. Kynion #1020566700 pm

From: Michael S. Kynion
Sent: Wednesday, November 19, 2014 2:37 PM
To: Hicks, Robert (robert.hicks@tenethealth.com)
Subject: MSD Ebola virus disinfection requirements letter

Mr. Hicks,

Per our conversation yesterday, I have included a copy the MSD letter regarding the Ebola virus below. A hard copy of this letter is also being mailed. Should you have any questions please do not hesitate to contact me.

Thanks,

Mike Kynion
Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 E. Grand Ave.
St. Louis, MO 63147
Phone: 314-436-8720

November 20, 2014

Robert Hicks
Plant Operations Manager
ANHEUSER-BUSCH INSTITUTE
3635 Vista Ave.
P.O. Box 15250
St. Louis, MO 63110-0250

Dear Mr. Hicks:

Re: MSD Ebola virus disinfection requirements letter

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Manager of Industrial Pretreatment

cc: Brian Hoelscher – MSD Executive Director
Jonathon Sprague, Bret Berthold, Rich Unverferth, John Lodderhose, Susan Myers
Vicki Edwards, Mike Grace, Lance LeComb

SR ✓

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-566-700

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ■(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

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B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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Print/type name of signing official: Kevin Ferguson

Title: Associate Radiation Safety Officer Telephone: 977-6896

Signature: Date: 10/14/14

RECEIVED
OCT 14 2014
DIVISION OF
ENVIRONMENTAL COMPLIANCE

9

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ■(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 7/16/14

RECEIVED
JUL 16 2014
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ■(JAN-MAR) □(APR-JUNE) □(JULY-SEPT) □(OCT-DEC)

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Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 4/16/14

RECEIVED
APR 16 2014
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: Anheuser-Busch Institute — Account #: 1020566700
Premise Address: 1755 S. Grand Blvd. — Zip Code: 63104
MSD Classes: SIU ☐ Non-Significant CIU ☐ CIU ☐ Surcharge ☐ Non-Toxic Process Water/Wastes ☐
Toxics-Bearing Waste ☒ No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Bob Hicks
Title: Plant Operations Manager — Phone#: 314-577-8070
Inspector: Mike Kynion
Others Present: None
Inspection Date: 3/13/14 Time: From 08:35 AM To 10:10 AM (Last Insp. 8/31/12)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Did all acct no's have water usage on PIMS? Yes☒ No☐
   C. If no to B, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch?	Water/Liquids Used?	Frequency of DISCHARGE	Sample pt.
Hospital waste - Ophthalmology, Dermatology, Orthopedics, Surgeries, Lab wastes, etc.	Batch	Yes	Daily	001
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment	001
Oil/water separator (parking garage)	002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☐ No☒
If yes: A. List sample points: _____
   B. What is the frequency for cleaning & maintenance? _____
   C. Are any additives used in traps? Yes☐ No☐
   D. If yes to C, was company warned MSD will bill them for blockages they cause? Yes☐ No☐
   E. Was company informed that MSD performs separate grease trap inspections? Yes☐ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSPECTION? Yes☐ No☒
If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
   B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
   C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSPECTION? Yes☐ No☒
If yes: A. List pollutants & process: _____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue [40CFR122.42(b)].)
   D. Comments: _____

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐

If yes: A. List regulation & describe (including any discharge):
40 CFR 460 Sub A N/A (No stds)

B. Is maximum daily categorical discharge ≤ 100 GPD? (includes batch discharges) Yes☐ No☒

If yes to B: C. Batch ☐ or Continuous ☐? Volume verified how? _____

D. Does company ever discharge untreated, concentrated categorical wastewater? Yes☐ No☐

E. Was company in SNC during any part of the previous **24** months? Yes☐ No☐

F. Date of last NSCIU Certification Statement: _____ or not currently NSCIU ☐
(If no to B, yes to D or E, or Cert. Statement not submitted as required, company is not eligible to be an NSCIU)

8. HAS COMPANY CERTIFIED TO THE ABSENCE OF SPECIFIC CATEGORICAL POLLUTANTS? Yes☐ No☒

If yes: A. Certification date: _____

B. List absent pollutants: _____

C. Were all these pollutants non-detect in all monitoring since certification was approved? Yes☐ No☐
(If compared to intake water levels, explain details below)

If no to C: D. Explain: _____

E. Comments: _____

9. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CATEGORICAL WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____

B. Current applied factor: _____ Is it correct? Yes☐ No☐

C. If no, list correct factor/explain? _____

10. IS ANY WASTEWATER SUBJECT TO PRODUCTION ☐ OR MASS ☐ BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____

B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐

C. If yes to B, explain: _____

11. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: All radioactive material sources have been removed. Company retains discharge approval should radioactive material operation resume in the future.

B. for disposal to sewer? NA☐ Yes☒ No☐

C. Most recent authorization date: 4/2/99

D. Amount discharged in most recent complete calendar year: None

12. DOES COMPANY GENERATE WASTES/WASTEWATER BY GENETIC ENGINEERING RESEARCH? Yes☐ No☒

If yes: A. Does company render wastes/wastewater innocuous? Yes☐ No☐

B. If yes, describe how: _____

C. Does company have MSD authorization for disposal to sewer? NA☐ Yes☐ No☐

D. Most recent authorization date: _____

13. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒
(IS COMPANY USING DILUTION TO MEET DISCHARGE LIMITATIONS?)

A. Explain how use was verified & any needed changes:
No excessive water usage was observed at the time of inspection. Based on a review of water records, usage at the facility has increased slightly. According to information provided by the site contact, the increased usage appears consistent with the operations performed at the facility.

14. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: Evaporative loss from the CT and boilers.

B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

15. HAS COMPANY BEEN GRANTED A VARIANCE FROM DISCHARGE LIMITATIONS CONTAINED IN THE SEWER USE ORDINANCE? Yes☐ No☒

If yes: A. Pollutant(s) and variance limit: _____
B. Latest approval date: _____
C. Is the approved variance more than 5 years old? Yes☐ No☐
(If yes to C, a new variance must be requested – write company)

16. HAVE ANY NUMERICAL LIMITATIONS BEEN APPLIED TO COMPANY, IN ADDITION TO THOSE ALREADY CONTAINED IN THE SEWER USE ORDINANCE? Yes☐ No☒

If yes: A. Pollutant(s) and discharge limit: _____
B. Date originally applied: _____, or as part of variance above? ☐

17. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	s problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

18. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN LAST 12 MONTHS (if last insp <12 months ago)? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

19. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____
B. Explain any marked: _____

20. COULD SPILLS OR LEAKS OF ANY PROCESS TANKS, OR STORAGE TANKS, OR STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?
_____

If no: B. How are they controlled?
Flammable cabinets and containment pallets are available in areas where applicable. Lab waste and infectious waste are stored in separate contained rooms. Spill kits are available.

21. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: _____
B. What needs to be done? _____
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

22. DOES COMPANY HAVE ANY WRITTEN SLUG DISCHARGE CONTROL (INCLUDES SPILLS) PLANS [40CFR403.8(f)(2)(vi)]? Yes☒ No☐

If yes: A. Title (actual title, NOT "SPCCP")

	Title	Last Update
1.	Hazardous Chemical Spill Plan	4/25/95
2.		

B. Were Plans reviewed for completeness, especially regarding batch discharges/slugs and Q.19/20/21? (must be done) Yes☒ No☐

C. Are updates needed to existing Plans? (If yes, write company & require) Yes☐ No☒

D. Are any Plans needed (in addition to those listed in Part A)? (If yes, write company & require) Yes☐ No☒

E. Explain why/why not for C or D: Plan covers spill response/containment and emergency contact procedures.

23. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☐ No☒

If yes: A. Parts washer solvent name: _____

B. Priority pollutants (or "none"): _____

C. How is spent solvent disposed? _____

(These solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

24. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A.

Solvent name/ components	Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Phenol, Methylene Chloride, Toluene, other various lab reagents (see PP list for additional info)	Lab reagents	Yes☐ No☒	Hauled off site and evaporates	Yes☒ No☐
Xylene, acetone, alcholos	Lab reagents	Yes☐ No☒	Hauled off site and evaporates	Yes☐ No☒
Formalin	Laboratory analysis and preservation	Yes☐ No☒	Hauled off site	Yes☐ No☒
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

25. DOES COMPANY HAVE A 413/433/469-REGULATORY "SOLVENT MANAGEMENT PLAN"? Yes☐ No☒

(Applies if co. has 413/433/469 processes, whether or not solvents used)

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes[1.☐ 2.☐] No☐

B. If no to A, date of last update for SMP: _____

C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐

D. Does SMP address all 413/433/469 solvents? (or verify "none" ☐) Yes☐ No☐

(If no to C or D, write company and require submittal and/or update)

26. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐

A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐

(Must post if company generates process wastewater or stores chemicals of concern)

27. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☐ No☒

If yes: A. Is requirement contained in permit ☐ or other document ☐.

B. If other document, date & description: _____

C. How frequently is sampling required? _____

D. How frequently are reports required? _____

E. Have reports been on-time, complete & signed by proper person? Yes☐ No☐

F. If no, explain: _____

28. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☐ No☒

If yes:
- A. Does sample collection time period match co's production shifts? Yes☐ No☐
- B. Are representative grab/comp samples collected? Yes☐ No☐
- C. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☐ No☐
- D. Does company measure pH and/or temperature itself? Yes☐ No☐
- If yes: E. Have the company show equipment and procedure (meters, calibration stds, etc.). Is measurement performed properly? Yes☐ No☐
- F. If no to A,B,C, or E, explain needed changes: _____

29. DOES COMPANY CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes:
- A. At which SPs? _____
- B. Does company submit quarterly summaries? Yes☐ No☐
- C. If no, explain: _____

30. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes:
- A. Is company having the samples analyzed Yes☐ No☐
- B. How does company insure proper preservation, holding times & analytical methods? _____
- C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
- D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐
- E. If no to C, or D, explain: _____
- F. Does company still want to split samples? Yes☐ No☐
- G. Comments: _____

31. IS COMPANY REQUIRED TO REGULARLY SUBMIT ANY REPORTS OTHER THAN SELF-MONITORING REPORTS? Yes☒ No☐

If yes:
- A. Is requirement contained in permit ☐ or other document ☒.
- B. If other document, date & description: Permit Termination Letter 10/16/12
- C. What is required to be reported? Radioactive Material Discharge
- D. How frequently are reports required? Quarterly
- E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐
- F. If no, explain: _____

32. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes:
- A. Type and date: _____
- B. Have the reports & actions been on-time & complete? Yes☐ No☐
- C. If no, explain: _____

33. ASK COMPANY: IS COMPANY IN COMPLIANCE W/APPLICABLE NESHAP REGULATIONS FOR WW DISCHARGES? Yes☒ No☐
[To see if 40CFR63 applies to MSD plant, per §§63.1580(b) & 63.1582(a). Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge. City/County-issued air permits are not NESHAP permits.]

If no:
- A. Describe: _____
- B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

34. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐

If no:
- A. How long does company retain records? _____
- B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐
- C. Where are they kept? In the site contact's office files at SLU Hospital.

35. IS COMPANY CLASSIFIED AS A SIGNIFICANT INDUSTRIAL USER (SIU)? Yes☐ No☒

If yes: A. Check & explain applicable criteria:

- ☐ Process subject to categorical stds under 40 CFR 403.6. Which cat. stds? _____
- ☐ Process discharge => 25,000 GPD Total process volume: _____
- ☐ Process discharge => 5% of TP ADW hydraulic capacity TP ADW hydraulic capacity: _____. Percent: _____
- ☐ Process discharge => 5% of TP ADW organic capacity Which organic pollutant? _____ TP ADW organic capacity: _____. Percent: _____
- ☐ Reasonable potential for adverse effect on operations Why? _____
- ☐ Reasonable potential for violating PT std or req't Which ones & why? _____

B. Does company own its bldg (is it listed as the owner in E-CIS)? Yes☐ No☐

If no: C. What is Bldg owner name (use DBA if avail.)? _____ (check E-CIS CAPS Customer Info)

D: What is Bldg owner mailing address? _____ (check E-CIS CAPS Customer Info)

36. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒

If yes: A. Indicate correct classifications:

SIU ☐ Non-Significant CIU ☐ CIU ☐ Surcharge ☐ Non-Toxic Process Water/Wastes ☐
Toxics-Bearing Waste ☐ No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐

B. Explain changes: _____

37. IS COMPANY CLASSIFIED AS "Multi-User"? Yes☐ No☒

If yes:
- A. Is company's discharge segregated from other tenants' discharge? Yes☐ No☐
- B. If no to A, does the company own the bldg/receive the MSD bills? Yes☐ No☐
- C. If yes to B, was company informed it is responsible for total discharge, or else must provide segregated sample points? Yes☐ No☐
- D. If no to B, are any Process/P&E Wash-type wastes discharged? Yes☐ No☐
- E. If yes to D, are the wastes completely innocuous? Yes☐ No☐
  (And explain why/why not: _____)
- F. If yes to D, and no to E, company must accept responsibility or provide segregated SP.
  Acceptance letter date: _____ Or write company with requirement ☐
- G. If no to D or yes to E, are limits "alert only" on PIMS? Yes☐ No☐
- H. Comments: _____

38. IS COMPANY CLASSIFIED AS "Special Handling/Billing"? Yes☐ No☒

If yes:
- A. Why? _____
- B. Are any changes needed to reasons/details? Yes☐ No☐
- C. If yes, explain: _____
- D. Were company records reviewed & verified for special handling/billing reports? NA☐ Yes☐ No☐

39. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.	N/A	Components:	Sanitary + Hospital waste + boiler blowdown + CT blowdown + Storm water	No
SP #	002	Fed.Reg.	N/A	Components:	Storm water (parking garage o/w separator)	Yes
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

40. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒

If yes:
- A. List SPs: _____
- B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

41. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☒ No☐

If yes: A. List SPs and reasons: SP002 - storm water discharge

42. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

43. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐

If yes: A. List Sample Points: SP001 and SP002

44. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐

A. If any SPs cannot be located or opened, explain: _____

B. If any SP descript's need to be changed, explain: _____

C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒

D. If yes to C, list SPs & describe: _____

E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

45. REVIEW THE SAMPLE POINT MAP! Last map revision date: 6/26/12

A. Is the map correct and accurate in all its details? Yes☒ No☐

B If no, what changes are needed: _____

46. DO INSTRUCTIONS FOR "Contact Prior to Sampling" or FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒

If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

7th floor - Chapel, payroll, mechanical room
6th floor - Offices
5th floor - Histology lab, various labs, Haz waste storage (room 505)
4th floor - Offices, Dermatology
3rd floor - Ophthalmology, Conference rooms, offices, class rooms, library
2nd floor - Eye surgery/Operating room, dermatology clinic, labs, infectious waste storage rooms
1st floor - Radiology (digital), Ophthalmology, Dermatology
Ground floor - Small kitchen/grill (no grease/frying), House keeping, Boiler room, biohazardous/infectious waste storage, maintenance shop

Labs have satellite storage containers for lab waste. According to facility representatives, lab waste is collected weekly on Fridays by Environmental Services.

NCCW discharge was updated to CT blowdown in PIMS discharge components.

There have been no significant changes since the previous inspection conducted on 8/31/12.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997 TOX

WUNNENBERG INFO.

Base Map 21F1
Wun: St. Louis City & Co.
Grid: H 22 Page 38

SIU CRITERIA

GENERAL INFORMATION

Office Mailing Address
3635 Vista Ave
St Louis, MO. 63110-0250

Billing Address
1755 S. Grand Blvd
St. Louis, MO. 63104

INSPECTION INFORMATION

Next Due
Insp Rslt
03/13/2014 RIN Mike Kynion

PERMIT INFORMATION

Issue Date: 01/01/2011
Expire Date: 12/31/2016
Extended Date: 10/31/2012
Writer Mark Montague

IUQ INFORMATION

IUQ Recvd Date: 07/07/2000
Reviewer: Gunter Durdel
IUQ Recvd Date: 06/07/2005
Reviewer: Martin Blecha
IUQ Recvd Date: 09/21/2010
Reviewer: Martin Blecha

CONTACTS

BILL	Pat McCormak	Director of Building Services	OFF	(314) 577-8072 Ext.
FLD1	Bob Hicks	Plant Operations Manager	OFF	(314) 577-8070 Ext.
	Bob Hicks	Plant Operations Manager	CELL	(314) 625-0067 Ext.
FLD2	Tim Gray	Maintenance	OFF	(314) 577-8072 Ext.
OFF1	Paul Bowders	Building Manager	OFF	(314) 577-8036 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	250	06:00AM	12.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 **Hrs:** 12.0

OTHER AGENCIES INFORMATION

01/21/1997	MDNR - Hazardous Waste Program	026136
10/24/1997	Nuclear Regulatory Commission	24-00196-07
09/28/2005	MSD - Billing Account Number	00208246

NON-SEWERED WASTE

On-Site Storage Y **On-Site Disposal** N **Off-Site Disposal** Y

09/20/2010	Acids and/or Alkalies		30	GPY
09/20/2010	Kitchen/Food Service Grease		150	GPY
09/20/2010	Infectious Waste	Blood, bandages, tissue	4000	LB/YR

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT
05/07/2004	Laboratory chemicals		
05/07/2004	Medicines		

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
1020566700

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 03/26/2013 9:43:00AM End Date = 03/26/2014 9:43:12AM Wdays Cdays

Acct. No.			Consumption					Discharge	
1020566700			CCF's	Gallons				Gal/ Wday	Gal/ Cday
1020566700	01/25/2013	05/06/2013	2,932	2,932	A	73	102	102	
1020566700	05/07/2013	07/16/2013	2,797	5,729		51	71	173	
1020566700	07/17/2013	10/15/2013	3,678	9,407		65	91	264	
1020566700	10/16/2013	01/16/2014	2,513	11,920		66	93	357	
RF 1.00	Acct. Total		11,920	8,916,780		255	357	34,968	24,977
	Facility Total		11,920						

Report No. PIMS012A 03/26/2014 9:43:19 am
Data Date & Time: 03/26/2014 9:43:19 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH	Treatment Area	Lemay
01	Sanitary Or Combined	21F2 009C	Trunk Sewer	76 - Tower Grove - Manchester

Description 12" line S from S side of building near garage stairs to Shaw

Sewer Route W on Shaw to Thurman, N in trunk to treatment plant

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH on Shaw 41' S, 3' E of garage stairs, flow from N

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Boiler Blowdown		300	GPD		GPD	D	9/20/10
Storm Water		0	GPD		GPD	D	9/20/10
Sanitary		6,250	GPD		GPD	D	3/13/14
Hospital Waste	Sanitary, lab services	12,000	GPD		GPD	D	3/13/14
Cooling Tower Blowdown		1,000	GPD		GPD	D	3/13/14
	Total Flow Avg =	**19,550**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH	Treatment Area	Lemay
02	Sanitary Or Combined	21F2 009C	Trunk Sewer	76 - Tower Grove - Manchester

Description 6" line S from SW corner of parking garage to Shaw Blvd

Sewer Route W on Shaw to Thurman, N in trunk to treatment plant

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description 6" vent 5' W of garage oil separator

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Storm Water	From parking garage	0	GPD		GPD	D	9/20/10
	Total Flow Avg =	**0**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment/Neutralization
002	11/29/1999	DC35	Oil/Water Interceptor

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Cyanide (Total)	KP	Copper (Total)	KP	Lead (Total)	SP
Chromium (Total)	KP	Phenol	KP	Dimethyl Phthalate	SP
Toluene	KP	Methylene Chloride	KP	Chloroform	KP
Carbon Tetrachloride	SP	Di-n-butyl Phthalate	SP	2-Nitrophenol	SP
Diethyl Phthalate	SP				

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A 03/26/2014 9:43:19 am
Data Date & Time: 03/26/2014 9:43:19 am

PIMS FACILITY CONTACTS

For Account Number Selected **1020566700** **ANHEUSER-BUSCH INSTITUTE**
Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type / Contact Type	Contact Name	Contact Title	Email	Signatory	Phone Type	Number	Ext.
Billing Address							
Billing Contact	Pat McCormak	Director of Building Services		Y	OFF	(314)577-8072	
Office Mailing Address							
Office Contact - Primary	Paul Bowders	Building Manager		Y	OFF	(314)577-8036	
Premise Address							
Field Contact - Primary	Bob Hicks	Plant Operations Manager		Y	CELL	(314)625-0067	
Field Contact - Primary	Bob Hicks	Plant Operations Manager		Y	OFF	(314)577-8070	
Field Contact 1st Alt	Tim Gray	Maintenance		N	OFF	(314)577-8072	

MSD 020114

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **1020566700**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	1755 S. Grand Blvd	St Louis	MO	63104

001 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2014
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2014
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2014
	T237000	pH	Once/year	Grab	06/30/2014
	T247000	Temperature	Once/year	Grab	06/30/2014
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2014
	T257000	Total Phenols	Once/year	Grab	06/30/2014
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2014
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2014
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2014
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2014
Phenolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Grab	06/30/2014
Semi-Volatile Organics - Base/Neutrals	T994000	Semi-Volatile Organics - Base/Neutrals	Once/year	Comp-Time 04 Hrs	06/30/2014
Volatile Organics	T996000	Volatile Orgs-not incl Acro/Acryl & 2-chloroethyl	Once/year	Grab	06/30/2014

002 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Grab (Auth in lieu of composite)	06/30/2014
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of composite)	06/30/2014
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2014
	T237000	pH	Once/year	Grab	06/30/2014
	T247000	Temperature	Once/year	Grab	06/30/2014
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of composite)	06/30/2014

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ■(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

[KF] I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 1/14/14

RECEIVED
JAN 14 2014
DIVISION OF
ENVIRONMENTAL COMPLIANCE

MSD 020116

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104** 1020-5667-00
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ■(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

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Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 10/11/13

RECEIVED
OCT 14 2013
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ■(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

KF I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

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Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 7/23/13

RECEIVED
JUL 23 2013
DEPT. OF ENVIRONMENTAL COMPLIANCE

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

CB 6-04

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: ANHEUSER-BUSCH INSTITUTE

Permit No: 4112225102 - 2 Effective Date: 01/01/2011 Expiration Date: 12/31/2016

Premise Address: 1755 S. Grand Blvd

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc.

Analyses Performed By: PDC Laboratories, Inc.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨		001				002		
DATES ON WHICH SAMPLES WERE COLLECTED ⇨		04/04-05/2013						
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨		11:00-11:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW *			28.8K				0	GPD
Biochemical Oxygen Demand	******	C	92					mg/L
Chemical Oxygen Demand	******	C	150					mg/L
pH	5.5-11.5	G	8.24					SU
Temperature	60	G	16.4					Deg C
Total Suspended Solids	******	C	21					mg/L
Total Toxic Organics	5.844	C,G						mg/L

*provided per PC w/ R. Hicks, 4/19/13, SR

You must complete and sign the certification statements on the second page.

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

A	NO CHANGE IN WASTEWATER DISCHARGE AT SAMPLE POINTS WITH NO MONITORING REQUIRED
	For permit special conditions that waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification for each report in which monitoring is waived:
	RH I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sample point(s) A02-MSD 001.

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Robert Hicks
	Title: Plant Operations Manager Telephone: 314-577-8072
	Signature: Robert Hicks Date: 4-19-13

PDC Laboratories, Inc.
3278 N Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST • FAX (314) 432-4977

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 04/05/13 12:15
Report Date: 04/17/13
Customer #: 277382

"Laboratory Results"

Sample No: 3041015-01
Sample Description: ABI MSD 001 Comp.

Collect Date: 04/04/13 11:00
Matrix: Waste Water Composite

Parameters	Result	Qual	Analysis Date	Analyst	Method
Field - STL					
pH	8.24 pH Units		04/05/13 11:10	LLO	SM*
Temperature, Field Measured	16.4 °C		04/05/13 11:10	LLO	SM*
General Chemistry - STL					
BOD	92 mg/L		04/05/13 13:00	DAW	SM 5210B 18Ed 04KS
COD	150 mg/L		04/05/13 16:00	DAW	SM 5220D 18Ed 04KS
Solids - total suspended solids (TSS)	21 mg/L		04/08/13 13:30	DAW	SM 2540D 18Ed 04KS

3041015

PDC Laboratories, Inc.
3278 N Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 338-FAST • FAX (314) 432-4977

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 04/05/13 12:15
Report Date: 04/17/13
Customer #: 277382

Laboratory Results

Notes

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by Federal or State Governments or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553
Drinking Water Certifications: Kansas (E-10338); Missouri (870); Wisconsin (998284430): Indiana (C-IL-040); Iowa (240)
Wastewater Certifications: Arkansas (88-0677): Wisconsin (998284430); Iowa (240); Kansas (E-10335)
Hazardous/Solid Waste Certifications: Arkansas (88-0677); Wisconsin (998284430): Iowa (240); Kansas (E-10335)
UST Certification; Iowa (240)
SPM PDC Laboratories - Springfield, MO
EPA DMR-QA Program
STL PDC Laboratories - St. Louis, MO
TNI Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10389

* Not a TNI accredited analyte

Barbara G. Pandolfo

Certified by: Barb Pandolfo, Project Manager

3041015

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED							FOR LAB USE ONLY
[redacted]											LOGIN # 304615
	PHONE NUMBER 314-577-8072	FAX NUMBER	EMAIL ADDRESS								LOGGED BY:
[redacted]			MATRIX TYPES: WW-WASTEWATER DW-DRINKING WATER GW-GROUND WATER WW/SL-SLUDGE NAS-SOLID								LABPROJ # TEMPLATE: PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS						REMARKS
Anheuser- Busch Institute	4/4-5/13	11:00-11:00		x	WW	H2SO4,4C	X							
MSD 001	↓	↓		x	WW	Cool 4C		x						pH = 8.24
(Quarterly)														Temp = 16.4°C
														11:10
														Field Charge

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)
☐ Normal (5-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	4/5/13	1200	[signature]	4-6-13	1215
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	3.6	degrees C
Chill process started prior to receipt	Y or N	
Sample(s) received on ice	Y or N	
Proper bottles received in good condition	Y or N	
Bottles filled with adequate volume	Y or N	
Samples received within hold time(s)	Y or N	(Excludes typical field parameters)
Date and Time taken from sample bottle		

MSD

CB 6-04

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: ANHEUSER-BUSCH INSTITUTE

Permit No: 4112225102 - 2 Effective Date: 01/01/2011 Expiration Date: 12/31/2016

Premise Address: 1755 S. Grand Blvd

Monitoring Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc.

Analyses Performed By: PDC Laboratories, Inc.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨			001				002	
DATES ON WHICH SAMPLES WERE COLLECTED ⇨			01/09-10/2013					
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨			12:30-12:30					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW *			28,800				0	GPD
Biochemical Oxygen Demand	******	C	140					mg/L
Chemical Oxygen Demand	******	C	300					mg/L
pH	5.5-11.5	G	8.21					SU
Temperature	60	G	16.1					Deg C
Total Suspended Solids	*******	C	28					mg/L
Total Toxic Organics	5.844	C,G						mg/L

*flows provided per pc w/ R. Hicks, 4/19/13, SR

* Reminded Bob Hicks that permit was terminated 10-16-12 per PC on 4-22-13 CB

You must complete and sign the certification statements on the second page.

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

A	NO CHANGE IN WASTEWATER DISCHARGE AT SAMPLE POINTS WITH NO MONITORING REQUIRED
	For permit special conditions that waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification for each report in which monitoring is waived:
	RH I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sample point(s) A05 MSD 001

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Robert Hicks
	Title: Plant Operations Manager Telephone: 314-577-8072
	Signature: Robert Hicks Date: 4-19-13

PDC Laboratories, Inc.
3278 N Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST • FAX (314) 432-4977

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 01/10/13 15:53
Report Date: 01/23/13
Customer #: 277382

"Laboratory Results"

Sample No: 3011614-01
Sample Description: ABI MSD 001 Comp.

Collect Date: 01/10/13 12:30
Matrix: Waste Water Composite

Parameters	Result	Qual	Analysis Date	Analyst	Method
General Chemistry - STL					
BOD	140 mg/L		01/11/13 11:34	DAW	SM 5210B 18Ed 04KS
COD	300 mg/L		01/14/13 15:42	KAE	SM 5220D 18Ed 04KS
Solids - total suspended solids (TSS)	28 mg/L		01/11/13 16:21	DAW	SM 2540D 18Ed 04KS

3011614

PDC Laboratories, Inc.
3278 N Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST • FAX (314) 432-4977

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 01/10/13 15:53
Report Date: 01/23/13
Customer #: 277382

"Laboratory Results"

Notes

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by Federal or State Governments or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553
Drinking Water Certifications: Kansas (E-10338); Missouri (870); Wisconsin (998284430); Indiana (C-IL-040); Iowa (240)
Wastewater Certifications: Arkansas (88-0677); Wisconsin (998284430); Iowa (240); Kansas (E-10335)
Hazardous/Solid Waste Certifications; Arkansas (88-0677); Wisconsin (998284430); Iowa (240); Kansas (E-10335)
UST Certification; Iowa (240)

SPM PDC Laboratories - Springfield, MO
EPA DMR-QA Program

STL PDC Laboratories - St. Louis, MO
TNI Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10389

* Not a TNI accredited analyte

Barbara G. Pandolfo

Certified by: Barb Pandolfo, Project Manager

3011614

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.emirdnmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

[illegible]	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
[illegible]	PHONE NUMBER 314-577-8072	FAX NUMBER	EMAIL ADDRESS	
[illegible]	[illegible]		MATRIX TYPES: WW-WASTEWATER DW-DRINKING WATER GW-GROUND WATER WW/SL-SLUDGE NAS-SOLID	

(FOR LAB USE ONLY)
LOGIN #: 3011614
LOGGED BY: HE
LAB PROJ #:
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	C	C	MATRIX	PRESERVATIVE	COD	BOD, TSS						REMARKS
Anheuser-Busch Institute	1/9-10/13	1230-12:30		x	WW	H2SO4,4C	X							
MSD 001	↓	↓		x	WW	Cool 4C		x						pH = 8.21
(Quarterly)														Temp = 16.1°C
														Field Charge

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Flashing (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day
Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
[signature]	1/10/13	15:00	Heather Earlier	1/10/13	15:00
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt 6.3 degrees C
Chit process started prior to receipt Y or N
Sample(s) received on ice Y or N
Proper bottles received in good condition Y or N
Bottles filled with adequate volume Y or N
Samples received within hold time(s) Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle

SR

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ■(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

KA

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 4/16/13

RECEIVED
APR 16 2013
DIVISION OF
ENVIRONMENTAL COMPLIA

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION 1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ■(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

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☑ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 1/25/13

RECEIVED
JAN 25 2013
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

1020-5667-00

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute**
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ■(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

KT I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

RECEIVED
NOV 01 2012
DIVISION OF ENVIRONMENTAL COMPLIANCE

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 10/30/12

CB 10-31

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

1020566700

PART I: IDENTIFYING INFORMATION

Company Name: ANHEUSER-BUSCH INSTITUTE

Permit No: 4112225102 - 2 Effective Date: 01/01/2011 Expiration Date: 12/31/2016

Premise Address: 1755 S. Grand Blvd

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc.

Analyses Performed By: PDC Laboratories, Inc.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS			001		002			
DATES ON WHICH SAMPLES WERE COLLECTED			10/08-09/2012					
TIMES AT WHICH SAMPLES WERE COLLECTED			14:00-14:00					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW *			25,800		* 0			GPD
Biochemical Oxygen Demand	******	C	35					mg/L
Chemical Oxygen Demand	******	C	100					mg/L
pH	5.5-11.5	G	8.67					SU
Temperature	60	G	23.6					Deg C
Total Suspended Solids	———	C	19					mg/L
Total Toxic Organics	5.844	C,G						mg/L

* Per phone call with Robert Hicks on 10-25-12 CB

You must complete and sign the certification statements on the second page.

CB

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following.
Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

A NO CHANGE IN WASTEWATER DISCHARGE AT SAMPLE POINTS WITH NO MONITORING REQUIRED

For permit special conditions that waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification for each report in which monitoring is waived:

RH I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sample point(s) _____.

PART IV: GENERAL CERTIFICATION STATEMENTS

B DISCHARGE MONITORING REPORT CERTIFICATION

All permittees must sign and complete the information below:

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.

Print or type name of signing official: Robert Hicks

Title: Plant Operations Manager Telephone: 314-572-8076

Signature: [signature] Date: 10/30/12

10/30/2012 09:52 3142685563 SLUH BLDG SVCS PAGE 05/09

MSD 020133

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) [illegible]

ACCREDITED IN ACCORDANCE WITH nelac

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 10/10/12 16:18
Report Date: 10/22/12
Customer #: 277382

"Laboratory Results"

Sample No: 2101680-01
Sample Description: ABI MSD 001 Comp.

Collect Date: 10/09/12 14:00
Matrix: Waste Water Composite

Parameters	Result	Qual	Analysis Date	Analyst	Method
General Chemistry - STL					
BOD	35 mg/L		10/11/12 08:10 IMKS	DWM	SM 5210B 18Ed
COD	100 mg/L		10/12/12 08:00 IMKS	ACV	SM 5220D 18Ed
Solids - total suspended solids (TSS)	19 mg/L		10/11/12 17:00 IMKS	ACV	SM 2540D 18Ed

2101680

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-[illegible]

ACCREDITED IN ACCORDANCE WITH nelac

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3655 Vista Ave
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Attn: Mike Jones

Date Received: 10/10/12 16:18
Report Date: 10/22/12
Customer #: 277382

"Laboratory Results"

Notes

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by Federal or State Governments or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553
Drinking Water Certifications: Kansas (E-10338); Missouri (870); Wisconsin (998284430); Indiana (C-IL-040); Iowa (240)
Wastewater Certifications: Arkansas (88-0677); Wisconsin (998284430); Iowa (240); Kansas (E-10335)
Hazardous/Solid Waste Certifications: Arkansas (88-0677); Wisconsin (998284430); Iowa (240); Kansas (E-10335)
UST Certification; Iowa (240)
SPM PDC Laboratories - Springfield, MO
EPA DMR-QA Program
STL PDC Laboratories - St. Louis, MO
NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10369

Barbara G. Pandolfo

Certified by: Barb Pandolfo, Project Manager

2101680

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

[redacted]	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
	PHONE NUMBER 314-577-8072	FAX NUMBER	EMAIL ADDRESS		LOGIN # 0101680
			MATRIX TYPES: WW-WASTEWATER DW-DRINKING WATER GW-GROUND WATER WWSL-SLUDGE NAS-SOLID		LOGGED BY: HG
					LAB PROJ #:
					TEMPLATE:
					PROJ. MGR:

SAMPLE IDENTIFICATION AS YOU WANT IT REPORTED	DATE COLLECTED	TIME COLLECTED		MATRIX	PRESERVATIVE	COD	BOD, TSS						REMARKS
Anheuser- Busch Institute	10/8-9/12	14:00	14:00	X WW	H2SO4,4C	X							
MSD 001	↓	↓		X WW	Cool 4C		X						pH = 8.67
(Quarterly)													Temp = 23.6°C
													Field Charge

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fast Rush (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	10/10/12	4:00	Heather Gulatt	10/10/12	14:00
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt:	23	degrees C
Chill process started prior to receipt	Y or N	
Sample(s) received on ice	Y or N	
Proper bottles received in good condition	Y or N	
Bottle filled with acceptable volume	Y or N	
Samples received within hold time(s)	Y or N	(Excludes typical field parameters)
Date and Time taken from sample bottle		

Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.768.6200 www.stlmsd.com

October 16, 2012

Bob Hicks
Plant Operations Manager
ANHEUSER-BUSCH INSTITUTE
3635 Vista Ave, P.O. Box 15250
St Louis, MO 63110-0250

Re: Discharge Permit No: 4112225102 - 2
For premise at: 1755 S. Grand Blvd.
St Louis, MO 63104

Dear Mr. Hicks:

The Metropolitan St. Louis Sewer District has terminated the Industrial Wastewater Discharge Permit for the above premise, as allowed under Ordinance 12559, Article VI, Section 3.B.2. The permit effective date was January 01, 2011.

On August 31, 2012, an MSD inspector verified that this facility has made long-term operational changes. Specifically, the wastewater process discharge is less than 25,000 gallons per day. These changes removed the facility's reasonable potential for adversely affecting MSD's operation or for violating pretreatment standards or requirements

Therefore, this premise no longer meets the classification as a Significant Industrial User under federal regulation 40 CFR 403.3(t). MSD issues permits only to SIUs.

You must continue to provide any reports required by MSD under Ordinance 12559, Article VIII. MSD may determine in the future that a new permit is required, based on these reports, or based on information obtained through other reports, samplings, or investigations. You then must submit an application for a new permit.

We appreciate your cooperation and support in helping us to comply with federal regulations. Please contact me at 314.436.8721, if you have any questions.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Chris Bulmahn

Chris Bulmahn
Associate Engineer

cc: Doug Mendoza
Martin Blecha

To: ANHEUSER-BUSCH INSTITUTE [1020566700]

From: Doug Mendoza

Date: October 15, 2012

Re: Removal of SIU status

Total process-type discharges are only 8,900 GPD. Multi-decade history of hospital wastewater monitoring and inspections show that there is not an inherent "reasonable potential for adverse effect on operations" due simply to the facility being a hospital.

Hospital wastewater discharges originally were not separated into different volumes for various types of wastes, but were lumped under "Hospital Waste." Because of this generalizing, "Reasonable potential for adverse effect on operations" was used.

Wastewater discharges are now broken down by sources, with Hospital Waste including cleanup wastewater from operating areas, etc and sanitary from patients (since that includes higher concentrations of drugs, etc.). For areas of the hospital where non-hospital operations are performed, Process and Plant & Equipment Washdown are listed separately. Likewise, Sanitary volumes from employees are listed separately.

Because true Sanitary and process-type wastes are listed separately, total Process Discharge can now be more accurately determined.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 1020566700
Premise Address: 1755 S Grand Blvd. Zip Code: 63104
MSD Classes: SIU ☒ Non-Signif CIU ☐ CIU ☐ Surcharge ☐ Toxics-Bearing Waste ☒
Non-Toxic Proc Waste ☐ No Proc Disch ☐ Multi-User ☐ Spec Handle/Bill ☐
Company Representative: Bob Hicks
Title: Plant Operations Manager Phone#: 314-577-8070
Inspector: Martin Blecha
Others Present: None
Inspection Date: 8/31/12 Time: From 7:45am To 9:45am (Last Insp. 8/9/11)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Did all acct no's have water usage on PIMS? Yes☒ No☐
   C. If no to B, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Eye, Dermatoloy, & Orthopedic Clinics - hospital waste.	Batch		Yes	Multi x's/day	001
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
Oil/water separator- for parking garage.	002.
pH adjustment	001.

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☐ No☒
   If yes: A. List sample points: _____
   B. What is the frequency for cleaning & maintenance? _____
   C. Are any additives used in traps? Yes☐ No☐
   D. If yes to C, was co. warned MSD will bill them for blockages they cause? Yes☐ No☐
   E. Was co. informed that MSD performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSP? Yes☐ No☒
   If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
   B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
   C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   If yes: A. List pollutants & process: _____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: _____

MSD 020139

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐

If yes: A. List reg. & describe (including any discharge):
40 CFR 460 Sub A N/A(No Stds). Hospital waste: Outpatient Eye Disorders, Dermatology, and other hospital waste goes to SP 001.

B. Is maximum daily (incl. batches) cat. discharge less than (or equal to) 100 GPD? Yes☐ No☒

If yes to B: C. Batch ☐ or Cont.☐? Vol. verified how? _____

D. Does company ever discharge untreated, concentrated cat. WW? Yes☐ No☐

E. Was company in SNC during any part of the previous 12 mos? Yes☐ No☐

F. Date of last NSCIU Cert. Statement: _____ or not currently NSCIU ☐

(If no to B, yes to D or E, or Cert. Statement not submitted as required, company is not eligible to be an NSCIU)

8. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____

B. Current applied factor: _____ Is it correct? Yes☐ No☐

C. If no, list correct factor/explain? _____

9. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____

B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐

C. If yes to B, explain: _____

10. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: Company removed all sources of radioactive materials. A discharge permit is kept by company in case needed in the future.

B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☒ No☐

C. Most recent authorization date: 10/1/05

D. Amount discharged in most recent complete calendar year: 0.0 curies

11. DOES COMPANY GENERATE WASTES/WASTEWATER BY GENETIC ENGINEERING RESEARCH? Yes☐ No☒

If yes: A. Does company render wastes/wastewater innocuous? Yes☐ No☐

A. If yes, describe how: _____

B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☐ No☐

C. Most recent authorization date: _____

12. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒

A. Explain how use was verified & any needed changes:
Wash hospital rooms and mop floors. Use water for boilers and cooling towers.

13. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: Cooling tower evaporative water.

B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

14. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN LAST 12 MONTHS (if last insp <12 months ago)? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Y/N	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

16. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____
B. Explain any marked: _____

17. COULD SPILLS OR LEAKS OF PROCESS TANKS, STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?

_____

If no: B. How are they controlled?
Chemicals are stored in flame proof cabinets. A separate room stores lab solvent waste in three 55 gallon barrels. If spilled would pick up using absorbants, and haul it off site. Infectious/Biowaste hauled by Stericycle.

18. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: Note: Car garage has a oil/water separator and discharges to the combined sewer.
B. What needs to be done? Continue best stormwater practices.
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

19. DOES COMPANY HAVE ANY SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? Yes☒ No☐

If yes: A.

	Title	Last Update	Update needed? Explain if yes
1.	Hazardous Chemical Spill	4/25/95	No
2.			N/A

B. Are any Plans needed (in addition to those listed in Part A)? Yes☐ No☒
(If yes, write company and request)

20. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☐ No☒

If yes: A. Parts washer solvent name: _____
B. Priority pollutants (or "none"): _____
C. How is spent solvent disposed? _____
(Parts washer solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

21. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A. Solvent name/ components

Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Xylene, ethyl alcohol, acetone.	Lab chemicals	Yes☐ No☒	Hauled by Environmental Safety Co.	Yes☐ No☒
See full list in comment page 6.	Lab chemicals	Yes☐ No☒	Hauled by Environmental Safety Co.	Yes☒ No☐
Formalin	In lab tissues	Yes☐ No☒	Neutralized and sewered.	Yes☐ No☒
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

22. DOES COMPANY HAVE A 413/433/469-REGULATORY "SOLVENT MANAGEMENT PLAN"? Yes☐ No☒
(Applies if co. has 413/433/469 processes, whether or not solvents used)

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes [1.☐ 2.☐] No☐
B. If no to A, date of last update for SMP: _____
C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐
D. Does SMP address all 413/433/469 solvents? (or verify "none" ☐) Yes☐ No☐
(If no to C or D, write company and require submittal and/or update)

23. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐
A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐
(Must post if co. generates process wastewater or stores chemicals of concern)

24. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

If yes: A. Is requirement contained in permit ☒ or other document ☐.
B. If other document, date & description: _____
C. How frequently is sampling required? Quarterly
D. How frequently are reports required? Quarterly
E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐
F. If no, explain: _____

25. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐

If yes: A. Is the self-monitoring required by MSD? Yes☒ No☐
B. Does sample collection time period match co's production shifts? Yes☒ No☐
C. Are representative grab/comp samples collected? Yes☒ No☐
D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐
E. If no to B, C, or D, explain needed changes: _____

26. DOES CO. CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes: A. At which SPs? _____
B. Does company submit quarterly summaries? Yes☐ No☐
C. If no, explain: _____

27. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes: A. Is company having the samples analyzed Yes☐ No☐
B. How does company insure proper preservation, holding times & analytical methods? _____
C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐
E. If no to C, or D, explain: _____
F. Does company still want to split samples? Yes☐ No☐
G. Comments: _____

28. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes: A. Type and date: _____
B. Have the reports & actions been on-time & complete? Yes☐ No☐
C. If no, explain: _____

29. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Yes☒ No☐
[Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge.] [City/County-issued air permits are not NESHAP permits.]

If no: A. Describe: _____
B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

30. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐

If no: A. How long does company retain records? In STL University Hospital, Bob Hicks office.
B. Was company told to retain for at least 5 years, per ordinance? Yes☒ No☐
C. Where are they kept? _____

31. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒

If yes: A. Indicate correct classifications:
SIU ☐ Non-Signif CIU ☐ CIU ☐ Surcharge ☐ Toxics-Bearing Waste ☐
Non-Toxic Proc Waste ☐ No Proc Disch ☐ Multi-User ☐ Spec Handle/Bill ☐
B. Explain changes: _____

32. IS COMPANY CLASSIFIED AS "Multi-User"? Yes☐ No☒

If yes: A. Is company's discharge segregated from other tenants' discharge? Yes☐ No☐
B. If no to A, does the company own the bldg/receive the MSD bills? Yes☐ No☐
C. If yes to B, was company informed it is responsible for total discharge, or else must provide segregated sample points? Yes☐ No☐
D. If no to B, are any Process/P&E Wash-type wastes discharged? Yes☐ No☐
E. If yes to D, are the wastes completely innocuous? Yes☐ No☐
(Explain why: _____)
F. If yes to D, and no to E, company must accept responsibility or provide segregated SP. Acceptance letter date: _____ Or write co. w/requirement ☐
G. If no to D or yes to E, are limits "alert only" on PIMS? Yes☐ No☐
H. Comments: _____

33. IS COMPANY CLASSIFIED AS "Special Handling/Billing"? Yes☐ No☒

If yes: A. Why? _____
B. Are any changes needed to reasons/details? Yes☐ No☐
C. If yes, explain: _____
D. Were company records reviewed & verified for special handling/billing reports? NA☐ Yes☐ No☐

34. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + Sanitary + stormwater.	No
SP #	002	Fed.Reg.		Components:	Parking lot stormwater into combined sewer.	Yes
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

35. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒

If yes: A. List SPs: _____
B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

36. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☒ No☐
If yes: A. List SPs and reasons: 002. Stormwater discharge into combined sewer.

37. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

38. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
If yes: A. List Sample Points: 001 + 002.

39. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____
C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
D. If yes to C, list SPs & describe: _____
E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

40. REVIEW THE SAMPLE POINT MAP! Last map revision date: 6/26/12
A. Is the map correct and accurate in all its details? Yes☒ No☐
B If no, what changes are needed: _____

41. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒
If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

Q 21. Other priority pollutant chemicals used in the labs are: Methylene Chloride, Di-n-butyl Phthalate, Dimethyl Phthalate, Diethyl Phthalate, Chloroform, Carbon Tetrachloride, phenol and 2-Nitrophenol. Lab waste is collected and hauled off site.

7th Floor: Chapel, Payroll, Mechanical Room- air handlers for hot and cold water.
6th Floor: Switchboard Operator, Computer Room, more air handlers.
5th Floor: Histology & Dermpath Labs.
4th Floor: Accounting & Billing Office, Dermatology (presently closed).
3rd Floor: Resident Studies, Ophthalmology, Audio visual theater. Two roof cooling towers.
2nd Floor: Eye Surgery pre-op & post-op, gas autoclave (use ethylene oxide), Infectious Waste storage room holds sharps, bandages, etc.
1st Floor: Computer Radiology, Ophthalmology, Dermatology Rooms. Biowaste Storage.
Basement: Kitchen-very small grill area and oven. House cleaning supplies, Boiler Room (Nalco Na Sulfate, Na Hypochlorite), Maintenance Room.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	TOX

WUNNENBERG INFO.

Base Map 21F1
Wun: St. Louis City & Co.
Grid: H 22 Page 38

SIU CRITERIA

POTM Reasonable potential for adverse affect on

GENERAL INFORMATION

Office Mailing Address
3635 Vista Ave
St Louis, MO. 63110-0250

Billing Address
1755 S. Grand Blvd
St. Louis, MO. 63104

INSPECTION INFORMATION

Next Due	Insp Rslt	
08/31/2012	RIN	Martin Blecha

PERMIT INFORMATION

Issue Date: 01/01/2011
Expire Date: 12/31/2016
Extended Date:
Writer Mark Montague

IUQ INFORMATION

IUQ Recvd Date: 07/07/2000
Reviewer: Gunter Durdel
IUQ Recvd Date: 06/07/2005
Reviewer: Martin Blecha
IUQ Recvd Date: 09/21/2010
Reviewer: Martin Blecha

CONTACTS

BILL	Pat McCormak	Director of Building Services	OFF	(314) 577-8072 Ext.
FLD1	Bob Hicks	Plant Operations Manager	OFF	(314) 577-8070 Ext.
	Bob Hicks	Plant Operations Manager	CELL	(314) 625-0067 Ext.
FLD2	Tim Gray	Maintenance	OFF	(314) 577-8072 Ext.
OFF1	Paul Bowders	Building Manager	OFF	(314) 577-8036 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	250	06:00AM	12.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 **Hrs:** 12.0

OTHER AGENCIES INFORMATION

01/21/1997	MDNR - Hazardous Waste Program	026136
10/24/1997	Nuclear Regulatory Commission	24-00196-07
09/28/2005	MSD - Billing Account Number	00208246

NON-SEWERED WASTE

On-Site Storage Y **On-Site Disposal** N **Off-Site Disposal** Y

09/20/2010	Acids and/or Alkalies		30	GPY
09/20/2010	Kitchen/Food Service Grease		150	GPY
09/20/2010	Infectious Waste	Blood, bandages, tissue	4000	LB/YR

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT
05/07/2004	Laboratory chemicals		
05/07/2004	Medicines		

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Clinical eye surgery & dermatology			

Report No. PIMS012A 09/10/2012 9:01:19 am
Data Date & Time: 09/10/2012 9:01:19 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

SEWER ACCOUNTS

Sewer Accounts
1020566700

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2011 12:00:00AM End Date = 12/31/2012 12:59:59PM Wdays Cdays

Acct. No.			Consumption					Discharge	
1020566700			CCF's	Gallons				Gal/ Wday	Gal/ Cday
1020566700	10/20/2010	01/19/2011	2,302	2,302	A	66	92	92	
1020566700	01/20/2011	04/21/2011	1,659	3,961		66	92	184	
1020566700	04/22/2011	07/19/2011	2,929	6,890		64	89	273	
1020566700	07/20/2011	10/17/2011	3,076	9,966		64	90	363	
1020566700	10/18/2011	01/17/2012	2,779	12,745		66	92	455	
1020566700	01/18/2012	05/02/2012	1,985	14,730		76	106	561	
RF 1.00	Acct. Total		14,730	11,018,806		402	561	27,410	19,641
	Facility Total		14,730						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Lemay
01	Sanitary Or Combined	21F2	009C	Trunk Sewer	76 - Tower Grove - Manchester

Description 12" line S from S side of building near garage stairs to Shaw

Sewer Route W on Shaw to Thurman, N in trunk to treatment plant

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH on Shaw 41' S, 3' E of garage stairs, flow from N

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Boiler Blowdown		300	GPD		GPD	D	9/20/10
Non Contact Cooling Water	Cooling tower blowdown	1,000	GPD		GPD	D	9/20/10
Sanitary		5,300	GPD		GPD	D	9/20/10
Storm Water		0	GPD		GPD	D	9/20/10
Hospital Waste	Sanitary, lab services	8,900	GPD		GPD	D	9/20/10
	Total Flow Avg =	15,500		Max =			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Lemay
02	Sanitary Or Combined	21F2	009C	Trunk Sewer	76 - Tower Grove - Manchester

Description 6" line S from SW corner of parking garage to Shaw Blvd

Sewer Route W on Shaw to Thurman, N in trunk to treatment plant

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description 6" vent 5' W of garage oil separator

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Storm Water	From parking garage	0	GPD		GPD	D	9/20/10
	Total Flow Avg =	0		Max =			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment/Neutralization
002	11/29/1999	DC35	Oil/Water Interceptor

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Cyanide (Total)	KP	Copper (Total)	KP	Lead (Total)	SP
Chromium (Total)	KP	Phenol	KP	Dimethyl Phthalate	SP
Toluene	KP	Methylene Chloride	KP	Chloroform	KP
Carbon Tetrachloride	SP	Di-n-butyl Phthalate	SP	2-Nitrophenol	SP
Diethyl Phthalate	SP				

Report No. PIMS012A 09/10/2012 9:01:19 am
Data Date & Time: 09/10/2012 9:01:19 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **1020566700**

Premise Address 1755 S. Grand Blvd
St Louis MO. 63104

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS

For Account Number Selected **1020566700** **ANHEUSER-BUSCH INSTITUTE**
Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type

Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Pat	McCormak	Director of Building Services	OFF	(314)577-8072	
Office Mailing Address						
Office Contact - Primary	Paul	Bowders	Building Manager	OFF	(314)577-8036	
Premise Address						
Field Contact - Primary	Bob	Hicks	Plant Operations Manager	CELL	(314)625-0067	
Field Contact - Primary	Bob	Hicks	Plant Operations Manager	OFF	(314)577-8070	
Field Contact 1st Alt	Tim	Gray	Maintenance	OFF	(314)577-8072	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **1020566700**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	1755 S. Grand Blvd	St Louis	MO	63104

001 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2013
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2013
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2013
	T237000	pH	Once/year	Grab	06/30/2013
	T247000	Temperature	Once/year	Grab	06/30/2013
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2013
	T257000	Total Phenols	Once/year	Grab	06/30/2013
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2013
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2013
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2013
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2013
Phenolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Grab	06/30/2013
Semi-Volatile Organics - Base/Neutrals	T994000	Semi-Volatile Organics - Base/Neutrals	Once/year	Comp-Time 04 Hrs	06/30/2013
Volatile Organics	T996000	Volatile Orgs-not incl Acro/Acryl & 2-chloroethyl	Once/year	Grab	06/30/2013

002 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Grab (Auth in lieu of composite)	06/30/2013
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of composite)	06/30/2013
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2013
	T237000	pH	Once/year	Grab	06/30/2013
	T247000	Temperature	Once/year	Grab	06/30/2013
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of composite)	06/30/2013

CB

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; Anheuser Busch Institute** 1020 566700
Permit No: **41122251-02**
Premise No: **1755 South Grand Boulevard, 63104**
Reporting Period: ☐(JAN-MAR) ■(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

KF I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT 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.

RECEIVED
JUL 30 2012
DIVISION OF ENVIRONMENTAL COMPLIANCE

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 7/24/12

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

83/11-3

PART I: IDENTIFYING INFORMATION

Company Name: ANHEUSER-BUSCH INSTITUTE 1020566700

Permit No: 4112225102 - 2 Effective Date: 01/01/2011 Expiration Date: 12/31/2016

Premise Address: 1755 S. Grand Blvd

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc.

Analyses Performed By: PDC Laboratories, Inc.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ⇨		07/16-17/2012		7-28-12				
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨		12:30-12:30		6:00 AM				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW		*	28,800	*	0			GPD
Biochemical Oxygen Demand	******	C	55					mg/L
Chemical Oxygen Demand	******	C	100					mg/L
pH	5.5-11.5	G	7.74					SU
Temperature	60	G	30.2					Deg C
Total Suspended Solids	*******	C	25					mg/L
Total Toxic Organics	5.844	C,G	~~0.025~~ ND					mg/L

* Per phone call with Robert Hicks on 7-31-12. CB

TTO tested, all components less than the reporting levels CB

You must complete and sign the certification statements on the second page.

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following.
Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

A	NO CHANGE IN WASTEWATER DISCHARGE AT SAMPLE POINTS WITH NO MONITORING REQUIRED
	For permit special conditions that waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification for each report in which monitoring is waived:
	RH I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sample point(s) all.

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Robert Hicks
	Title: Plant Operations MANAGER Telephone: 314-577-8076
	Signature: Robert Hicks Date: 7-28-12

2

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.envirormetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
PHONE NUMBER 314-577-8072	FAX NUMBER	EMAIL ADDRESS	

MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID

(FOR LAB USE ONLY)
LOGIN # 2072232
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Semivolatiles	Volatiles				REMARKS
Anheuser- Busch Institute	7/16-17/12	12:30-12:30		x	WW	H2SO4,4C	X							
MSD 001	↓	↓		x	WW	Cool 4C		x						pH = 7.74
(Annual third quarter)				x	WW	Cool 4C			x					Temp = 30.2
	7/17/12	12:30	x		WW	Cool 4C				x				
														Field charge

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day
Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	7/17/12	16:05	H Cattlin Carlisle	7/17/12	16:05
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	6.8 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) [illegible]

ACCREDITED IN ACCORDANCE WITH nelac

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 07/17/12 16:25
Report Date: 07/27/12
Customer #: 277382

"Laboratory Results"

Sample No: 2072232-01
Sample Description: ABI MSD 001 Comp.

Collect Date: 07/17/12 12:30
Matrix: Waste Water Composite

Parameters	Result	Qual	Analysis Date	Analyst	Method
General Chemistry - STL					
BOD	55 mg/L		07/18/12 09:30 04KS	JDG	SM 5210B 18Ed
COD	100 mg/L		07/20/12 12:00 04KS	ACV	SM 5220D 18Ed
Solids - total suspended solids (TSS)	25 mg/L		07/18/12 17:00 04KS	ACV	SM 2540D 18Ed
Semivolatile Organics - STL					
1,2,4-Trichlorobenzene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
1,2-Dichlorobenzene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
1,3-Dichlorobenzene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
1,4-Dichlorobenzene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,4,5-Trichlorophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,4,6-Trichlorophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,4-Dichlorophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,4-Dimethylphenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,4-Dinitrophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,4-Dinitrotoluene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,6-Dimethylaniline	< 5.0 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2,6-Dinitrotoluene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2-Chloronaphthalene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2-Chlorophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
2-Nitrophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
3,3'-Dichlorobenzidine	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
4,6-Dinitro-2-methylphenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
4-Bromophenylphenyl ether	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
4-Chloro-3-methylphenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
4-Chlorophenylphenyl ether	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
4-Nitrophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Acenaphthene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Acenaphthylene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Anthracene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Azobenzene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Benzidine	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Benzo(a)anthracene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Benzo(a)pyrene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Benzo(b&k)fluoranthene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Benzo(b)fluoranthene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Benzo(g,h,i)perylene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Benzo(k)fluoranthene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625

2072232

PDC Laboratories, Inc.
3278 N. Highway 67 - Farmington, MO 63640
(314) 342-8250 - (800) 325-5832 - FAX (314) 342-1830

ACCREDITED IN ACCORDANCE WITH nelac

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 07/17/12 16:25
Report Date: 07/27/12
Customer #: 277382

"Laboratory Results"

Sample No: 2072232-01
Sample Description: ABI MSD 001 Comp.

Collect Date: 07/17/12 12:30
Matrix: Waste Water Composite

Parameters	Result	Qual	Analysis Date	Analyst	Method
Semivolatile Organics - STL					
Bis(2-chloroethoxy) methane	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Bis(2-chloroethyl) ether	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Bis(2-chloroisopropyl) ether	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Bis(2-ethylhexyl) phthalate	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Butyl benzyl phthalate	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Chrysene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Dibenzo(a,h)anthracene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Diethyl phthalate	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Dimethyl phthalate	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Di-n-butyl phthalate	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Di-n-octyl phthalate	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Diphenylamine	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Fluoranthene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Fluorene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Hexachlorobenzene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Hexachlorobutadiene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Hexachlorocyclopentadiene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Hexachloroethane	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Indeno(1,2,3-cd)pyrene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Isophorone	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Naphthalene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Nitrobenzene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
N-Nitrosodimethylamine	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
N-Nitrosodi-n-propylamine	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Pentachlorophenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Phenanthrene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Phenol	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Pyrene	< 10 ug/L		07/26/12 16:10 04KS	jk	EPA 625
Surrogate: 2-Fluorophenol	7 % 10-44.6	X	07/26/12 16:10	jk	EPA 625
Surrogate: Phenol- d5	12 % 10-33.3		07/26/12 16:10	jk	EPA 625
Surrogate: Nitrobenzene-d5	54 % 28.6-112		07/26/12 16:10	jk	EPA 625
Surrogate: 2-Fluorobiphenyl	62 % 22.8-107		07/26/12 16:10	jk	EPA 625
Surrogate: 2,4,6-Tribromophenol	35 % 10-95.1		07/26/12 16:10	jk	EPA 625
Surrogate: p-Terphenyl-d14	74 % 28-115		07/26/12 16:10	jk	EPA 625

2072232

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-[illegible]

ACCREDITED IN ACCORDANCE WITH nelac

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 07/17/12 16:25
Report Date: 07/27/12
Customer #: 277382

"Laboratory Results"

Sample No: 2072232-02
Sample Description: ABI MSD 001 Grab

Collect Date: 07/17/12 12:30
Matrix: Waste Water Grab

Parameters	Result	Qual	Analysis Date	Analyst	Method
Field - STL					
pH	7.74 pH Units		07/17/12 12:30	LLO	SM*
Temperature, Field Measured	30.2 °C		07/17/12 12:30	LLO	SM*
Volatile Organics - STL					
1,1,1-Trichloroethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,1,2,2-Tetrachloroethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,1,2-Trichloroethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,1-Dichloroethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,1-Dichloroethene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,2-Dichlorobenzene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,2-Dichloroethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,2-Dichloropropane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,3-Dichlorobenzene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
1,4-Dichlorobenzene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
2-Chloroethylvinyl ether	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Acrolein	< 25 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Acrylonitrile	< 10 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Benzene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Bromodichloromethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Bromoform	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Bromomethane	< 10 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Carbon tetrachloride	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Chlorobenzene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Chloroethane	< 10 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Chloroform	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Chloromethane	< 10 ug/L		07/23/12 19:16 04KS	BP	EPA 624
cis-1,3-Dichloropropene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Dibromochloromethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Ethylbenzene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
m,p-Xylene	< 10 ug/L		07/23/12 19:16	BP	EPA 624*
Methylene chloride	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
o-Xylene	< 5.0 ug/L		07/23/12 19:16	BP	EPA 624*
Tetrachloroethene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Toluene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
trans-1,2-Dichloroethene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
trans-1,3-Dichloropropene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Trichloroethene	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624

2072232

PDC Laboratories, Inc.
3278 S. Highway 67 • Louisiana, MO 63353
(314) 432-0550 • (800) 333-1285 [illegible]

ACCREDITED IN ACCORDANCE WITH nelac

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 07/17/12 16:25
Report Date: 07/27/12
Customer #: 277382

"Laboratory Results"

Sample No: 2072232-02
Sample Description: ABI MSD 001 Grab

Collect Date: 07/17/12 12:30
Matrix: Waste Water Grab

Parameters	Result	Qual	Analysis Date	Analyst	Method
Volatile Organics - STL					
Trichlorofluoromethane	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Vinyl chloride	< 5.0 ug/L		07/23/12 19:16 04KS	BP	EPA 624
Surrogate: 1,2-Dichloroethane-d4	*99 % 59.1-126*		*07/23/12 19:16*	*BP*	*EPA 624*
Surrogate: Toluene-d8	*93 % 65.8-116*		*07/23/12 19:16*	*BP*	*EPA 624*
Surrogate: Bromofluorobenzene	*99 % 64.1-123*		*07/23/12 19:16*	*BP*	*EPA 624*
1,2-Dichloroethene- Total	< 10 ug/L		07/23/12 19:16	BP	EPA 624*
1,3-Dichloropropone - Total	< 10 ug/L		07/23/12 19:16	BP	EPA 624*

2072232

MSD 020157

PDC Laboratories, Inc.
3278 N. Highway 67 Florissant, MO 63033
(314) 432-0550 - (800) 325-[illegible]

St. Louis University Hospital
3655 Vista Ave
St. Louis, MO 63110
Attn: Mike Jones

Date Received: 07/17/12 16:25
Report Date: 07/27/12
Customer #: 277382

"Laboratory Results"

Notes

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by Federal or State Governments or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553
Drinking Water Certifications: Kansas (E-10338); Missouri (870); Wisconsin (998284430); Indiana (C-IL-040); Iowa (240)
Wastewater Certifications: Arkansas (88-0677); Wisconsin (998284430); Iowa (240); Kansas (E-10335)
Hazardous/Solid Waste Certifications; Arkansas (88-0677); Wisconsin (998284430); Iowa (240); Kansas (E-10335)
UST Certification; Iowa (240)
SPM PDC Laboratories - Springfield, MO
EPA DMR-QA Program
STL PDC Laboratories - St. Louis, MO
NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10389

X Low surrogate due to matrix.

Barbara G. Pandolfo

Certified by: Barb Pandolfo, Project Manager

2072232

Metropolitan St. Louis Sewer District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.768.6200 www.stlmsd.com

July 16, 2012

Paul Bowders
ANHEUSER-BUSCH INSTITUTE
3635 Vista Ave.
P.O. Box 15250
St. Louis, MO 63110

Re: Change in compliance charge rate
For premise at: **1755 S. Grand Blvd.**
St. Louis, MO 63104

Dear Paul Bowders:

As you probably are aware, citizens in the Metropolitan St. Louis Sewer District's boundaries voted on June 5, 2012 to revise the rate structure for MSD customers. This revised rate structure affects more than the charge for volume. It also changes the compliance charge that is assessed for commercial accounts. This charge is a separate line item on your monthly bill.

Previously, the compliance charge was a flat rate for all non-residential accounts. It is now a tiered rate, more accurately reflecting the actual costs involved for federal regulatory requirements to inspect and sample companies. In addition to changing to a more equitable tiered rate, MSD has also re-evaluated the costs involved and program requirements, and has been able to make changes to greatly reduce the overall impact of the compliance charge.

For the vast majority of non-residential accounts, the compliance charge will decrease. However, certain companies that federal regulations require to be inspected or have their wastewater sampled will see their compliance charge increase, due to the costs involved in conducting the inspections and sampling. Your facility is one of the companies that these federal regulations encompass.

Barring any recent changes at your facility, the new compliance charge for your MSD sewer account will be **$124.25** per month. Please note also that the tier, and associated compliance charge, can change as conditions change at your facility.

Please note that MSD recognizes that many companies receive more than one MSD bill, because they have more than one incoming water account. The above compliance charge will apply to only one MSD account for each premise, with any other accounts receiving the minimum compliance charge of $23.00 per month. In addition, the minimum compliance charge for those additional accounts will further reduce to $2.15 per month by July 1, 2015.

An insert explaining the compliance charge in more detail will be included with the August bill for all non-residential accounts. This will help insure that the person or department actually paying the bill will also be aware of the changes.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Manager of Industrial Pretreatment

Industry: ANHEUSER-BUSCH INSTITUTE [1020566700]

From: S. REHMER

Date: 06/26/12

Re: Change in Account Number

The account number for this company has been changed from: 4112225102

to: 1020566700

The change is due to the need to have all industry account numbers conform to the billing premise # - based system, so that the correct "compliance fee tier" charge can be automatically added to the sewer bill each month.

MSD

CB 6-15

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART I: IDENTIFYING INFORMATION

Company Name: ANHEUSER-BUSCH INSTITUTE

Permit No: 4112225102 - 2 Effective Date: 01/01/2011 Expiration Date: 12/31/2016

Premise Address: 1755 S. Grand Blvd

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc.

Analyses Performed By: PDC Laboratories, Inc.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨		001						
DATES ON WHICH SAMPLES WERE COLLECTED ⇨		04/04-05/2012						
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨		15:00-15:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW		*	28,800					GPD
Biochemical Oxygen Demand	******	C	84					mg/L
Chemical Oxygen Demand	******	C	160					mg/L
pH	5.5-11.5	G	8.15					SU
Temperature	60	G	21.0					Deg C
Total Suspended Solids	******	C	39					mg/L
								mg/L
								mg/L
* Per phone call w/ Rob on		5-3-2012.		CB				mg/L

You must complete and sign the certification statements on the second page.

1

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

A	NO CHANGE IN WASTEWATER DISCHARGE AT SAMPLE POINTS WITH NO MONITORING REQUIRED
	For permit special conditions that waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification for each report in which monitoring is waived:
	RH I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sample point(s) _____.

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Robert Hicks
	Title: MAINTENANCE MANAGER Telephone: 314-577-8076
	Signature: [signature] Date: 5-2-12

2

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
PHONE NUMBER 314-577-8070	FAX NUMBER	EMAIL ADDRESS		LOGIN # 2040902
		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WW/SL-SLUDGE, NAS-SOLID		LOGGED BY: HG
				LAB PROJ #:
				TEMPLATE:
				PROJ. MGR:

SAMPLE DESCRIPTION (E.G. POINT OF SAMPLING)	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS						REMARKS
Anheuser-Busch Institute	4/4-5/12	15:00-15:00		X	WW	H2SO4,4C	X							
MSD 001		↓		X	WW	Cool 4C		X						pH = 8.15
(Quarterly)														Temp = 21.0°C
														Field Charge

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)
☐ Normal (5-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Expedited (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Data Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	4/5/12	15:55	Heather Earlach	4/5/12	15:55
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt: 3.6 degrees C
Chill process started prior to receipt: Y or N
Sample(s) received on ice: Y or N
Proper bottles received in good condition: Y or N
Bottles filled with adequate volume: Y or N
Samples received within hold (max): Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle

Co. Name: 4112-2251-02
ANHEUSER BUSCH INSTITUTE
1755 South Grand
St. Louis, MO 63104

Acct #:

OLDER

CORRESPONDENCE

FROM

1993 - 98

AND EARLIER

IS LOCATED

IN THE

OVERFLOW FILES

FOR MSD USE ONLY		
Account Number:	411229 51-02	Category
TA:	Lemay	SIU
TS:	Tower Grove - Manchester	NONSIU
Reviewer:	MSB	CIU
Date:	9-20-10	NONTOX
		TOXIC
		SUR
		NOPROC
		MULTI

METROPOLITAN ST. LOUIS SEWER DISTRICT
DIVISION OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to develop the permit.

SECTION A - GENERAL INFORMATION

1. Company Name: ~~ST. LOUIS UNIVERSITY HOSPITAL~~ ANHEUSER-BUSCH INSTITUTE
2. Mailing Address: 3635 VISTA AVENUE
   City: ST LOUIS State Missouri MO Zip Code 63110
3. Premise Address: ~~SAME~~ 1755 SOUTH GRAND
   City: ST LOUIS State Missouri MO Zip Code 631~~29~~04
4. Person Authorized to Sign Reporting Documents (see note after Section H):
   Name: PAUL BOWDERS
   Title: BUILDING MANAGER Phone Number 314-577-8036
5. Check One: ☒ Existing Discharge ○ Proposed Discharge
   If proposed, indicate discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: ~~2~~ 3 and work days per week: ~~5~~ 7 5
   b. Average number of employees per shift: <150 1st 1700 2nd ~~500~~ <100 3rd 300 Total: ~~2500~~ <2500
   c. Shift start times: 1st 6 a.m. (HH:MM AM/PM) 2nd 2:00 pm (HH:MM AM/PM) 3rd _____ (HH:MM AM/PM)

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITY	SIC NUMBER
a.	HOSPITAL 24-7 OPERATION	8062
b.		~~8733~~
c.		
d.		
e.		
f.		

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SEP 20 2010
DEPT. OF ENVIRONMENTAL COMPLIANCE

MSD 020166

Company Name: ST LOUIS UNIVERSITY HOSPITAL
Premise Address: ~~3635 VISTA~~ 1755 S. Grand Blvd.

SECTION B - PRODUCT OR SERVICE INFORMATION (Continued)

2. Are primary activities generally batch or continuous processes ? ○ batch ☒ continuous
3. Principal raw materials used: Laboratory chemicals, medicines.
4. Principal products produced: Clinical eye surgery & dermatology.
5. Check all activities which are conducted at your premise in addition to the primary activities described in B.1 above Indicate the SIC number, if known. Do not check activities which are already included in B.1.

ACTIVITY (with related 40 CFR Part)	SIC NO.	ACTIVITY (with related 40 CFR Part)	SIC NO.
☐ a. Adhesive and Sealants Mfg.		☐ nn. Nonferrous Metals Mfg. (421)	
☐ b. Aluminum Forming (467)		☐ oo. Oil and Gas Extraction (435)	
☐ c. Asbestos Mfg. (427)		☐ pp. Ore Mining and Dressing (440)	
☐ d. Battery Mfg. (461)		☐ qq. Organic Chem/Plastics/Synthetic Fibers Mfg (414)	
☐ e. Carbon Black Mfg. (458)		☐ rr. Paint Formulating (446)	
☐ f. Cement Mfg. (411)		☐ ss. Painting, Finishing or Paint Stripping	
☐ g. Centralized (non-Haz.) Waste Treatment (437)		☐ tt. Parts Washing	
☐ h. Coal Mining (434)		☐ uu. Paving and Roofing Mat'ls (Tars & Asphalt) (443)	
☐ i. Coil Coating (465)		☐ vv. Pesticide Chem Mfg/Formulating/Packaging (455)	
☐ j. Concentrated Animal Feeding Operations (412)		☐ ww. Petroleum Refining (419)	
☐ k. Concentrated Aquatic Animal Production (451)		☐ xx. Pharmaceutical Mfg. (439)	
☐ l. Copper Forming (468)		☐ yy. Phosphate Mfg. (422)	
☐ m. Dairy Products Processing (405)		☐ zz. Photographic Processing (459)	
☐ n. Drum Reconditioning		☐ aaa. Plastic Molding and Forming (463)	
☐ o. Electrical and Electronic Components (469)		☐ bbb. Porcelain Enameling (466)	
☐ p. Electroplating (413)		☐ ccc. Printing and Publishing	
☐ q. Explosives Mfg. (457)		☐ ddd. Pulp, Paper and Paperboard Mfg. (430)	
☐ r. Ferroalloy Mfg. (424)		☐ eee. Q.C. Laboratory	
☐ s. Fertilizer Mfg. (418)		☐ fff. R & D Laboratory	
☒ t. Food Preparation		☐ ggg. Radioactive Materials Processing	
☐ u. Fruit and Vegetable Processing (407)		☐ hhh. Repair Shop, Garage	
☒ v. General Offices		☐ iii. Rubber and Rubber Products Mfg. (428)	
☐ w. Glass Mfg. (426)		☐ jjj. Seafood Processing (408)	
☐ x. Grain Milling (406)		☐ kkk. Soap and Detergent Mfg. (417)	
☐ y. Gum and Wood Chemical Mfg. (454)		☐ lll. Solvent Recycling	
☐ z. Haz. Waste Treatment, Storage or Disposal		☐ mmm. Steam Electric Power Generation (423)	
☒ aa. Health Care or Hospital (460)		☐ nnn. Sugar Processing (409)	
☐ bb. Industrial Laundry		☐ ooo. Textile Mills (410)	
☐ cc. Ink Formulating (447)		☐ ppp. Timber Products Mfg. (429)	
☐ dd. Inorganic Chemicals Mfg. (415)		☐ qqq. Transportation Equipment Cleaning (442)	
☐ ee. Iron and Steel Mfg. (420)		☐ rrr. Transportation Services	
☐ ff. Leather Tanning and Finishing (425)		☐ sss. Used Oil Reclamation	
☐ gg. Machine Shop		☐ ttt. Vehicle/Equipment Washing	
☐ hh. Machinery Mfg. or Rebuilding (438)		☐ uuu. Warehousing	
☐ ii. Meat Processing (432)		☐ vvv. Waste Combustors (444)	
☐ jj. Metal Finishing (433)		☐ www. Waste Recycling	
☐ kk. Metal Molding and Casting (464)		☐ xxx. Others (Describe)	
☐ ll. Mineral Mining and Processing (436)		☐ yyy. Others (Describe)	
☐ mm. Nonferrous Metals Forming/Metal Powders (471)		☐ zzz. Others (Describe)	

6. Are your activities subject to seasonal variation? If "Yes," explain and indicate the month(s) of peak activity:

○ Yes ○ No

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SEP 20 2010
DEPT. OF ENVIRONMENTAL COMPLIANCE

AN HSCH - BUSCH INS

Company Name: ST LOUIS UNIVERSITY HOSP

Premise Address: ~~3635 VISTA~~ 1755 SOUTH 6th

SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [x] City of St. Louis Water Div.
   - [ ] Missouri American Water Co.
   - [ ] Other municipal source _____
   - [ ] Hauled by contractor
   - [ ] Surface water
   - [ ] Private well
   - [ ] Other (describe) _____

2. Water Bill Addressee: ST LOUIS UNIVERSITY HOSPITAL

3. Water Service Account Numbers: _____

4. List past twelve months water usage from:

				Water Bills	Other Sources
1st 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf
2nd 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf
3rd 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf
4th 3 mo period	_____	through	_____	_____ Ccf	_____ Ccf

Water Bills and Other Sources Total: _____ Ccf = 0 GPD-calendar = 0 GPD-work

APRIL 09 – APRIL 10 AVG 18,800 GAL

5. Describe any treatment or conditioning process performed on the raw water before use (list regeneration/reject water volume in 6h below):

_____

6. Identify all water uses within your facility:

Water Uses	Estimated Average Daily Use (Gal per workday)
a. Sanitary	5300 GAL/D
b. Irrigation & lawn watering	600 GAL/D
c. Non-contact cooling water	3700 GAL/D
d. Contact cooling water	0
e. Process water	0
f. Plant & equipment washdown	0
g. Boiler	300 GAL/D
h. Regeneration/reject water	0
i. ~~Other uses~~ HOSPITAL WASTE	~~[illegible]~~ 8,900
j. Total of USES (6a through 6h):	18,800

(6a through 6i must equal total at item 4)

7. Identify all water losses and wastewater discharges from your facility:

Water Uses	Estimated Average Daily Loss/Discharge (Gal per workday)
a. Municipal sewer	15,500
b. Watercourse, storm drain, surface	600
c. Haulers	Ø
d. Evaporation	2700
e. Contained in product	Ø

f. Total of LOSSES & DISCHARGES: 18,800

(7a through 7e must equal total at 6j)

8. For each activity you listed in Sections B.1 and B.5, list the average water usage and average wastewater discharge per workday. Attach additional sheets, if needed. (Total Avg. Water Use must equal total for 6e)

Item No	Activity	Type of Discharge: Cont	Batch	None	Avg. Water Use (GPD)	Avg. Discharge to Mun Sewer (GPD)	Date when activity first commenced at this facility
		○	○	○			
	HOSPITAL	☒	○	○	9,800	9,800	
		○	○	○			
		○	○	○			
		○	○	○			
		○	○	○			
		○	○	○			
		○	○	○			
				Total:			

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Company Name: Anheuser Busch Institute
Premise Address: 1755 S. Grand Blvd.

SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise, which shows (for permit renewals, highlight any changes since last application):
   a. All buildings, structures, alleys, streets and other pertinent features.
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. A sampling point for each connection to the public sewer.
   d. A sampling point for each discharge from a federally regulated categorical process.
   e. A sampling point for each discharge to a separate storm sewer or watercourse.

2. List each sampling point identified in 1c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each location, starting with No. 1. Attach additional sheets, if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection. (Vent, manhole, valve, other appurtenance. Indicate size & location)	Upstream to other point? Yes / No	List Ref. No.	Total avg flow per workday(GPD)
~~1~~ 1		MAN HOLE SHAW 41 SOUTH 3 EAST	GAL SW 1		15500
~~2~~		FLOW FROM NORTH			
~~3~~					
~~4~~					
~~5~~ 2		6" SOUTH S.W CORN OF			1 GAL
~~6~~		PARKER GARAGE TO SHA			
~~7~~					

Grand Total Average Flow per Workday: 0

SECTION E - WASTEWATER INFORMATION

1. For each point listed in Section D.2 above, list the wastewater discharge corresponding to each water usage listed in Section C.6. Attach additional sheets, if needed.

Type of Wastewater	Discharge Quantity (GPD-workday) for each sampling point or connection listed in D.2: 1 (upstream to __)	0 (upstream to __)	2 (upstream to __)	4 (upstream to __)	5 (upstream to __)	6 (upstream to __)	7 (upstream to __)	Facility Total (See instr.)
a. Sanitary	5300							0 5300
c. Non-contact cooling water	1000							0 1000
d. Contact cooling water	~~3700~~							0 Ø
e. Process (From C.8)								0
								0
								0
								0
								0
								0
								0
								0
								0
f. Plant & equipment washdown								0
g. Boiler blowdown	300							0 300
h. Regeneration/reject water								0
i. Other HOST	~~9800~~	8,900	1					0 8,900
Totals (Same as D.2):	15,500		1					0 15,500

STORM WATER
STORM WATER DISCHARGE
STORM WATER TO COMBIND WASTE LINE

2. If any of the above points discharge to a watercourse or to a separate storm sewer, complete the following:

NPDES Outfall Number	N/A						
NPDES Permit Number	N/A						

3. Do any of the above sampling points also convey stormwater from your premise ?

N/A		N/A			

4. Do you pretreat any of the wastes discharged through any of the above points ?

YES		YES			

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Company Name: ABI
Premise Address: 1755 SOUTH GRAND

SECTION E - WASTEWATER INFORMATION (Continued)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in E.4

Ref. No.	Pretreatment System Description
SP001	PH NEUTRALIZATION
SP002	OIL WATER SEPERATOR

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6. Does your facility have a written:

a.	Spill control plan ?	○ Yes	● No	c.	Solvent management plan ?	○ Yes	● No
b.	Waste minimization plan ?	○ Yes	● No	d.	Slug discharge control plan ?	○ Yes	● No

7. If any wastewater analyses have been performed on the wastewater discharges from your facility attach copies of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary. Permit renewal applications, only, may skip this item.

8. Priority Pollutant Information: Check one of the four boxes by each listed chemical to indicate whether it is: "Suspected Absent", "Known Absent", "Suspected Present" or "Known Present" ON YOUR PREMISE. Any chemical which is used in your manufacturing or service activity or is generated as a product or as a by-product should be marked "Known Present." Some pollutants are known by other names. Refer to the instruction booklet for synonyms for those pollutants which have an asterisk (*):

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

Item No	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)	○	●	○	○
2.	cyanide (total)	○	○	○	●
3.	antimony (total)	○	●	○	○
4.	arsenic (total)	●	○	○	○
5.	beryllium (total)	○	●	○	○
6.	cadmium (total)	○	●	○	○
7.	chromium (total)	○	○	○	●
8.	copper (total)	○	○	○	●
9.	lead (total)	○	○	●	○
10.	mercury (total)	○	●	○	●
11.	nickel (total)	●	○	○	○
12.	selenium (total)	●	○	○	○
13.	silver (total)	○	●	○	○
14.	thallium (total)	○	●	○	○
15.	zinc (total)	○	●	○	○
16.	acenaphthene	○	●	○	○
17.	acenaphthylene	○	●	○	○
18.	acrolein	○	●	○	○
19.	acrylonitrile	○	●	○	○
20.	aldrin	○	●	○	○
21.	anthracene	○	●	○	○
22.	benzene	○	●	○	○
23.	benzidine	○	●	○	○
24.	benzo (a) anthracene *	○	●	○	○
25.	benzo (a) pyrene	○	●	○	○
26.	benzo (b) fluoranthene	○	●	○	○
27.	benzo (g,h,i) perylene *	○	●	○	○
28.	benzo (k) fluoranthene *	○	●	○	○
29.	alpha-BHC	○	●	○	○
30.	beta-BHC	○	●	○	○
31.	delta-BHC	○	●	○	○
32.	gamma-BHC *	○	●	○	○
33.	bis (2-chloroethyl) ether *	○	●	○	○
34.	bis (2-chloroethoxy) methane *	○	●	○	○
35.	bis (2-chloroisopropyl) ether *	○	●	○	○

Item No	PRIORITY POLLUTANT	SA	KA	SP	KP
36.	Reserved				
37.	bis (2-ethylhexyl) phthalate	○	●	○	○
38.	bromodichloromethane *	○	●	○	○
39.	bromoform *	○	●	○	○
40.	bromomethane *	○	●	○	○
41.	4-bromophenylphenyl ether	○	●	○	○
42.	butylbenzyl phthalate	○	●	○	○
43.	carbon tetrachlroride *	○	○	●	○
44.	chlordane	○	●	○	○
45.	4-chloro-3-methylphenol *	○	●	○	○
46.	chlorobenzene	●	○	○	○
47.	chloroethane *	○	●	○	○
48.	2-chloroethylvinyl ether	○	●	○	○
49.	chloroform *	○	●	○	○
50.	chloromethane *	○	●	○	○
51.	2-chloronaphthalene	○	●	○	○
52.	2-chlorophenol *	○	●	○	○
53.	4-chlorophenylphenyl ether	○	●	○	○
54.	chrysene *	○	●	○	○
55.	4, 4'-DDD *	○	●	○	○
56.	4, 4'-DDE *	○	●	○	○
57.	4, 4'-DDT *	○	●	○	○
58.	dibenzo (a,h) anthracene *	○	●	○	○
59.	dibromochloromethane	○	●	○	○
60.	1, 2-dichlorobenzene *	●	○	○	○
61.	1, 3-dichlorobenzene *	●	○	○	○
62.	1, 4-dichlorobenzene *	●	○	○	○
63.	3, 3'-dichlorobenzidine	○	●	○	○
64.	Reserved				
65.	1, 1-dichloroethane *	●	○	○	○
66.	1, 2-dichloroethane *	●	○	○	○
67.	1, 1-dichloroethene *	●	○	○	○
68.	trans-1, 2-dichloroethene *	○	●	○	○
69.	2, 4-dichlorophenol	○	●	○	○
70.	1, 2-dichloropropane *	○	●	○	○

MSD 020170

Company Name: ABF
Premise Address: 1755 S Grand Blvd.

SECTION E - WASTEWATER INFORMATION (Continued)

Priority Pollutant Information (Continued)

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

Item No	PRIORITY POLLUTANT	SA	KA	SP	KP
71.	(cis and trans) 1, 3-dichloropropene *		●		
72.	dieldrin		●		
73.	diethylphthalate * ND			●	
74.	2, 4-dimethylphenol *		●		
75.	dimethyl phthalate ND			●	
76.	di-n-butyl phthalate			●	
77.	di-n-octyl phthalate *		●		
78.	4, 6-dinitro-2-methylphenol *		●		
79.	2, 4-dinitrophenol		●		
80.	2, 4-dinitrotoluene		●		
81.	2, 6-dinitrotoluene		●		
82.	1, 2-diphenylhydrazine *		●		
83.	endosulfan I *		●		
84.	endosulfan II *		●		
85.	endosulfan sulfate		●		
86.	endrin		●		
87.	endrin aldehyde		●		
88.	ethylbenzene	●			
89.	fluoranthene		●		
90.	fluorene *		●		
91.	heptachlor		●		
92.	heptachlor epoxide		●		
93.	hexachlorobenzene *		●		
94.	hexachlorobutadiene		●		
95.	hexachlorocyclopentadiene *		●		
96.	hexachloroethane *		●		
97.	indeno (1, 2, 3-cd) pyrene *		●		
98.	isophorone *		●		
99.	methylene chloride *				●

Item No	PRIORITY POLLUTANT	SA	KA	SP	KP
100.	naphthalene	●			
101.	nitrobenzene	●			
102.	2-nitrophenol			●	
103.	4-nitrophenol *		●	~~●~~	
104.	N-nitrosodimethylamine *		●		
105.	N-nitrosodi-n-propylamine *		●		
106.	N-nitrosodiphenylamine		●		
107.	PCB-1016 *		●		
108.	PCB-1221 *		●		
109.	PCB-1232 *		●		
110.	PCB-1242 *		●		
111.	PCB-1248 *		●		
112.	PCB-1254 *		●		
113.	PCB-1260 *		●		
114.	pentachlorophenol		●		
115.	phenanthrene		●		
116.	phenol				●
117.	pyrene		●		
118.	2, 3, 7, 8-tetrachlorodibenzo-p-dioxin *		●		
119.	1, 1, 2, 2-tetrachloroethane *		●		
120.	tetrachloroethene *		●		
121.	toluene *				●
122.	toxaphene		●		
123.	1, 2, 4-trichlorobenzene		●		
124.	1, 1, 1-trichloroethane *		●		
125.	1, 1, 2-trichloroethane *		●		
126.	trichloroethene *		●		
127.	Reserved				
128.	2, 4, 6-trichlorophenol		●		
129.	vinyl chloride *		●		

9. For priority pollutants in E.8, which are indicated "Known Present" or "Suspected Present", list and provide the following information for each: (Attach additional sheets, if needed.)

Item No.	PRIORITY POLLUTANT	HOW USED (for KP) or WHY SUSPECTED (for SP)	ANNUAL USAGE for KP(lbs)	LOSS TO SEWER for KP(lbs)
2	CYANIDE	ENZYME INHIBITOR	0.01	0.01
7	CHROMIUM	GLASS CLEANER	0.5	0.5
8	COPPER	COMPLEX OF PHOTIENT	0.5	0.5
~~10~~				
~~13~~	~~SILVER~~			
15	ZINC	GEN LAB REAGENT	.01	.01
49	CHLOROFORM	SOLVENT FOR EXAMES	.01	.01
99	METHYLENE CHLORIDE	MULTI USE SOLVENT	10	0.1
116	PHENOL	EXTRACTION OF DNA	~~10~~ C	.02
121	TOLUENE	MULTI-USE SOLVENT	10	.01

ND ND ND ND ND

- ND NPY
- Remove Hg
- LOW LEVEL
- ND-n pres
- LOW LEVEL

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MSD 020171

Company Name: ABI
Premise Address: 1755 S Grand Blvd

SECTION F - NON-SEWERED WASTES

1. Do you generate any liquid wastes or sludges, as described in item 2 below, which are not disposed in the sewer system?

   ☒ Yes ○ No

   If "Yes" complete items 2 and 3 below. Note: Be sure to include wastewaters listed in Section C.7.c.
   If "No" skip remainder of this section.

2. Information on non-sewered waste:

Type of Waste	Estimated Quantity Disposed/yr	Units	Store On-Site	Dispose On-Site	Dispose Off-Site
☒ Acids and/or Alkalies	30	GAL	☐	☐	☒
☐ Equipment Oils and/or Grease			☐	☐	☐
☒ Infectious Waste	4000	LBS	☐	☐	☒
☐ Inks/ Dyes			☐	☐	☐
☒ Kitchen/Food Service Grease	150	GAL	☐	☐	☒
☐ Organic Compounds			☐	☐	☐
☐ Paints or Paint Sludges			☐	☐	☐
☐ Pesticides			☐	☐	☐
☐ Pretreatment Sludges			☐	☐	☐
☐ Radioactive Waste			☐	☐	☐
☐ Solvents/Thinners			☐	☐	☐
☐ Other			☐	☐	☐
☐ Other			☐	☐	☐
☐ Other			☐	☐	☐

3. List your USEPA and/or MDNR Hazardous Waste generator numbers:

   USEPA _____ MDNR ~~24-0019~~ 026136

SECTION G - INDUSTRIAL WASTE SURCHARGE INFORMATION

1. Provide the following analytical information for each sampling point or each connection to the public sewer only if your water usage exceeds 80 Ccf per month (1,995 Gal per calendar day). Representative samples of the wastewater in each sewer must be collected and analyzed for the listed parameters. Report the daily average concentrations in mg/l for each point. Permit renewal applications, only, may skip Section G regardless of water usage volume.

Parameter	Sewer Reference Numbers (Refer to Section D.2) If more than 7, attach additional sheets						
	1	2	3	4	5	6	7
Date Sampled							
Sample Start Time (eg. HH:MM PM)							
Sample End Time (eg. HH:MM PM)							
Type of Sample							
Flow (GPD)							
Biochemical Oxygen Demand (5 day)							
Chemical Oxygen Demand							
Total Suspended Solids							
Collected By (Name of organization):							
Analyzed By (Name of organization):							

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Company Name: ABF
Premise Address: 5 Grand Blvd.

SECTION H - CERTIFICATION AND SIGNATURE

1. The following individual may be contacted regarding the information contained in this questionnaire:

   Name of Contact Person: _____

   Title: _____ Phone Number _____

2. "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 of Signing Official: PAUL BOWDEN

   Title: MANAGER BUILDING SERVICES Phone Number 314-577-8026

   Signature: [signature] Date: 9/23/2010

This certification, along with any other reporting documents, must be signed by an individual described as follows: a responsible corporate officer if the user is a corporation; a general partner if the user is a partnership; the proprietor if the user is a sole proprietorship; a duly authorized representative of the individual just described, if that individual submits a written authorization which specifies a person or position within the company, having responsibility for the overall operation of the facility from which the discharge originates, such as a plant manager, or overall responsibility for environmental matters at the company.

List attachments included with this questionnaire:

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MSD 020173

FOR MSD USE ONLY	
Account Number: 41122251-02	Category: SIU CIU SUR HIFL NOTXWST TXWST NOPRFL MULTI
TA: BP	
TS: Old Mill Creek	MJB (Reviewer) 6-23-05 (Date)

METROPOLITAN ST. LOUIS SEWER DISTRICT
OFFICE OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to develop the permit.

SECTION A - GENERAL INFORMATION

1. Company Name: ANHEUSER-BUSCH INSTITUTE
2. Mailing Address: 3635 VISTA AVE AT GRAND BLVD.
   P.O. BOX 15250 ST. LOUIS, MO Zip Code: 63110
3. Premise Address: 1755 SOUTH GRAND BLVD
   ST. LOUIS, MO Zip Code: 63104
4. Person Authorized to Sign Reporting Documents:
   Name and Title: Timothy W. HILL BUILDING SERVICES DIRECTOR
   Tel. No.: (314) 577-8070
5. Check One: ▮ Existing Discharge
   [] Proposed Discharge If proposed, indicate discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: 2 and work days per week: 5
   b. Average number of employees per shift: 1st <250 2nd _____ 3rd _____ Total: <250
   c. Shift start times: 1st 6:00 AM 2nd 6:00 PM 2:00 AM 3rd _____

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITY	SIC NUMBER
a.	HEALTHCARE / HOSPITAL EYE DISORDER	8131
b.	DERMATOLOGY	8733
c.	LABORATORY	
d.		

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Company Name: ANHEUSER - BUSCH INSTITUTE
Premise Address: 1255 SOUTH GRAND
Account Number: 411222 5102

SECTION B - PRODUCT OR SERVICE INFORMATION (Continued)

2. Are primary activities generally batch or continuous processes ? [] batch [■] continuous

3. Principal raw materials used: _____

4. Principal products produced: _____

5. Check all activities which are conducted at your premise in addition to the primary activities described in B.1 above. Indicate the SIC number, if known. Do not check activities which are already included in B.1.

ACTIVITY	SIC NO.	ACTIVITY	SIC NO.
[] Adhesive and Sealants Mfg.		[] Mineral Mining and Processing	
[] Aluminum Forming		[] Nonferrous Metals Forming	
[] Asbestos Mfg.		[] Nonferrous Metals Mfg.	
[] Battery Mfg.		[] Organic Chem., Plastics & Synthetic Fibers Mfg.	
[] Builder's Paper and Roofing Felt Mfg.		[] Paint Formulating	
[] Carbon Black Mfg.		[] Painting, Finishing or Paint Stripping	
[] Cement Mfg.		[] Parts Washing	
[] Coil Coating		[] Paving and Roofing Materials	
[] Copper Forming		[] Pesticide Chem. Mfg., Formulating, Packaging	
[] Dairy Products Processing		[] Petroleum Refining	
[] Drum Reconditioning		[] Pharmaceutical Mfg.	
[] Electrical and Electronic Components		[] Phosphate Mfg.	
[] Electroplating		[■] Photographic Processing	
[] Explosive Mfg.		[] Plastic Molding and Forming	
[] Feedlots		[] Porcelain Enameling	
[] Ferroalloy Mfg.		[] Printing and Publishing	
[] Fertilizer Mfg.		[] Pulp, Paper and Paperboard Mfg.	
[■] Food Preparation		[] Q.C. Laboratory	
[] Fruit and Vegetable Processing		[] R & D Laboratory	
[■] General Offices		[] Radioactive Materials Processing	
[] Glass Mfg.		[] Repair Shop, Garage	
[] Grain Milling		[] Rubber and Rubber Products Mfg.	
[] Gum and Wood Chemical Mfg.		[] Seafood Processing	
[] Hazardous Waste Treatment, Storage or Disposal		[] Soap and Detergent Mfg.	
[■] Health Care or Hospital		[] Solvent Recycling	
[] Industrial Laundry		[] Steam Electric Power Generation	
[] Ink Formulating		[] Sugar Processing	
[] Inorganic Chemicals Mfg.		[] Textile Mills	
[] Iron and Steel Mfg.		[] Timber Products Mfg.	
[] Leather Tanning and Finishing		[] Transportation Equipment Cleaning	
[] Machine Shop		[] Transportation Services	
[] Machinery Mfg. or Rebuilding		[] Used Oil Reclamation	
[] Meat Processing		[] Vehicle/Equipment Washing	
[] Metal Finishing		[] Warehousing	
[] Metal Molding and Casting		[] Waste Recycling	
		[] Others (Describe) _____	

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6. Are your activities subject to seasonal variation? [] Yes [■] No
If "Yes," explain and indicate the month(s) of peak activity: _____

Company Name: ANHEUSER - BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND
Account Number: 411222 5102

SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [x] City of St. Louis Water Div.
   - [ ] St. Louis County Water Co.
   - [ ] Other municipal source _____
   - [ ] Hauled by contractor
   - [ ] Surface water
   - [ ] Private well
   - [ ] Other (describe) _____

2. Water Bill Addressee: ANHEUSER - BUSCH INSTITUTE
3. Water Service Account Numbers: 411222 5102
4. List past twelve months water usage from:

									Water Bills	Other Sources
1st 3 mo period	5	Mo	04	Yr	through	7	Mo	04	Yr	2235 Ccf	_____ Ccf
2nd 3 mo period	8	Mo	04	Yr	through	10	Mo	04	Yr	2931 Ccf	_____ Ccf
3rd 3 mo period	11	Mo	04	Yr	through	1	Mo	05	Yr	2115 Ccf	_____ Ccf
4th 3 mo period	2	Mo	05	Yr	through	4	Mo	05	Yr	1879 Ccf	_____ Ccf

5. Describe any treatment or conditioning process performed on the raw water before use: WATER SOFTNER FOR BOILER MAKEUP AND HOTWATER AND STERILIZATION

6. Identify all water uses within your facility:

Water Uses	Estimated Average Daily Use (Gallons per day)
a. Sanitary	5,999 ~~3600~~
b. Irrigation & lawn watering	600
c. Non-contact cooling water	4,500 ~~2400~~
d. Contact cooling water	0
e. Process water	0
f. Plant & equipment washdown	100
g. Boiler	300
h. Other uses _____	
i. Total of USES (6a through 6h):	11,500

7. Identify all water losses and wastewater discharges from your facility:

Water Losses & Discharges	Estimated Average Daily Loss/Discharge (Gallons per Day)
a. Municipal sewer	~~7400~~ 7400
b. Watercourse, storm drain, ground	600
c. Haulers	0
d. Evaporation	3500
e. Contained in product	0
f. Total of LOSSES & DISCHARGES: (7a through 7e must equal total at 6i)	11500

6/23/05 [illegible]

8. For each activity you listed in Sections B.1 and B.5, list the average water usage and average wastewater discharge. Attach additional sheets, if needed.

Item No.	Activity	Type of Discharge: Cont	Batch	None	Avg. Water Use (GPD)	Avg. Discharge to Mun Sewer (GPD)	Date when activity first commenced at this facility
1A	HOSPITAL	[x]	[ ]	[ ]			JULY 93
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			

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Company Name: ANHEUSER - BUSCH INSTITUTE
Premise Address: 1255 SOUTH GRAND
Account Number: 411222 5102

SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise, which shows:
   a. All buildings, structures, alleys, streets and other pertinent features.
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. A sampling point for each connection to the public sewer.
   d. A sampling point for each discharge from a federally regulated categorical process.
   e. A sampling point for each discharge to a separate storm sewer or watercourse.

2. List each sampling point identified in 1.c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each location, starting with No. 1. Attach additional sheets, if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection (Vent, manhole, valve, tank or other appurtenance. Indicate size and location)	Total Daily Average Flow (GPD)
1	12	SHAW AVE	~~7400~~ 7399
2	12	MH WITH OIL SEPARATOR OUTLET	1
3			
4			
5			

SECTION E - WASTEWATER INFORMATION

1. For each point listed in D.2 above, list the wastewater discharge corresponding to each water usage listed in Section C.6. Attach additional sheets, if needed.

Type of Wastewater	Discharge Quantity (GPD) for each sampling point or connection listed in D.2					Facility Total (See instr.)
	1	2	3	4	5	
a. Sanitary	5,999 ~~3600~~				5999	~~3600~~
b. Irrigation & lawn watering	~~600~~ ~~100~~				600	~~100~~
c. Non-contact cooling water	~~4500~~ ~~7400~~ 1000				4,500	~~7400~~ 1000
d. Contact cooling water						
e. Process (From C.8)						
f. Plant & equipment washdown	100					100
g. Boiler blowdown	300					300
h. Other (O/W Sep Stormwater		1				1
Regeneration waste (C.5)						
Totals (Same as D.2):	~~11,500~~ 7399	1				~~11,500~~ 7400

2. If any of the above points discharge to a watercourse or to a separate storm sewer, complete the following:

NPDES Outfall Number					
NPDES Permit Number					6/23/05 MD

3. Do any of the above sampling points also convey stormwater from your premise ?

■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

4. Do you pretreat any of the wastes discharged through any of the above points ?

■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

JUN 07 2005
DEPT. OF ENVIRONMENTAL COMPLIANCE

MSD 020177

Company Name: ANHEUSER - BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND
Account Number: 41P222502

SECTION E - WASTEWATER INFORMATION (Continued)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in E.4:

Point No.	Pretreatment System Description
SP002	SILVER RECOVERY UNIT
SP001	PH NEUTRALIZATION

6. Does your facility have:
   a. A spill control plan ? ■ Yes [] No
   b. A waste minimization plan ? ■ Yes [] No
   c. A solvent management plan ? ■ Yes [] No
   d. A slug discharge control plan ? [] Yes ■ No

7. If any wastewater analyses have been performed on the wastewater discharges from your facility attach copies of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary.

8. Priority Pollutant Information: Check one of the four boxes by each listed chemical to indicate whether it is: "Suspected Absent," "Known Absent," "Suspected Present" or "Known Present" ON YOUR PREMISE. Any chemical which is used in your manufacturing or service activity or is generated as a product or as a by-product should be marked "Known Present." Some pollutants are known by other names. Refer to the instruction booklet for those pollutants which have an asterisk (*).

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

Item No.	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)	[]	■	[]	[]
2.	cyanide (total)	[]	[]	[]	■
3.	antimony (total)	[]	■	[]	[]
4.	arsenic (total)	■	[]	[]	[]
5.	beryllium (total)	[]	■	[]	[]
6.	cadmium (total)	[]	■	[]	[]
7.	chromium (total)	[]	[]	[]	■
8.	copper (total)	[]	[]	[]	■
9.	lead (total)	[]	[]	■	[]
10.	mercury (total)	[]	[]	[]	■
11.	nickel (total)	■	[]	[]	[]
12.	selenium (total)	■	[]	[]	[]
13.	silver (total)	[]	[]	[]	■
14.	thallium (total)	[]	■	[]	[]
15.	zinc (total)	[]	[]	[]	■
16.	acenaphthene	[]	■	[]	[]
17.	acenaphthylene	[]	■	[]	[]
18.	acrolein	[]	■	[]	[]
19.	acrylonitrile	[]	■	[]	[]
20.	aldrin	[]	■	[]	[]
21.	anthracene	[]	■	[]	[]
22.	benzene	■	[]	[]	[]
23.	benzidine	[]	■	[]	[]
24.	benzo (a) anthracene *	[]	■	[]	[]
25.	benzo (a) pyrene	[]	■	[]	[]
26.	benzo (b) fluoranthene	[]	■	[]	[]
27.	benzo (g,h,i) perylene *	[]	■	[]	[]
28.	benzo (k) fluoranthene *	[]	■	[]	[]
29.	alpha-BHC	[]	■	[]	[]
30.	beta-BHC	[]	■	[]	[]
31.	delta-BHC	[]	■	[]	[]
32.	gamma-BHC *	[]	■	[]	[]
33.	bis (2-chloroethyl) ether *	[]	■	[]	[]
34.	bis (2-chloroethoxy) methane *	[]	■	[]	[]
35.	bis (2-chloroisopropyl) ether *	[]	■	[]	[]
36.	Reserved				
37.	bis (2-ethylhexyl) phthalate	[]	■	[]	[]
38.	bromodichloromethane *	[]	■	[]	[]
39.	bromoform *	[]	■	[]	[]
40.	bromomethane *	[]	■	[]	[]
41.	4-bromophenylphenyl ether	[]	■	[]	[]
42.	butylbenzyl phthalate	[]	■	[]	[]
43.	carbon tetrachloride *	[]	[]	■	[]
44.	chlordane	[]	■	[]	[]
45.	4-chloro-3-methylphenol *	[]	■	[]	[]
46.	chlorobenzene	■	[]	[]	[]
47.	chloroethane *	[]	■	[]	[]
48.	2-chloroethylvinyl ether	[]	■	[]	[]
49.	chloroform *	[]	[]	[]	■
50.	chloromethane *	[]	■	[]	[]
51.	2-chloronaphthalene	[]	■	[]	[]
52.	2-chlorophenol *	[]	■	[]	[]
53.	4-chlorophenylphenyl ether	[]	■	[]	[]
54.	chrysene *	[]	■	[]	[]
55.	4, 4'-DDD *	[]	■	[]	[]
56.	4, 4'-DDE *	[]	■	[]	[]
57.	4, 4'-DDT *	[]	■	[]	[]
58.	dibenzo (a,h) anthracene *	[]	■	[]	[]
59.	dibromochloromethane	[]	■	[]	[]
60.	1, 2-dichlorobenzene *	■	[]	[]	[]
61.	1, 3-dichlorobenzene *	■	[]	[]	[]
62.	1, 4-dichlorobenzene *	■	[]	[]	[]
63.	3, 3'-dichlorobenzidine	[]	■	[]	[]
64.	Reserved				
65.	1, 1-dichloroethane *	■	[]	[]	[]
66.	1, 2-dichloroethane *	■	[]	[]	[]
67.	1, 1-dichloroethene *	■	[]	[]	[]
68.	trans-1, 2-dichloroethene *	[]	■	[]	[]
69.	2, 4-dichlorophenol	[]	■	[]	[]
70.	1, 2-dichloropropane *	[]	■	[]	[]

Continued on next page

JUN 07 2005
DEPT. OF ENVIRONMENTAL COMPLIANCE

Company Name: ANHEUSER - BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND
Account Number: 4112225102

SECTION E - WASTEWATER INFORMATION (Continued)

Priority Pollutant Information (Continued)

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

Item No.	PRIORITY POLLUTANT	SA	KA	SP	KP	Item No.	PRIORITY POLLUTANT	SA	KA	SP	KP
71.	(cis & trans) 1, 3-dichloropropene *	☐	■	☐	☐	100.	naphthalene	■	☐	☐	☐
72.	dieldrin	☐	■	☐	☐	101.	nitrobenzene	■	☐	☐	☐
73.	diethylphthalate *	☐	☐	■	☐	102.	2-nitrophenol	☐	☐	■	☐
74.	2, 4-dimethylphenol *	☐	■	☐	☐	103.	4-nitrophenol *	☐	■	☐	☐
75.	dimethyl phthalate	☐	☐	■	☐	104.	N-nitrosodimethylamine *	☐	■	☐	☐
76.	di-n-butyl phthalate	☐	☐	■	☐	105.	N-nitrosodi-n-propylamine *	☐	■	☐	☐
77.	di-n-octyl phthalate *	☐	■	☐	☐	106.	N-nitrosodiphenylamine	☐	■	☐	☐
78.	4, 6-dinitro-2-methylphenol *	☐	■	☐	☐	107.	PCB-1016 *	☐	■	☐	☐
79.	2, 4-dinitrophenol	☐	■	☐	☐	108.	PCB-1221 *	☐	■	☐	☐
80.	2, 4-dinitrotoluene	☐	■	☐	☐	109.	PCB-1232 *	☐	■	☐	☐
81.	2, 6-dinitrotoluene	☐	■	☐	☐	110.	PCB-1242 *	☐	■	☐	☐
82.	1, 2-diphenylhydrazine *	☐	■	☐	☐	111.	PCB-1248 *	☐	■	☐	☐
83.	endosulfan I *	☐	■	☐	☐	112.	PCB-1254 *	☐	■	☐	☐
84.	endosulfan II *	☐	■	☐	☐	113.	PCB-1260 *	☐	■	☐	☐
85.	endosulfan sulfate	☐	■	☐	☐	114.	pentachlorophenol	☐	■	☐	☐
86.	endrin	☐	■	☐	☐	115.	phenanthrene	☐	■	☐	☐
87.	endrin aldehyde	☐	■	☐	☐	116.	phenol	☐	☐	☐	■
88.	ethylbenzene	■	☐	☐	☐	117.	pyrene	☐	■	☐	☐
89.	fluoranthene	☐	■	☐	☐	118.	2, 3, 7, 8-tetrachlorodibenzo-p-dioxin *	☐	■	☐	☐
90.	fluorene *	☐	■	☐	☐	119.	1, 1, 2, 2-tetrachloroethane *	☐	■	☐	☐
91.	heptachlor	☐	■	☐	☐	120.	tetrachloroethene *	☐	■	☐	☐
92.	heptachlor epoxide	☐	■	☐	☐	121.	toluene *	☐	☐	☐	■
93.	hexachlorobenzene *	☐	■	☐	☐	122.	toxaphene	☐	■	☐	☐
94.	hexachlorobutadiene	☐	■	☐	☐	123.	1, 2, 4-trichlorobenzene	☐	■	☐	☐
95.	hexachlorocyclopentadiene *	☐	■	☐	☐	124.	1, 1, 1-trichloroethane *	☐	■	☐	☐
96.	hexachloroethane *	☐	■	☐	☐	125.	1, 1, 2-trichloroethane *	☐	■	☐	☐
97.	indeno (1, 2, 3-cd) pyrene *	☐	■	☐	☐	126.	trichloroethene *	☐	■	☐	☐
98.	isophorone *	☐	■	☐	☐	127.	Reserved				
99.	methylene chloride *	☐	☐	☐	■	128.	2, 4, 6-trichlorophenol	☐	■	☐	☐
						129.	vinyl chloride *	☐	■	☐	☐

9. For priority pollutants in E.8, which are indicated "Known Present," list and provide the following information for each: (Attach additional sheets, if needed.)

ITEM No.	PRIORITY POLLUTANT	HOW USED	ANNUAL USAGE (lbs)	LOSS TO SEWER (lbs)
2	CYANIDE	ENZYME INHIBITOR	0.01	0.01
7	CHROMIUM	GLASSWARE CLEANING	0.5	0.5
8	COPPER	COMPLEXING OF PROTIENS	0.1	0.001
10	MERCURY	THERMOMETERS/ PRESSURE GAUGE	0.1	0.001
13	SILVER	PHOTOGRAPHY/ STAINING	0.1	0.1
15	ZINC	GENERAL LAB REAGENT	.01	.01
49	CHLOROFORM	SOLVENT FOR EXTRACTIONS	10	.0.1
99	METHYLENE CHLORIDE	MULTI-USE SOLVENT	10	0.1
116	PHENOL	EXTRACTION OF DNA/RNA	2	0.02
121	TOLUENE	MULTI-USE SOLVENT	10	0.1

JUN 07 2005
DEPT. OF ENVIRONMENTAL COMPLIANCE

Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND
Account Number: 411222 5102

SECTION F - NON-SEWERED WASTES

1. Do you generate any liquid wastes or sludges which are not disposed in the sewer system? ■ Yes [] No
   If "Yes" complete items 2 and 3 below. Note: Be sure to include wastewaters listed in Section C.7.c.
   If "No" skip remainder of this section.

2. Information on non-sewered waste:

Type of Waste	Estimated Quantity Disposed/yr	Units	Store On-site	Dispose On-site	Dispose Off-site
■ Acids and/or Alkalies	30	GAL	[]	[]	■
[] Equipment Oils and/or Grease			[]	[]	[]
■ Infectious Waste	4000	LBS	[]	[]	■
[] Inks/ Dyes			[]	[]	[]
[] Kitchen/Food Service Grease	150	GAL	[]	[]	■
[] Organic Compounds			[]	[]	[]
[] Paints or Paint Sludges			[]	[]	[]
[] Pesticides			[]	[]	[]
[] Pretreatment Sludges			[]	[]	[]
[] Radioactive Waste	MARK HENSHEW AT SLU		[]	■	[]
[] Solvents/Thinners			[]	[]	[]
[] Other			[]	[]	[]
			[]	[]	[]
			[]	[]	[]

3. List your USEPA and/or MDNR Hazardous Waste generator numbers:
   USEPA _____ MDNR 026136
   NRC 24-00196-07

SECTION G - INDUSTRIAL WASTE SURCHARGE INFORMATION

1. Provide the following analytical information for each sampling point or each connection to the public sewer only if your water usage exceeds 80 Ccf per month. Representative samples of the wastewater in each sewer must be collected and analyzed for the listed parameters. Report the daily average concentrations in mg/l for each point.

Parameter	Sewer Reference Numbers (Refer to Section D.2) If more than 5, attach additional sheets				
	1	2	3	4	5
Total Solids					
Total Suspended Solids	73				
Biochemical Oxygen Demand (5 day)					
Chemical Oxygen Demand	222				
Flow (GPD)	27,300				
Date Sampled	2/2/05				
Time Sampled	11:48 A				
Type of Sample				[illegible]	

Collected By (Name of organization): MANCOMTA MEG'S ASSOC.
Analyzed By (Name of organization): PACE ANALYTICAL 9608

JUN 07 2005
DEPT. OF ENVIRONMENTAL COMPLIANCE

Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND
Account Number: 411222 5102

SECTION H - CERTIFICATION AND SIGNATURE

1. The following individual may be contacted regarding the information contained in this questionnaire:

   Name and Title of Contact person: Timothy Hill Director, Building Services

   Tel. No.: (314) 577-8072

2. "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 and Title of Signing Official: Timothy Hill Director, Building Services

   Tel. No.: (314) 577-8072

   Signature: Timothy W Hill Date: 6/3/05

List attachments included with this questionnaire:

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JUN 07 2005
DIV. OF ENVIRONMENTAL COMPLIANCE

FOR MSD USE ONLY		
ACCOUNT NUMBER: 91122251-02	CATEGORY: 1 2 3 4 5 6 9	
TA: BP		
TS: OLD MILL CREEK	Reviewer's Initials:	Date: 7-10-00

METROPOLITAN ST. LOUIS SEWER DISTRICT
DEPARTMENT OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

RECEIVED
JUL 7 2000
Environmental Compliance

SECTION A - GENERAL INFORMATION

1. Company Name: Anheuser-Busch Institute
2. Mailing Address: 3635 Vista Ave at Grand Blvd.
   P.O. Box 15250 St. Louis, Mo Zip Code 63110
3. Premise Address: 1755 South Grand Blvd.
   St. Louis, Mo Zip Code 63104
4. Person Authorized to Sign Reporting Documents:
   Name and Title: Phillip Van Cleave Director Building Services
   Tel No. (314) 5778072
5. Check one: [x] Existing Discharge
   [ ] Proposed Discharge If proposed, indicate discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: 2 and work days per week: 5
   b. Average number of employees per shift: 1st 250 2nd _____ 3rd _____ Total: 250
   c. Shift start times: 1st 6:00 A 2nd 6:00 pm 2:00 AM 3rd _____

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITIES	SIC NUMBER
a. Health Care / Hospital	Eye Disorder	8131
b.	Dermatology	8733
c.	Laboratories	
d.	Offices	

See Revised Page 1
Rcd 8/2/00

MSD 020182

revised 7/31/00

FOR MSD USE ONLY		
ACCOUNT NUMBER:	CATEGORY:	1 2 3 4 5 6 9
TA:		
TS:	Reviewer's Initials	Date

METROPOLITAN ST. LOUIS SEWER DISTRICT
DEPARTMENT OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

RECEIVED
AUG 2 2000
Environmental Compliance

SECTION A - GENERAL INFORMATION

1. Company Name: Anheuser-Busch Institute
2. Mailing Address: _____
   _____ Zip Code _____
3. Premise Address: _____
   _____ Zip Code _____
4. Person Authorized to Sign Reporting Documents:
   Name and Title: _____
   _____ Tel No. _____
5. Check one: [] Existing Discharge
   [] Proposed Discharge If proposed, indicate discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: 2 and work days per week: 5
   b. Average number of employees per shift: 1st 220 2nd 20 3rd _____ Total: 240
   c. Shift start times: 1st 6A-6P 2nd 6P-2A 3rd _____

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITIES	SIC NUMBER
a.	Health Care / Hospital Clinics - Opthamology	8011
b.	Dermatology	
c.	Research Labs	8733
d.		

Revised Page 1 rcd 8/2/00

MSD 020183

Company Name: Anheuser-Busch Inst.
Premise Address: 1755 South Grand
Account Number: 411222 5102

SECTION B - PRODUCT OR SERVICE INFORMATION (Cont'd)

2. Are primary activities generally batch or continuous processes? [] batch [x] continuous
3. Principal raw materials used: _____
4. Principal products produced: _____
5. Check all activities which are conducted at your premise in addition to the primary activities described in B.1 above. Indicate the SIC number, if known. Do not check activities which are already included in B.1.

	SIC NO.		SIC NO.
[] Adhesive & Sealants Mfg.		[] Mineral Mining & Processing	
[] Aluminum Forming		[] Nonferrous Metals Forming	
[] Asbestos Mfg.		[] Nonferrous Metals Mfg	
[] Battery Mfg.		[] Organic Chem., Plastics & Synthetic Fibers Mfg	
[] Builder's Paper and Roofing Felt Mfg.		[] Paint Formulating	
[] Carbon Black Mfg.		[] Painting, Finishing or Paint Stripping	
[] Cement Mfg.		[] Parts Washing	
[] Coil Coating		[] Paving and Roofing Materials	
[] Copper Forming		[] Pesticide Chem. Mfg., Formulating, Packaging	
[] Dairy Products Processing		[] Petroleum Refining	
[] Drum Reconditioning		[] Pharmaceutical Mfg	
[] Electrical and Electronic Components		[] Phosphate Mfg	
[] Electroplating		[x] Photographic Processing	
[] Explosive Mfg.		[] Plastic Molding and Forming	
[] Feedlots		[] Porcelain Enameling	
[] Ferroalloy Mfg.		[] Printing & Publishing	
[] Fertilizer Mfg.		[] Pulp, Paper & Paperboard Mfg	
[x] Food Preparation		[] Q. C. Laboratory	
[] Fruits and Vegetable Processing		[] R & D Laboratory	
[x] General Offices		[] Radioactive Materials Processing	
[] Glass Mfg.		[] Repair Shop, Garage	
[] Grain Milling		[] Rubber & Rubber Prod. Mfg.	
[] Gum & Wood Chemical Mfg.		[] Seafood Processing	
[] Hazardous Waste Treatment, Storage or Disposal		[] Soap and Detergent Mfg.	
[x] Health Care & Hospital		[] Solvent Recycling	
[] Industrial Laundry		[] Steam Electric Power Generation	
[] Ink Formulating		[] Sugar Processing	
[] Inorganic Chemicals Mfg.		[] Textile Mills	
[] Iron and Steel Mfg.		[] Timber Products Mfg.	
[] Leather Tanning and Finishing		[] Transportation Equipment Cleaning	
[] Machine Shop		[] Transportation Services	
[] Machinery Mfg. or Rebuilding		[] Used Oil Reclamation	
[] Meat Processing		[] Vehicle/equipment Washing	
[] Metal Finishing		[] Warehousing	
[] Metal Molding and Casting		[] Waste Recycling	
		[] Others _____	

6. Are your processes subject to seasonal variation? [] Yes [x] No
If "Yes," explain and indicate the month(s) of peak activity. _____

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Environmental Compliance

Company Name: Anheuser-Busch Inst.
Premise Address: 1755 South Grand
Account Number: 411222 5102

SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [x] City of St. Louis Water Div.
   - [] St. Louis Co. Water Co.
   - [] Other Municipal Source _____
   - [] Hauled by Contractor
   - [] Surface water
   - [] Private Well
   - [] Other (describe) _____

2. Water Bill Addressee: Anheuser-Busch Institute

3. Water Service Account Numbers: 411222 5102

4. List past twelve months water usage from:

					[x] Water Bills	[] Other Sources
a. 1st quarter	5/1	1999	through	7/31 1999	2301 Ccf	_____ Ccf
b. 2nd quarter	8/1	1999	through	10/31 1999	2636 Ccf	_____ Ccf
c. 3rd quarter	11/1	1999	through	1/31 ~~19~~ 2000	4002 Ccf	_____ Ccf
d. 4th quarter	2/1	~~19~~ 2000	through	4/30 ~~19~~ 2000	3802 Ccf	_____ Ccf

5. Describe any treatment or conditioning process performed on the raw water before use:
Water Softener for Boiler Makeup water and Hot water and for sterelizer.

6. Identify all water uses within your facility:

Water Uses	Estimated average daily use (Gallons per Day)
a. Sanitary	3600
b. Irrigation & lawn watering	100
c. Non-contact cooling water	7400
d. Contact cooling water	
e. Process water	
f. Plant & equipment washdown	100
g. Boiler	300
h. Other uses _____	
i. Total of USES (6a through 6h):	11,500

7. Identify all water losses and wasterwater discharges from your facility:

Water Losses & Discharges	Estimated average daily loss/discharge (Gallons per Day)
a. Municipal sewer	7400
b. Watercourse, storm drain, ground	600
c. Haulers	
d. Evaporation	3500
e. Contained in product	
f. Total of LOSSES & DISCHARGES: (7a through 7e must equal total at 6i)	11,500

8. List average water usage and average wastewater discharge for each activity listed in Sections B.1 and B.5. Attach additional sheets if needed.

Item No.	Activity	Type of Discharge Cont.	Batch	None	Avg Water Use (GPD)	Avg Discharge to Mun sewer (GPD)	Date When Activity First Commenced At This Facility
1a	Research	[x]	[]	[]	11,500	11,500	July 93
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			

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Company Name: _____
Premise Address: _____
Account Number: _____

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SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [] City of St. Louis Water Div.
   - [] St. Louis County Water Co.
   - [] Other municipal source _____
   - [] Hauled by contractor
   - [] Surface water
   - [] Private well
   - [] Other (describe) _____

2. Water Bill Addressee: _____
3. Water Service Account Numbers: _____
4. List past twelve months water usage from:

					[] Water Bills	[] Other Sources
1st 3 mo period	____Mo ____Yr	through	____Mo ____Yr		____Ccf	____Ccf
2nd 3 mo period	____Mo ____Yr	through	____Mo ____Yr		____Ccf	____Ccf
3rd 3 mo period	____Mo ____Yr	through	____Mo ____Yr		____Ccf	____Ccf
4th 3 mo period	____Mo ____Yr	through	____Mo ____Yr		____Ccf	____Ccf

5. Describe any treatment or conditioning process performed on the raw water before use: _____

6. Identify all water uses within your facility:

Water Uses	Estimated Average Daily Use (Gallons per Day)
a. Sanitary	25,900
b. Irrigation & lawn watering	100
c. Non-contact cooling water	10,255
d. Contact cooling water	~~10,255~~ 0
e. Process water	
f. Plant & equipment washdown	100
g. Boiler	300
h. Other uses _____	
i. Total of USES (6a through 6h):	36,655

7. Identify all water losses and wastewater discharges from your facility:

Water Losses & Discharges	Estimated Average Daily Loss/Discharge (Gallons per Day)
a. Municipal sewer	27,300
b. Watercourse, storm drain, ground	100
c. Haulers	
d. Evaporation	9,255
e. Contained in product	
f. Total of LOSSES & DISCHARGES:	36,655

(7a through 7e must equal total at 6i)

8. For each activity you listed in Sections B.1 and B.5, list the average water usage and average wastewater discharge. Attach additional sheets if needed.

Item No.	Activity	Type of Discharge Cont.	Batch	None	Avg Water Use (GPD)	Avg Discharge to Mun Sewer (GPD)	Date When Activity First Commenced at This Facility
B1a	Clinics / Research	■	[]	[]	36,655	27,300	July 93
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			

Revised Page 3 rcd 8/2/00

MSD 020186

Company Name: Anheuser-Busch Inst.
Premise Address: 1155 South Grand
Account Number: 411222 5102

SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise which shows:
   a. All buildings, structures, alleys, streets and other pertinent features.
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. A sampling point for each connection to the public sewer.
   d. A sampling point for each discharge from a federally regulated categorical process.
   e. A sampling point for each discharge to a separate storm sewer or water course.

2. List each sampling point identified in 1.c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each point, starting with No. 1. Attach additional sheets if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection (Vent, manhole, valve, tank or other appurtenance. Indicate size and location)	Total Daily Average Flow (GPD)
1	12	Shaw Ave	7400
2	12	MH with oil seperator - vent	
3			
4			
5			

SECTION E - WASTEWATER INFORMATION

1. For each point listed in D.2 above, list the wastewater discharge corresponding to each water usage listed in Section C.6. Attach additional sheets if needed.

Type Wastewater	Discharge Quantity (GPD) for each sampling point or connection listed in D.2					Facility Total.
	1	2	3	4	5	(See Instructions)
a. Sanitary	3600					3600
b. Irrigation & Lawn Watering	100					100
c. Non-Contact Cooling Water	7400					7400
d. Contact Cooling Water						
e. Process (From C.8)						
f. Plant & Equipment Washdown	100					100
g. Boiler Blowdown	300					300
h. Other (_____)						
Regeneration Waste (C.5)						
Totals (Same as D.2)	11,500					11,500

2. If any of the above points discharge to a watercourse or a separate storm sewer, complete the following:

NPDES Outfall Number					
NPDES Permit Number					

3. Do any of the above sampling points also convey stormwater from your premise ?

■ Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

4. Do you pretreat any of the wastes discharged through any of the above points?

■ Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

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Company Name: _____
Premise Address: _____
Account Number: _____

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SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise which shows:
   a. All buildings, structures, alleys, streets and other pertinent features.
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. A sampling point for each connection to the public sewer.
   d. A sampling point for each discharge from a federally regulated categorical process.
   e. A sampling point for each discharge to a separate storm sewer or water course.

2. List each sampling point identified in 1.c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each point, starting with No. 1. Attach additional sheets if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection (Vent, manhole, valve, tank or other appurtenance. Indicate size and location)	Total Daily Average Flow (GPD)
1	12	SHAW AVE	36,655
2	12	MH WITH oil seperator VENT	
3			
4			
5			

SECTION E - WASTEWATER INFORMATION

1. For each point listed in D.2 above, list the wastewater discharge corresponding to each water usage listed in Section C.6. Attach additional sheets if needed.

Type Wastewater	Discharge Quantity (GPD) for each sampling point or connection listed in D.2					Facility Total.
	1	2	3	4	5	(See Instructions)
a. Sanitary	25,900					25,900
b. Irrigation & Lawn Watering	~~100~~					~~100~~
c. Non-Contact Cooling Water	1,000					1,000
d. Contact Cooling Water	~~10,255~~ 0					~~10,255~~ 0
e. Process (From C.8)						
f. Plant & Equipment Washdown	100					100
g. Boiler Blowdown	300					300
h. Other (_____)						
Regeneration Waste (C.5)						
Totals (Same as D.2)	~~36,655~~ 27,300					~~36,655~~ 27,300

2. If any of the above points discharge to a watercourse or a separate storm sewer, complete the following:

NPDES Outfall Number					
NPDES Permit Number					

3. Do any of the above sampling points also convey stormwater from your premise ?

[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

4. Do you pretreat any of the wastes discharged through any of the above points?

[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

Company Name: Anheuser - Busch Inst.
Premise Address: 1755 S. Grand
Account Number: 411222 5102

SECTION E - WASTEWATER INFORMATION (Cont'd)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in E.4:

Point No.	Pretreatment System Description
SP001	Silver Recovery Unit
SP001	PH Neutralization

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6. Does your facility have:
   a. A spill control plan? [x] Yes [ ] No
   b. A waste minimization plan? [x] Yes [ ] No
   c. A solvent management plan? [x] Yes [ ] No
   d. A slug discharge control plan? [ ] Yes [x] No

7. If any wastewater analyses have been performed on the wastewater discharges from your facility attach copies of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary.

8. Priority Pollutant Information: Check one of the four boxes by each listed chemical to indicate whether it is: "Suspected Absent", "Known Absent", "Suspected Present", or "Known Present" ON YOUR PREMISE. Any chemical which is used in your manufacturing or service activity or is generated as a product or as a by-product should be marked "Known Present". Some pollutants are known by other names. Refer to the instruction booklet for those pollutants which have an asterisk (*).

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)	[ ]	[x]	[ ]	[ ]
2.	cyanide (total)	[ ]	[ ]	[ ]	[x]
3.	antimony (total)	[ ]	[x]	[ ]	[ ]
4.	arsenic (total)	[x]	[ ]	[ ]	[ ]
5.	beryllium (total)	[ ]	[x]	[ ]	[ ]
6.	cadmium (total)	[ ]	[x]	[ ]	[ ]
7.	chromium (total)	[ ]	[ ]	[ ]	[x]
8.	copper (total)	[ ]	[ ]	[ ]	[x]
9.	lead (total)	[ ]	[ ]	[x]	[ ]
10.	mercury (total)	[ ]	[ ]	[ ]	[x]
11.	nickel (total)	[x]	[ ]	[ ]	[ ]
12.	selenium (total)	[x]	[ ]	[ ]	[ ]
13.	silver (total)	[ ]	[ ]	[ ]	[x]
14.	thallium (total)	[ ]	[x]	[ ]	[ ]
15.	zinc (total)	[ ]	[ ]	[ ]	[x]
16.	acenaphthene	[ ]	[x]	[ ]	[ ]
17.	acenaphthylene	[ ]	[x]	[ ]	[ ]
18.	acrolein	[ ]	[x]	[ ]	[ ]
19.	acrylonitrile	[ ]	[x]	[ ]	[ ]
20.	aldrin	[ ]	[x]	[ ]	[ ]
21.	anthracene	[ ]	[x]	[ ]	[ ]
22.	benzene	[x]	[ ]	[ ]	[ ]
23.	benzidine	[ ]	[x]	[ ]	[ ]
24.	benzo (a) anthracene *	[ ]	[x]	[ ]	[ ]
25.	benzo (a) pyrene	[ ]	[x]	[ ]	[ ]
26.	benzo (b) fluoranthene	[ ]	[x]	[ ]	[ ]
27.	benzo (g,h,i) perylene *	[ ]	[x]	[ ]	[ ]
28.	benzo (k) fluoranthene *	[ ]	[x]	[ ]	[ ]
29.	alpha-BHC	[ ]	[x]	[ ]	[ ]
30.	beta-BHC	[ ]	[x]	[ ]	[ ]
31.	delta-BHC	[ ]	[x]	[ ]	[ ]
32.	gamma-BHC *	[ ]	[x]	[ ]	[ ]
33.	bis (2-chloroethyl) ether *	[ ]	[x]	[ ]	[ ]
34.	bis (2-chloroethoxy) methane *	[ ]	[x]	[ ]	[ ]
35.	bis (2-chloroisopropyl) ether *	[ ]	[x]	[ ]	[ ]
36.	Reserved				
37.	bis (2-ethylhexyl) phthalate	[ ]	[x]	[ ]	[ ]
38.	bromodichloromethane *	[ ]	[x]	[ ]	[ ]
39.	bromoform *	[ ]	[x]	[ ]	[ ]
40.	bromomethane *	[ ]	[x]	[ ]	[ ]
41.	4-bromophenylphenyl ether	[ ]	[x]	[ ]	[ ]
42.	butylbenzyl phthalate	[ ]	[x]	[ ]	[ ]
43.	carbon tetrachloride *	[ ]	[ ]	[x]	[ ]
44.	chlordane	[ ]	[x]	[ ]	[ ]
45.	4-chloro-3-methylphenol *	[ ]	[x]	[ ]	[ ]
46.	chlorobenzene	[x]	[ ]	[ ]	[ ]
47.	chlorethane *	[ ]	[x]	[ ]	[ ]
48.	2-chloroethylvinyl ether	[ ]	[x]	[ ]	[ ]
49.	chloroform *	[ ]	[ ]	[ ]	[x]
50.	chloromethane *	[ ]	[x]	[ ]	[ ]
51.	2-chloronaphthalene	[ ]	[x]	[ ]	[ ]
52.	2-chlorophenol *	[ ]	[x]	[ ]	[ ]
53.	4-chlorophenylphenyl ether	[ ]	[x]	[ ]	[ ]
54.	chrysene *	[ ]	[x]	[ ]	[ ]
55.	4,4'-DDD *	[ ]	[x]	[ ]	[ ]
56.	4,4'-DDE *	[ ]	[x]	[ ]	[ ]
57.	4,4'-DDT *	[ ]	[x]	[ ]	[ ]
58.	dibenzo (a,h) anthracene *	[ ]	[x]	[ ]	[ ]
59.	dibromochloromethane *	[ ]	[x]	[ ]	[ ]
60.	1,2-dichlorobenzene *	[x]	[ ]	[ ]	[ ]
61.	1,3-dichlorobenzene *	[x]	[ ]	[ ]	[ ]
62.	1,4-dichlorobenzene *	[x]	[ ]	[ ]	[ ]
63.	3,3'-dichlorobenzidine	[ ]	[x]	[ ]	[ ]
64.	Reserved				
65.	1,1-dichloroethane *	[x]	[ ]	[ ]	[ ]
66.	1,2-dichloroethane *	[x]	[ ]	[ ]	[ ]
67.	1,1-dichloroethene *	[x]	[ ]	[ ]	[ ]
68.	trans-1,2-dichloroethene *	[ ]	[x]	[ ]	[ ]
69.	2,4-dichlorophenol	[ ]	[x]	[ ]	[ ]
70.	1,2-dichloropropane *	[ ]	[x]	[ ]	[ ]
71.	(cis & trans) 1,3-dichloropropene *	[ ]	[x]	[ ]	[ ]
72.	dieldrin	[ ]	[x]	[ ]	[ ]
73.	diethylphthalate *	[ ]	[x]	[ ]	[ ]
74.	2,4-dimethylphenol *	[ ]	[x]	[ ]	[ ]
75.	dimethyl phthalate	[ ]	[ ]	[x]	[ ]
76.	di-n-butyl phthalate	[ ]	[ ]	[x]	[ ]

Continued on Page 6

Company Name: Anheuser-Busch Inst
Premise Address: 1755 S. Grand
Account Number: 411222S102

SECTION E - WASTEWATER INFORMATION (Cont'd)

Priority Pollutant Information (Cont'd)

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP	ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
77.	di-n-octyl phthalate *		■			103.	4-nitrophenol *		■		
78.	4,6-dinitro-2-methylphenol *		■			104.	N-nitrosodimethylamine *		■		
79.	2,4-dinitrophenol		■			105.	N-nitrosodi-n-propylamine *		■		
80.	2,4-dinitrotoluene		■			106.	N-nitrosodiphenylamine		■		
81.	2,6-dinitrotoluene		■			107.	PCB-1016 *		■		
82.	1,2-diphenylhydrazine *		■			108.	PCB-1221 *		■		
83.	endosulfan I *		■			109.	PCB-1232 *		■		
84.	endosulfan II *		■			110.	PCB-1242 *		■		
85.	endosulfan sulfate		■			111.	PCB-1248 *		■		
86.	endrin		■			112.	PCB-1254 *		■		
87.	endrin aldehyde		■			113.	PCB-1260 *		■		
88.	ethylbenzene	■				114.	pentachlorophenol		■		
89.	fluoranthene		■			115.	phenanthrene		■		
90.	fluorene *		■			116.	phenol				■
91.	heptachlor		■			117.	pyrene		■		
92.	heptachlor epoxide		■			118.	2,3,7,8-tetrachlorodibenzo-p-dioxin *		■		
93.	hexachlorobenzene *		■			119.	1,1,2,2-tetrachloroethane *		■		
94.	hexachlorobutadiene		■			120.	tetrachloroethene *		■		
95.	hexachlorocyclopentadiene *		■			121.	toluene *				■
96.	hexachloroethane *		■			122.	toxaphene		■		
97.	indeno (1,2,3-cd) pyrene *		■			123.	1,2,4-trichlorobenzene		■		
98.	isophorone *		■			124.	1,1,1-trichloroethane *		■		
99.	methylene chloride *			■		125.	1,1,2-trichloroethane *		■		
100.	naphthalene	■				126.	trichloroethene *		■		
101.	nitrobenzene	■				127.	Reserved				
102.	2-nitrophenol			■		128.	2,4,6-trichlorophenol		■		
						129.	vinyl chloride *		■		

9. For priority pollutants in E.8 which are indicated "Known Present," list and provide the following data for each. Attach additional sheets if needed.

ITEM NO.	PRIORITY POLLUTANT	HOW USED	ANNUAL USAGE (LBS)	LOSS TO SEWER (LBS/YEAR)
2	Cyanide	Enzyme Inhibitor	0.01	0.01
7	Chromium	Glassware Cleaning	0.5	0.5
8	Copper	Complexing of Protiens	0.1	0.001
10	Mercury	Thermometers / Pressure device	0.1	0.001
13	Silver	Photography / Staining	0.1	0.1
15	Zinc	General lab Reagent	.01	.01
49	Chloroform	Solvent for extractions	10	.1
99	Methylene Chloride	Multi use solvent	10	.1
116	Phenol	Extraction of DNA/RNA	2	.02
121	Toluene	Multi use solvent	10	.1

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Company Name: Anheuser-Busch Inbev
Premise Address: 1155 S. Grand
Account Number: 4112225102

SECTION F - NON-SEWERED WASTES

1. Do you generate any liquid wastes or sludges which are not disposed in the sewer system? [X] Yes [] No
If "Yes" complete items 2 and 3 below. Note: Be sure to include wastewaters listed in Section C.7.c.
If "No," skip remainder of this section.

2. Information on non-sewered waste:

Type of Waste	Estimated Quantity Disposed/yr	Units	Store on-site	Dispose on-site	Dispose off-site
[X] Acids and/or Alkalies	30	Gal	[]	[]	[X]
[] Equip. Oils and/or Grease			[]	[]	[]
[X] Infectious Waste	4000	LB	[]	[]	[X]
[] Inks/Dyes			[]	[]	[]
[X] Kitchen/Food Service Grease	150	Gal	[]	[]	[X]
[] Organic Compounds			[]	[]	[]
[] Paints or Paint Sludges			[]	[]	[]
[] Pesticides			[]	[]	[]
[] Pretreatment Sludges			[]	[]	[]
[X] Radioactive Waste	MARK Henchen STL		[]	[X]	[]
[] Solvents/Thinners			[]	[]	[]
[] Other _____			[]	[]	[]
			[]	[]	[]
			[]	[]	[]

3. List your USEPA and/or MDNR Hazardous Waste generator numbers:

USEPA_____ MDNR_____

SECTION G - INDUSTRIAL WASTE SURCHARGE INFORMATION

1. The following analytical information is required for each sampling point or each connection to the public sewer (see D.1.c), only if your water usage exceeds 80 Ccf per month. Representative samples of the wastewater in each sewer must be collected and analyzed for the listed parameters. Concentrations are to be reported in mg/l.

Sewer Number (Refer to Section D.2)
(If more than 5, attach additional sheets)

Daily Average Concentration For Each Sampling Point or Connection

Parameter (mg/l)	1	2	3	4	5
Total Solids					
Total Suspended Solids					
Biochemical Oxygen Demand$_5$					
Chemical Oxygen Demand					
Flow (gpd)					
Date Sampled					
Time Sampled					
Type of Sample					

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Company Name: Anheuser Busch Inst.
Premise Address: 1755 S. Grand
Account Number: 4112225102

SECTION G - INDUSTRIAL WASTE (Cont'd)

2. Sample handling information: Organization Name and Address

a. Samples collected by: Metropolitan Mfg's. Assoc. 10733 Big Bend Blvd. 63122

b. Samples analyzed by: Teklab Inc 5445 Horseshoe Lake Rd Collinsville, Ill 62234

SECTION H - CERTIFICATION AND SIGNATURE

1. The following individual may be contacted regarding the information contained in this questionnaire:

Name and title of contact person: Phillip Van Cleave Director Building Services

Tel No. (314) 577-8072

2. "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 and title of signing official: Phillip Van Cleave

Director Building Services Tel No. (314) 577-8072

Signature Phillip Van Cleave Date 6-30-00

List attachments included with this questionnaire:

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Metropolitan St. Louis Sewer District

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FOR MSD USE ONLY	
ACCOUNT NUMBER: 4112 2251-02	CATEGORY: 1 2 3 4 5 6 9
TA: BISSELL PT TS: OLD MILL CK	Reviewer's Initials: [illegible] Date: 10/1/98

METROPOLITAN ST. LOUIS SEWER DISTRICT
DEPARTMENT OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

SECTION A - GENERAL INFORMATION

1. Company Name: ANHEUSER BUSCH INSTITUTE
2. Mailing Address: 3635 VISTA AVE at GRAND BLVD.
   P.O. BOX 15250, ST. LOUIS MO Zip Code 63110-0250
3. Premise Address: 1755 SOUTH GRAND BLVD.
   ST. LOUIS MO Zip Code 63104
4. Person Authorized to Sign Reporting Documents:
   Name and Title: GARY RAUSCHENBACH, DIRECTOR OF BUILDING SERVICES
   Tel No. 314-577-8070
5. Check one: [x] Existing Discharge
   [ ] Proposed Discharge If proposed, indicate discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: 1 and work days per week: 5 [illegible] 11/17/99
   b. Average number of employees per shift: 1st ~~1200~~ 288 2nd 10 3rd 2 Total: 1200
   c. Shift start times: 1st 6:00 AM TO 6:00 PM 2nd 3:30 P 3rd 11:30 P

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITIES	SIC NUMBER
a.	HEALTH CARE / HOSPITAL CLINICS / OPHTHALMOLOGY	8011
b.	DERMATOLOGY / PHOTOGRAPH / X-RAY PROCESSING / FOOD PREPARATION	
c.	RESEARCH LABORATORIES, ONE DAY SURGERY	
d.	SCHOOL OF OCCUPATIONAL THERAPY / OFFICES	

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Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND BLVD
Account Number: U1122251-02

SECTION B - PRODUCT OR SERVICE INFORMATION (Cont'd)

2. Are primary activities generally batch or continuous processes? [] batch [■] continuous
3. Principal raw materials used: _____
4. Principal products produced: _____
5. Check all activities which are conducted at your premise in addition to the primary activities described in B.1 above. Indicate the SIC number, if known. Do not check activities which are already included in B.1.

	SIC NO.		SIC NO.
[] Adhesive & Sealants Mfg.		[] Mineral Mining & Processing	
[] Aluminum Forming		[] Nonferrous Metals Forming	
[] Asbestos Mfg.		[] Nonferrous Metals Mfg	
[] Battery Mfg.		[] Organic Chem., Plastics & Synthetic Fibers Mfg	
[] Builder's Paper and Roofing Felt Mfg.		[] Paint Formulating	
[] Carbon Black Mfg.		[] Painting, Finishing or Paint Stripping	
[] Cement Mfg.		[] Parts Washing	
[] Coil Coating		[] Paving and Roofing Materials	
[] Copper Forming		[] Pesticide Chem. Mfg., Formulating, Packaging	
[] Dairy Products Processing		[] Petroleum Refining	
[] Drum Reconditioning		[] Pharmaceutical Mfg	
[] Electrical and Electronic Components		[] Phosphate Mfg	
[] Electroplating		[] Photographic Processing	
[] Explosive Mfg.		[] Plastic Molding and Forming	
[] Feedlots		[] Porcelain Enameling	
[] Ferroalloy Mfg.		[] Printing & Publishing	
[] Fertilizer Mfg.		[] Pulp, Paper & Paperboard Mfg	
[] Food Preparation		[] Q. C. Laboratory	
[] Fruits and Vegetable Processing		[] R & D Laboratory	
[] General Offices		[] Radioactive Materials Processing	
[] Glass Mfg.		[] Repair Shop, Garage	
[] Grain Milling		[] Rubber & Rubber Prod. Mfg.	
[] Gum & Wood Chemical Mfg.		[] Seafood Processing	
[] Hazardous Waste Treatment, Storage or Disposal		[] Soap and Detergent Mfg.	
[■] Health Care & Hospital	8011	[] Solvent Recycling	
[] Industrial Laundry		[] Steam Electric Power Generation	
[] Ink Formulating		[] Sugar Processing	
[] Inorganic Chemicals Mfg.		[] Textile Mills	
[] Iron and Steel Mfg.		[] Timber Products Mfg.	
[] Leather Tanning and Finishing		[] Transportation Equipment Cleaning	
[] Machine Shop		[] Transportation Services	
[] Machinery Mfg. or Rebuilding		[] Used Oil Reclamation	
[] Meat Processing		[] Vehicle/equipment Washing	
[] Metal Finishing		[] Warehousing	
[] Metal Molding and Casting		[] Waste Recycling	
		[] Others _____	

6. Are your processes subject to seasonal variation? [] Yes [■] No
If "Yes," explain and indicate the month(s) of peak activity. _____

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Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND BLVD
Account Number: 4112225-02

SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [x] City of St. Louis Water Div.
   - [ ] St. Louis Co. Water Co.
   - [ ] Other Municipal Source
   - [ ] Hauled by Contractor
   - [ ] Surface water
   - [ ] Private Well
   - [ ] Other (describe)

2. Water Bill Addressee: ANHEUSER-BUSCH INSTITUTE
3. Water Service Account Numbers: 408141-227426
4. List past twelve months water usage from:

					Water Bills	Other Sources
a. 1st quarter	1/30 1997	through	4/28 1997		2331 Ccf	Ccf
b. 2nd quarter	4/28 1997	through	7/25 1997		3810 Ccf	Ccf
c. 3rd quarter	7/25 1997	through	10/28 1997		4121 Ccf	Ccf
d. 4th quarter	10/28 1997	through	1/25 1998		2209 Ccf	Ccf

5. Describe any treatment or conditioning process performed on the raw water before use:
WATER SOFTENER FOR BOILER MAKE-UP WATER, WATER SOFTENER FOR HOT WATER, WATER SOFTENER FOR STERILIZER UNIT

6. Identify all water uses within your facility:

Water Uses	Estimated average daily use (Gallons per Day)
a. Sanitary	24330
b. Irrigation & lawn watering	150
c. Non-contact cooling water	11,000
d. Contact cooling water	
e. Process water	
f. Plant & equipment washdown	100
g. Boiler	300
h. Other uses	
i. Total of USES (6a through 6h):	35,880

7. Identify all water losses and wasterwater discharges from your facility:

Water Losses & Discharges	Estimated average daily loss/discharge (Gallons per Day)
a. Municipal sewer	26,730
b. Watercourse, storm drain, ground	150
c. Haulers	
d. Evaporation	9,000
e. Contained in product	
f. Total of LOSSES & DISCHARGES: (7a through 7e must equal total at 6i)	35880

8. For each activity you listed in Sections B.1 and B.5, list the average water usage and average wastewater discharge. Attach additional sheets if needed.

Item No.	Activity	Type of Discharge Cont.	Batch	None	Avg Water Use (GPD)	Avg Discharge to Mun sewer (GPD)	Date When Activity First Commenced At This Facility
B.1.a	CLINICS / RESEARCH	[x]	[ ]	[ ]	35,880	26,730	JULY 93
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			

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Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND BLVD
Account Number: 4112225 1-02

SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise which shows:
   a. All buildings, structures, alleys, streets and other pertinent features.
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. A sampling point for each connection to the public sewer.
   d. A sampling point for each discharge from a federally regulated categorical process.
   e. A sampling point for each discharge to a separate storm sewer or water course.

   (SEE PREVIOUS IUQS)

2. List each sampling point identified in 1.c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each point, starting with No. 1. Attach additional sheets if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection (Vent, manhole, valve, tank or other appurtenance. Indicate size and location)	Total Daily Average Flow (GPD)
1	12	SHAW AVENUE	24,330
2	12	MH WITH OIL SEPARATOR VENT (GARAGE STORMWATER)	–
3			
4			
5			

SECTION E - WASTEWATER INFORMATION

1. For each point listed in D.2 above, list the wastewater discharge corresponding to each water usage listed in Section C.6. Attach additional sheets if needed.

Type Wastewater	Discharge Quantity (GPD) for each sampling point or connection listed in D.2					Facility Total.
	1	2	3	4	5	(See Instructions)
a. Sanitary	24,330					24,330
b. Irrigation & Lawn Watering						
c. Non-Contact Cooling Water	2,000					2,000
d. Contact Cooling Water						
e. Process (From C.8)						
f. Plant & Equipment Washdown	100					100
g. Boiler Blowdown	300					300
h. Other (_____)						
Regeneration Waste (C.5)						
Totals (Same as D.2)	26,730					26,730

2. If any of the above points discharge to a watercourse or a separate storm sewer, complete the following:

NPDES Outfall Number					
NPDES Permit Number					

3. Do any of the above sampling points also convey stormwater from your premise ?

■ Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

4. Do you pretreat any of the wastes discharged through any of the above points?

■ Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd
Account Number: 411222251-02

SECTION E - WASTEWATER INFORMATION (Cont'd)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in E.4:

Point No.	Pretreatment System Description
SP001	Silver Recovery Unit
SP001	PH neutralization

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6. Does your facility have:
   a. A spill control plan? ■ Yes [] No
   b. A waste minimization plan? ■ Yes [] No
   c. A solvent management plan? ■ Yes [] No
   d. A slug discharge control plan? [] Yes ■ No

7. If any wastewater analyses have been performed on the wastewater discharges from your facility attach copies of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary.

8. Priority Pollutant Information: Check one of the four boxes by each listed chemical to indicate whether it is: "Suspected Absent", "Known Absent", "Suspected Present", or "Known Present" ON YOUR PREMISE. Any chemical which is used in your manufacturing or service activity or is generated as a product or as a by-product should be marked "Known Present". Some pollutants are known by other names. Refer to the instruction booklet for those pollutants which have an asterisk (*).

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)	[]	■	[]	[]
2.	cyanide (total)	[]	[]	[]	■
3.	antimony (total)	[]	■	[]	[]
4.	arsenic (total)	■	[]	[]	[]
5.	beryllium (total)	[]	■	[]	[]
6.	cadmium (total)	[]	■	[]	[]
7.	chromium (total)	[]	[]	[]	■
8.	copper (total)	[]	[]	[]	■
9.	lead (total)	[]	[]	■	[]
10.	mercury (total)	[]	[]	[]	■
11.	nickel (total)	■	[]	[]	[]
12.	selenium (total)	■	[]	[]	[]
13.	silver (total)	[]	[]	[]	■
14.	thallium (total)	[]	■	[]	[]
15.	zinc (total)	[]	[]	[]	■
16.	acenaphthene	[]	■	[]	[]
17.	acenaphthylene	[]	■	[]	[]
18.	acrolein	[]	■	[]	[]
19.	acrylonitrile	[]	■	[]	[]
20.	aldrin	[]	■	[]	[]
21.	anthracene	[]	■	[]	[]
22.	benzene	■	[]	[]	[]
23.	benzidine	[]	■	[]	[]
24.	benzo (a) anthracene *	[]	■	[]	[]
25.	benzo (a) pyrene	[]	■	[]	[]
26.	benzo (b) fluoranthene	[]	■	[]	[]
27.	benzo (g,h,i) perylene *	[]	■	[]	[]
28.	benzo (k) fluoranthene *	[]	■	[]	[]
29.	alpha-BHC	[]	■	[]	[]
30.	beta-BHC	[]	■	[]	[]
31.	delta-BHC	[]	■	[]	[]
32.	gamma-BHC *	[]	■	[]	[]
33.	bis (2-chloroethyl) ether *	[]	■	[]	[]
34.	bis (2-chloroethoxy) methane *	[]	■	[]	[]
35.	bis (2-chloroisopropyl) ether *	[]	■	[]	[]
36.	Reserved				
37.	bis (2-ethylhexyl) phthalate	[]	■	[]	[]
38.	bromodichloromethane *	[]	■	[]	[]
39.	bromoform *	[]	■	[]	[]
40.	bromomethane *	[]	■	[]	[]
41.	4-bromophenylphenyl ether	[]	■	[]	[]
42.	butylbenzyl phthalate	[]	■	[]	[]
43.	carbon tetrachloride *	[]	[]	■	[]
44.	chlordane	[]	■	[]	[]
45.	4-chloro-3-methylphenol *	[]	■	[]	[]
46.	chlorobenzene	■	[]	[]	[]
47.	chlorethane *	[]	■	[]	[]
48.	2-chloroethylvinyl ether	[]	■	[]	[]
49.	chloroform *	[]	[]	[]	■
50.	chloromethane *	[]	■	[]	[]
51.	2-chloronaphthalene	[]	■	[]	[]
52.	2-chlorophenol *	[]	■	[]	[]
53.	4-chlorophenylphenyl ether	[]	■	[]	[]
54.	chrysene *	[]	■	[]	[]
55.	4,4'-DDD *	[]	■	[]	[]
56.	4,4'-DDE *	[]	■	[]	[]
57.	4,4'-DDT *	[]	■	[]	[]
58.	dibenzo (a,h) anthracene *	[]	■	[]	[]
59.	dibromochloromethane *	[]	■	[]	[]
60.	1,2-dichlorobenzene *	■	[]	[]	[]
61.	1,3-dichlorobenzene *	■	[]	[]	[]
62.	1,4-dichlorobenzene *	■	[]	[]	[]
63.	3,3'-dichlorobenzidine	[]	■	[]	[]
64.	Reserved				
65.	1,1-dichloroethane *	■	[]	[]	[]
66.	1,2-dichloroethane *	■	[]	[]	[]
67.	1,1-dichloroethene *	■	[]	[]	[]
68.	trans-1,2-dichloroethene *	[]	■	[]	[]
69.	2,4-dichlorophenol	[]	■	[]	[]
70.	1,2-dichloropropane *	[]	■	[]	[]
71.	(cis & trans) 1,3-dichloropropene *	[]	■	[]	[]
72.	dieldrin	[]	■	[]	[]
73.	diethylphthalate *	[]	[]	■	[]
74.	2,4-dimethylphenol *	[]	■	[]	[]
75.	dimethyl phthalate	[]	■	[]	[]
76.	di-n-butyl phthalate	[]	[]	■	[]

Continued on Page 6

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Company Name: A[illegible]EUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND BLVD.
Account Number: 4112251-02

SECTION E - WASTEWATER INFORMATION (Cont'd)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in E.4:

Point No.	Pretreatment System Description
SP001	SILVER PROCESSING UNIT
SP001	pH NEUTRALIZATION

6. Does your facility have:
   a. A spill control plan? ■ Yes ☐ No
   b. A waste minimization plan? ☐ Yes ■ No
   c. A solvent management plan? ☐ Yes ■ No
   d. A slug discharge control plan? ☐ Yes ■ No

7. If any wastewater analyses have been performed on the wastewater discharges from your facility attach copies of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary.

8. Priority Pollutant Information: Check one of the four boxes by each listed chemical to indicate whether it is: "Suspected Absent", "Known Absent", "Suspected Present", or "Known Present" ON YOUR PREMISE. Any chemical which is used in your manufacturing or service activity or is generated as a product or as a by-product should be marked "Known Present". Some pollutants are known by other names. Refer to the instruction booklet for those pollutants which have an asterisk (*).

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)	☐	■	☐	☐
2.	cyanide (total)	☐	☐	☐	■
3.	antimony (total)	☐	■	☐	☐
4.	arsenic (total)	☐	☐	☐	■
5.	beryllium (total)	☐	■	☐	☐
6.	cadmium (total)	☐	■	☐	☐
7.	chromium (total)	☐	☐	☐	■
8.	copper (total)	☐	☐	☐	■
9.	lead (total)	☐	☐	☐	■
10.	mercury (total)	☐	☐	☐	■
11.	nickel (total)	☐	☐	☐	■
12.	selenium (total)	☐	☐	☐	■
13.	silver (total)	☐	☐	☐	■
14.	thallium (total)	☐	■	☐	☐
15.	zinc (total)	☐	☐	☐	■
16.	acenaphthene	☐	■	☐	☐
17.	acenaphthylene	☐	■	☐	☐
18.	acrolein	☐	■	☐	☐
19.	acrylonitrile	☐	■	☐	☐
20.	aldrin	☐	■	☐	☐
21.	anthracene	☐	■	☐	☐
22.	benzene	☐	☐	☐	■
23.	benzidine	☐	■	☐	☐
24.	benzo (a) anthracene *	☐	■	☐	☐
25.	benzo (a) pyrene	☐	■	☐	☐
26.	benzo (b) fluoranthene	☐	■	☐	☐
27.	benzo (g,h,i) perylene *	☐	■	☐	☐
28.	benzo (k) fluoranthene *	☐	■	☐	☐
29.	alpha-BHC	☐	■	☐	☐
30.	beta-BHC	☐	■	☐	☐
31.	delta-BHC	☐	■	☐	☐
32.	gamma-BHC *	☐	■	☐	☐
33.	bis (2-chloroethyl) ether *	☐	■	☐	☐
34.	bis (2-chloroethoxy) methane *	☐	■	☐	☐
35.	bis (2-chloroisopropyl) ether *	☐	■	☐	☐
36.	Reserved				
37.	bis (2-ethylhexyl) phthalate	☐	■	☐	☐
38.	bromodichloromethane *	☐	■	☐	☐
39.	bromoform *	☐	☐	■	☐
40.	bromomethane *	☐	☐	■	☐
41.	4-bromophenylphenyl ether	☐	☐	■	☐
42.	butylbenzyl phthalate	☐	☐	■	☐
43.	carbon tetrachloride *	☐	☐	■	☐
44.	chlordane	☐	☐	■	☐
45.	4-chloro-3-methylphenol *	☐	☐	■	☐
46.	chlorobenzene	☐	☐	■	☐
47.	chlorethane *	☐	☐	■	☐
48.	2-chloroethylvinyl ether	☐	☐	■	☐
49.	chloroform *	☐	☐	☐	■
50.	chloromethane *	☐	☐	■	☐
51.	2-chloronaphthalene	☐	☐	■	☐
52.	2-chlorophenol *	☐	☐	■	☐
53.	4-chlorophenylphenyl ether	☐	☐	■	☐
54.	chrysene *	☐	☐	■	☐
55.	4,4'-DDD *	☐	☐	■	☐
56.	4,4'-DDE *	☐	☐	■	☐
57.	4,4'-DDT *	☐	☐	■	☐
58.	dibenzo (a,h) anthracene *	☐	☐	■	☐
59.	dibromochloromethane *	☐	☐	■	☐
60.	1,2-dichlorobenzene *	☐	☐	■	☐
61.	1,3-dichlorobenzene *	☐	☐	■	☐
62.	1,4-dichlorobenzene *	☐	☐	■	☐
63.	3,3'-dichlorobenzidine	☐	☐	■	☐
64.	Reserved				
65.	1,1-dichloroethane *	☐	☐	■	☐
66.	1,2-dichloroethane *	☐	☐	☐	■
67.	1,1-dichloroethene *	☐	☐	■	☐
68.	trans-1,2-dichloroethene *	☐	☐	■	☐
69.	2,4-dichlorophenol	☐	☐	■	☐
70.	1,2-dichloropropane *	☐	☐	■	☐
71.	(cis & trans) 1,3-dichloropropene *	☐	☐	■	☐
72.	dieldrin	☐	☐	■	☐
73.	diethylphthalate *	☐	☐	■	☐
74.	2,4-dimethylphenol *	☐	☐	■	☐
75.	dimethyl phthalate	☐	☐	■	☐
76.	di-n-butyl phthalate	☐	☐	■	☐

Continued on Page 6

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Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd
Account Number: 41122251-62

SECTION E - WASTEWATER INFORMATION (Cont'd)

Priority Pollutant Information (Cont'd)

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
77.	di-n-octyl phthalate *		■		
78.	4,6-dinitro-2-methylphenol *		■		
79.	2,4-dinitrophenol		■		
80.	2,4-dinitrotoluene		■		
81.	2,6-dinitrotoluene		■		
82.	1,2-diphenylhydrazine *		■		
83.	endosulfan I *		■		
84.	endosulfan II *		■		
85.	endosulfan sulfate		■		
86.	endrin		■		
87.	endrin aldehyde		■		
88.	ethylbenzene	■			
89.	fluoranthene		■		
90.	fluorene *		■		
91.	heptachlor		■		
92.	heptachlor epoxide		■		
93.	hexachlorobenzene *		■		
94.	hexachlorobutadiene		■		
95.	hexachlorocyclopentadiene *		■		
96.	hexachloroethane *		■		
97.	indeno (1,2,3-cd) pyrene *		■		
98.	isophorone *		■		
99.	methylene chloride *			■	
100.	naphthalene	■			
101.	nitrobenzene	■			
102.	2-nitrophenol			■	
103.	4-nitrophenol *		■		
104.	N-nitrosodimethylamine *		■		
105.	N-nitrosodi-n-propylamine *		■		
106.	N-nitrosodiphenylamine		■		
107.	PCB-1016 *		■		
108.	PCB-1221 *		■		
109.	PCB-1232 *		■		
110.	PCB-1242 *		■		
111.	PCB-1248 *		■		
112.	PCB-1254 *		■		
113.	PCB-1260 *		■		
114.	pentachlorophenol		■		
115.	phenanthrene		■		
116.	phenol				■
117.	pyrene		■		
118.	2,3,7,8-tetrachlorodibenzo-p-dioxin *		■		
119.	1,1,2,2-tetrachloroethane *		■		
120.	tetrachloroethene *		■		
121.	toluene *				■
122.	toxaphene		■		
123.	1,2,4-trichlorobenzene		■		
124.	1,1,1-trichloroethane *		■		
125.	1,1,2-trichloroethane *		■		
126.	trichloroethene *		■		
127.	Reserved				
128.	2,4,6-trichlorophenol		■		
129.	vinyl chloride *		■		

9. For priority pollutants in E.8 which are indicated "Known Present," list and provide the following data for each. Attach additional sheets if needed.

ITEM NO.	PRIORITY POLLUTANT	HOW USED	ANNUAL USAGE (LBS)	LOSS TO SEWER (LBS/YEAR)
2	Cyanide	Enzyme Inhibitor	0.01	0.01
7	Chromium	Glassware Cleaning	0.5	0.5
8	Copper	Complexing of Proteins	0.1	0.001
10	Mercury	thermometers/Pressure Device	0.1	0.001
13	Silver	Photography/Staining	0.1	0.1
15	Zinc	General lab reagent	0.01	0.01
49	Chloroform	Solvent for extractions	10	0.1
99	Methylene Chloride	Multi use Solvent	10	0.1
116	Phenol	Extraction of DNA/RNA	2	0.02
121	Toluene	Multi use Solvent	10	0.1

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Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND BLVD.
Account Number: 41122251-02

SECTION E - WASTEWATER INFORMATION (Cont'd)

Priority Pollutant Information (Cont'd)

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
77.	di-n-octyl phthalate *			■	
78.	4,6-dinitro-2-methylphenol *			■	
79.	2,4-dinitrophenol			■	
80.	2,4-dinitrotoluene			■	
81.	2,6-dinitrotoluene			■	
82.	1,2-diphenylhydrazine *			■	
83.	endosulfan I *			■	
84.	endosulfan II *			■	
85.	endosulfan sulfate			■	
86.	endrin			■	
87.	endrin aldehyde			■	
88.	ethylbenzene			■	
89.	fluoranthene			■	
90.	fluorene *			■	
91.	heptachlor			■	
92.	heptachlor epoxide			■	
93.	hexachlorobenzene *			■	
94.	hexachlorobutadiene			■	
95.	hexachlorocyclopentadiene *			■	
96.	hexachloroethane *			■	
97.	indeno (1,2,3-cd) pyrene *			■	
98.	isophorone *			■	
99.	methylene chloride *				■
100.	naphthalene			■	
101.	nitrobenzene			■	
102.	2-nitrophenol			■	
103.	4-nitrophenol *				■
104.	N-nitrosodimethylamine *			■	
105.	N-nitrosodi-n-propylamine *			■	
106.	N-nitrosodiphenylamine			■	
107.	PCB-1016 *			■	
108.	PCB-1221 *			■	
109.	PCB-1232 *			■	
110.	PCB-1242 *			■	
111.	PCB-1248 *			■	
112.	PCB-1254 *			■	
113.	PCB-1260 *			■	
114.	pentachlorophenol			■	
115.	phenanthrene			■	
116.	phenol			■	
117.	pyrene			■	
118.	2,3,7,8-tetrachlorodibenzo-p-dioxin *			■	
119.	1,1,2,2-tetrachloroethane *			■	
120.	tetrachloroethene *				■
121.	toluene *			■	
122.	toxaphene			■	
123.	1,2,4-trichlorobenzene			■	
124.	1,1,1-trichloroethane *			■	
125.	1,1,2-trichloroethane *			■	
126.	trichloroethene *			■	
127.	Reserved				
128.	2,4,6-trichlorophenol			■	
129.	vinyl chloride *			■	

9. For priority pollutants in E.8 which are indicated "Known Present," list and provide the following data for each. Attach additional sheets if needed.

ITEM NO.	PRIORITY POLLUTANT	HOW USED	ANNUAL USAGE (LBS)	LOSS TO SEWER (LBS/YEAR)
2	CYANIDE	ANALYTICAL LAB	<1	Ø
4	ARSENIC	"	<1	Ø
7	CHROMIUM	"	<1	Ø
8	COPPER	"	<1	Ø
9	LEAD	"	<1	Ø
10	MERCURY	"	<1	Ø
11	NICKEL	"	<1	Ø
12	SELENIUM	"	<1	Ø
13	SILVER	"	<1	<1
15	ZINC	"	<1	<1
22	BENZENE	"	<1	Ø
49	CHLOROFORM	"	1-5	<0.5
66	1,2-DICHLOROETHANE	"	<1	Ø
79	2,4-DINITROPHENOL	"	<1	Ø
99	METHYLENE CHLORIDE	"	<1	Ø
103	4-NITROPHENOL	"	<1	Ø
120	TETRACHLOROETHENE	"	<1	Ø

SEE PG 6 DTD 3/29/99. FG

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Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND BLVD.
Account Number: 41122251-02

SECTION F - NON-SEWERED WASTES

1. Do you generate any liquid wastes or sludges which are not disposed in the sewer system? ■ Yes ☐ No
If "Yes" complete items 2 and 3 below. Note: Be sure to include wastewaters listed in Section C.7.c.
If "No," skip remainder of this section.

2. Information on non-sewered waste:

Type of Waste	Estimated Quantity Disposed/yr	Units	Store on-site	Dispose on-site	Dispose off-site
■ Acids and/or Alkalies	30	GAL	☐	☐	■
☐ Equip. Oils and/or Grease			☐	☐	☐
■ Infectious Waste	4,000	LB	☐	☐	■
☐ Inks/Dyes			☐	☐	☐
■ Kitchen/Food Service Grease	150	GAL	☐	☐	■
☐ Organic Compounds			☐	☐	☐
☐ Paints or Paint Sludges			☐	☐	☐
☐ Pesticides			☐	☐	☐
☐ Pretreatment Sludges			☐	☐	☐
■ Radioactive Waste	per MSD ≤120	mCi/year in sewer	☐	■	■
☐ Solvents/Thinners			☐	☐	☐
☐ Other			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

3. List your USEPA and/or MDNR Hazardous Waste generator numbers:

USEPA_____ MDNR_____

SECTION G - INDUSTRIAL WASTE SURCHARGE INFORMATION

1. The following analytical information is required for each sampling point or each connection to the public sewer (see D.1.c), only if your water usage exceeds 80 Ccf per month. Representative samples of the wastewater in each sewer must be collected and analyzed for the listed parameters. Concentrations are to be reported in mg/l.

Sewer Number (Refer to Section D.2)
(If more than 5, attach additional sheets)

Daily Average Concentration For Each Sampling Point or Connection

Parameter (mg/l)	1	2	3	4	5
	— SEE HISTORIC SELF-MONITORING REPORTS —				
Total Solids					
Total Suspended Solids					
Biochemical Oxygen Demand$_5$					
Chemical Oxygen Demand					
Flow (gpd)					
Date Sampled					
Time Sampled					
Type of Sample					

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Company Name: ANHEUSER-BUSCH INSTITUTE
Premise Address: 1755 SOUTH GRAND
Account Number: 4 1122251-02

SECTION G - INDUSTRIAL WASTE (Cont'd)

2. Sample handling information:

		Organization Name and Address
a. Samples collected by:	METROPOLITAN MANUFACTURERS ASSOCIATION	10733 BIG BEND BLVD ST LOUIS MO 63122-6027
b. Samples analyzed by:	TEKLAB INC	5445 HORSESHOE LAKE ROAD COLLINSVILLE, IL 62234

SECTION H - CERTIFICATION AND SIGNATURE

1. The following individual may be contacted regarding the information contained in this questionnaire:

Name and title of contact person: GARY RAUSCHENBACH

DIRECTOR OF BUILDING SERVICES Tel No. 314-577-8070

2. "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 and title of signing official: H.C. ABBOTT

ASSISTANT ADMINISTRATOR Tel No. 314-577-8019

Signature H.C. Abbott Date 4-28-98

List attachments included with this questionnaire:

Metropolitan
St. Louis Sewer
District

FOR MSD USE ONLY		
ACCOUNT NUMBER: 4122251-02	CATEGORY: 1 2 3 (4) 5 6 (9)	
TA: BP TS: OLD MILL CR	Reviewer's Initials	6-11-97 Date

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METROPOLITAN ST. LOUIS SEWER DISTRICT
DEPARTMENT OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

SECTION A - GENERAL INFORMATION

1. Company Name: Anheuser-Busch Institute
2. Mailing Address: 3635 Vista Ave at Grand Blvd.
   P.O. Box 15250 St. Louis MO Zip Code 63110-0250
3. Premise Address: 1755 South Grand Blvd.
   St. Louis MO Zip Code 63104
4. Person Authorized to Sign Reporting Documents:
   Name and Title: Gary Rauschenbach Director Building Services
   Tel No. (314) 577-8070
5. Check one: ■ Existing Discharge
   [] Proposed Discharge If proposed, indicate discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: 1 and work days per week: 5
   b. Average number of employees per shift: 1st <200 2nd _____ 3rd _____ Total: <200
   c. Shift start times: 1st 6:00 AM 2nd _____ 3rd _____
   6:00 PM

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITIES	SIC NUMBER
a.	Health Care / Hospital Eye Disorder	8131
b.	Dermatology	
c.	Laboratories	
d.	School of Occupational Therapy	

See Revised page 1 rcd 7/11/97

MSD 020203

Metropolitan
St. Louis Sewer
District

FOR MSD USE ONLY		
ACCOUNT NUMBER: 41122251-02	CATEGORY: 1 2 3 4 5 6 9	
TA: BP TS: old mill Cr	Reviewer's Initials: d	Date: 7/11/97

METROPOLITAN ST. LOUIS SEWER DISTRICT
DEPARTMENT OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

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Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

SECTION A - GENERAL INFORMATION

1. Company Name: Anheuser-Busch Institute
2. Mailing Address: 3635 Vista Ave at Grand Blvd
   P.O. Box 15250 St. Louis MO Zip Code 63110-0250
3. Premise Address: 1755 South Grand Blvd.
   St Louis MO Zip Code 63104
4. Person Authorized to Sign Reporting Documents:
   Name and Title: Gary Rauschenbach Director Building Services
   Tel No (314) 577-8070
5. Check one: ■ Existing Discharge
   [] Proposed Discharge If proposed, indicate discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: 1 and work days per week: 5
   b. Average number of employees per shift: 1st <200 2nd _____ 3rd _____ Total: <200
   c. Shift start times: 1st 6 Am to 6 PM 2nd _____ 3rd _____

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITIES	SIC NUMBER
a.	Health Care / Hospital Clinics Ophthalmology	8011
b.	Dermatology	
c.	Research Laboratories, One Day Surgery	
d.	School of Occupational Therapy	

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MSD 020204

Company Name: Anheuser-Busch Inst.
Premise Address: 1755 South Grand Blvd
Account Number: 41122251-02

SECTION B - PRODUCT OR SERVICE INFORMATION (Cont'd)

2. Are primary activities generally batch or continuous processes? [] batch ▮ continuous
3. Principal raw materials used: _____
4. Principal products produced: _____
5. Check all activities which are conducted at your premise in addition to the primary activities described in B.1 above. Indicate the SIC number, if known. Do not check activities which are already included in B.1.

	SIC NO.		SIC NO.
[] Adhesive & Sealants Mfg.		[] Mineral Mining & Processing	
[] Aluminum Forming		[] Nonferrous Metals Forming	
[] Asbestos Mfg.		[] Nonferrous Metals Mfg	
[] Battery Mfg.		[] Organic Chem., Plastics & Synthetic Fibers Mfg	
[] Builder's Paper and Roofing Felt Mfg.		[] Paint Formulating	
[] Carbon Black Mfg.		[] Painting, Finishing or Paint Stripping	
[] Cement Mfg.		[] Parts Washing	
[] Coil Coating		[] Paving and Roofing Materials	
[] Copper Forming		[] Pesticide Chem. Mfg., Formulating, Packaging	
[] Dairy Products Processing		[] Petroleum Refining	
[] Drum Reconditioning		[] Pharmaceutical Mfg	
[] Electrical and Electronic Components		[] Phosphate Mfg	
[] Electroplating		▮ Photographic Processing	
[] Explosive Mfg.		[] Plastic Molding and Forming	
[] Feedlots		[] Porcelain Enameling	
[] Ferroalloy Mfg.		[] Printing & Publishing	
[] Fertilizer Mfg.		[] Pulp, Paper & Paperboard Mfg	
▮ Food Preparation		[] Q. C. Laboratory	
[] Fruits and Vegetable Processing		[] R & D Laboratory	
▮ General Offices		[] Radioactive Materials Processing	
[] Glass Mfg.		[] Repair Shop, Garage	
[] Grain Milling		[] Rubber & Rubber Prod. Mfg.	
[] Gum & Wood Chemical Mfg.		[] Seafood Processing	
[] Hazardous Waste Treatment, Storage or Disposal		[] Soap and Detergent Mfg.	
▮ Health Care & Hospital		[] Solvent Recycling	
[] Industrial Laundry		[] Steam Electric Power Generation	
[] Ink Formulating		[] Sugar Processing	
[] Inorganic Chemicals Mfg.		[] Textile Mills	
[] Iron and Steel Mfg.		[] Timber Products Mfg.	
[] Leather Tanning and Finishing		[] Transportation Equipment Cleaning	
[] Machine Shop		[] Transportation Services	
[] Machinery Mfg. or Rebuilding		[] Used Oil Reclamation	
[] Meat Processing		[] Vehicle/equipment Washing	
[] Metal Finishing		[] Warehousing	
[] Metal Molding and Casting		[] Waste Recycling	
		[] Others _____	

6. Are your processes subject to seasonal variation? [] Yes ▮ No
If "Yes," explain and indicate the month(s) of peak activity. _____

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Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd
Account Number: 4112225/-02

SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [x] City of St. Louis Water Div.
   - [] St. Louis Co. Water Co.
   - [] Other Municipal Source _____
   - [] Hauled by Contractor
   - [] Surface water
   - [] Private Well
   - [] Other (describe) _____

2. Water Bill Addressee: Anheuser-Busch Institute
3. Water Service Account Numbers: 408141-227426
4. List past twelve months water usage from:

					Water Bills	Other Sources
a. 1st quarter	1/26 1996	through	4/22 1996		2520 Ccf	_____ Ccf
b. 2nd quarter	4/22 1996	through	7/18 1996		3610 Ccf	_____ Ccf
c. 3rd quarter	7/18 1996	through	10/25 1996		4420 Ccf	_____ Ccf
d. 4th quarter	10/25 1996	through	1/31 1997		2289 Ccf	_____ Ccf

5. Describe any treatment or conditioning process performed on the raw water before use:
Water Softner For Boiler Makeup water, Water Softner For Facility Hot Water, Water Softner For Sterilizer unit

6. Identify all water uses within your facility:

Water Uses	Estimated average daily use (Gallons per Day)
a. Sanitary	3600
b. Irrigation & lawn watering	100
c. Non-contact cooling water	7400
d. Contact cooling water	
e. Process water	
f. Plant & equipment washdown	100
g. Boiler	300
h. Other uses _____	
i. Total of USES (6a through 6h):	11,500

7. Identify all water losses and wasterwater discharges from your facility:

Water Losses & Discharges	Estimated average daily loss/discharge (Gallons per Day)
a. Municipal sewer	7400
b. Watercourse, storm drain, ground	600
c. Haulers	
d. Evaporation	3500
e. Contained in product	
f. Total of LOSSES & DISCHARGES: (7a through 7e must equal total at 6i)	11,500

8. List average water usage and average wastewater discharge for each activity listed in Sections B.1 and B.5. Attach additional sheets if needed.

Item No.	Activity	Type of Discharge Cont.	Batch	None	Avg Water Use (GPD)	Avg Discharge to Mun sewer (GPD)	Date When Activity First Commenced At This Facility
1a	Research	[x]	[]	[]	11,500	11,500	July 93
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			
		[]	[]	[]			

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Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd
Account Number: 41122251-02

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SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [x] City of St. Louis Water Div.
   - [ ] St. Louis Co. Water Co.
   - [ ] Other Municipal Source _____
   - [ ] Hauled by Contractor
   - [ ] Surface water
   - [ ] Private Well
   - [ ] Other (describe) _____

2. Water Bill Addressee: Anheuser-Busch Institute
3. Water Service Account Numbers: 408141-227426
4. List past twelve months water usage from:

					[x] Water Bills	[ ] Other Sources
a. 1st quarter	1/26 1996	through	4/22 1996		2520 Ccf	_____ Ccf
b. 2nd quarter	4/22 1996	through	7/18 1996		3610 Ccf	_____ Ccf
c. 3rd quarter	7/18 1996	through	10/25 1996		4420 Ccf	_____ Ccf
d. 4th quarter	10/25 1996	through	1/31 1997		2289 Ccf	_____ Ccf

5. Describe any treatment or conditioning process performed on the raw water before use:
Water Softener for Boiler Makeup water, Water Softener for Facility Hot Water, Water Softener of Sterilizer unit

6. Identify all water uses within your facility:

Water Uses	Estimated average daily use (Gallons per Day)
a. Sanitary	25,300
b. Irrigation & lawn watering	150
c. Non-contact cooling water	11,000
d. Contact cooling water	
e. Process water	
f. Plant & equipment washdown	100
g. Boiler	300
h. Other uses _____	
i. Total of USES (6a through 6h):	36,850

7. Identify all water losses and wasterwater discharges from your facility:

Water Losses & Discharges	Estimated average daily loss/discharge (Gallons per Day)
a. Municipal sewer	27,700
b. Watercourse, storm drain, ground	150
c. Haulers	
d. Evaporation	9,000
e. Contained in product	
f. Total of LOSSES & DISCHARGES: (7a through 7e must equal total at 6i)	36,850

8. For each activity you listed in Sections B.1 and B.5, list the average water usage and average wastewater discharge. Attach additional sheets if needed.

Item No.	Activity	Type of Discharge Cont.	Batch	None	Avg Water Use (GPD)	Avg Discharge to Mun sewer (GPD)	Date When Activity First Commenced At This Facility
B.1.a	Clinics / Research	[x]	[ ]	[ ]	36,850	27,700	July 93
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			
		[ ]	[ ]	[ ]			

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Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd
Account Number: 4112 2251-02

SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise which shows:
   a. All buildings, structures, alleys, streets and other pertinent features.
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. A sampling point for each connection to the public sewer.
   d. A sampling point for each discharge from a federally regulated categorical process.
   e. A sampling point for each discharge to a separate storm sewer or water course.

2. List each sampling point identified in 1.c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each point, starting with No. 1. Attach additional sheets if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection (Vent, manhole, valve, tank or other appurtenance. Indicate size and location)	Total Daily Average Flow (GPD)
1	12	Shaw Ave	7,400
2	12	MH with Oil Seperator - Vent	
3			
4			
5			

SECTION E - WASTEWATER INFORMATION

1. For each point listed in D.2 above, list the wastewater discharge corresponding to each water usage listed in Section C.6. Attach additional sheets if needed.

Type Wastewater	Discharge Quantity (GPD) for each sampling point or connection listed in D.2					Facility Total.
	1	2	3	4	5	(See Instructions)
a. Sanitary	3600					3600
b. Irrigation & Lawn Watering	100					100
c. Non-Contact Cooling Water	7400					7400
d. Contact Cooling Water						
e. Process (From C.8)						
f. Plant & Equipment Washdown	100					100
g. Boiler Blowdown	300					300
h. Other (_____)						
Regeneration Waste (C.5)						
Totals (Same as D.2)	11,500					11,500

2. If any of the above points discharge to a watercourse or a separate storm sewer, complete the following:

NPDES Outfall Number					
NPDES Permit Number					

3. Do any of the above sampling points also convey stormwater from your premise ?

	■ Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

4. Do you pretreat any of the wastes discharged through any of the above points?

	■ Yes ~~[]~~ No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

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Company Name: Anheuser Busch Institute
Premise Address: 1755 South Grand Blvd
Account Number: 4112 2251-02

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SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise which shows:
   a. All buildings, structures, alleys, streets and other pertinent features.
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. A sampling point for each connection to the public sewer.
   d. A sampling point for each discharge from a federally regulated categorical process.
   e. A sampling point for each discharge to a separate storm sewer or water course.

2. List each sampling point identified in 1.c, d and e above and each connection for which there is no sampling point. Assign a sequential reference number to each point, starting with No. 1. Attach additional sheets if needed.

Reference Number	Sewer Size (inches)	Description of sewer sampling point or connection (Vent, manhole, valve, tank or other appurtenance. Indicate size and location)	Total Daily Average Flow (GPD)
1	12	Shaw Ave	27,700
2	12	MH with Oil Seperator - Vent	
3			
4			
5			

SECTION E - WASTEWATER INFORMATION

1. For each point listed in D.2 above, list the wastewater discharge corresponding to each water usage listed in Section C.6. Attach additional sheets if needed.

Type Wastewater	Discharge Quantity (GPD) for each sampling point or connection listed in D.2					Facility Total.
	1	2	3	4	5	(See Instructions)
a. Sanitary	25,300					25,300
b. Irrigation & Lawn Watering						
c. Non-Contact Cooling Water	2,000					2,000
d. Contact Cooling Water						
e. Process (From C.8)						
f. Plant & Equipment Washdown	100					100
g. Boiler Blowdown	300					300
h. Other (_____)						
Regeneration Waste (C.5)						
Totals (Same as D.2)	27,700					27,700

2. If any of the above points discharge to a watercourse or a separate storm sewer, complete the following:

NPDES Outfall Number					
NPDES Permit Number					

3. Do any of the above sampling points also convey stormwater from your premise ?

■ Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

4. Do you pretreat any of the wastes discharged through any of the above points?

■ Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No

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Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd.
Account Number: 41122251-02

SECTION E - WASTEWATER INFORMATION (Cont'd)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in E.4:

Point No.	Pretreatment System Description
SP001	Silver Recovery Unit
SP001	PH neutralization

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6. Does your facility have:
   a. A spill control plan? [x] Yes [ ] No
   b. A waste minimization plan? [ ] Yes [x] No
   c. A solvent management plan? [ ] Yes [x] No
   d. A slug discharge control plan? [ ] Yes [x] No

7. If any wastewater analyses have been performed on the wastewater discharges from your facility attach copies of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary.

8. Priority Pollutant Information: Check one of the four boxes by each listed chemical to indicate whether it is: "Suspected Absent", "Known Absent", "Suspected Present", or "Known Present" ON YOUR PREMISE. Any chemical which is used in your manufacturing or service activity or is generated as a product or as a by-product should be marked "Known Present". Some pollutants are known by other names. Refer to the instruction booklet for those pollutants which have an asterisk (*).

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP	ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)	[ ]	[x]	[ ]	[ ]	39.	bromoform *	[ ]	[ ]	[x]	[ ]
2.	cyanide (total)	[ ]	[ ]	[ ]	[x]	40.	bromomethane *	[ ]	[ ]	[x]	[ ]
3.	antimony (total)	[ ]	[x]	[ ]	[ ]	41.	4-bromophenylphenyl ether	[ ]	[ ]	[x]	[ ]
4.	arsenic (total)	[ ]	[ ]	[ ]	[x]	42.	butylbenzyl phthalate	[ ]	[ ]	[x]	[ ]
5.	beryllium (total)	[ ]	[x]	[ ]	[ ]	43.	carbon tetrachloride *	[ ]	[ ]	[x]	[ ]
6.	cadmium (total)	[ ]	[x]	[ ]	[ ]	44.	chlordane	[ ]	[ ]	[x]	[ ]
7.	chromium (total)	[ ]	[ ]	[ ]	[x]	45.	4-chloro-3-methylphenol *	[ ]	[ ]	[x]	[ ]
8.	copper (total)	[ ]	[ ]	[ ]	[x]	46.	chlorobenzene	[ ]	[ ]	[x]	[ ]
9.	lead (total)	[ ]	[ ]	[ ]	[x]	47.	chlorethane *	[ ]	[ ]	[x]	[ ]
10.	mercury (total)	[ ]	[ ]	[ ]	[x]	48.	2-chloroethylvinyl ether	[ ]	[ ]	[x]	[ ]
11.	nickel (total)	[ ]	[ ]	[ ]	[x]	49.	chloroform *	[ ]	[ ]	[ ]	[x]
12.	selenium (total)	[ ]	[ ]	[ ]	[x]	50.	chloromethane *	[ ]	[ ]	[x]	[ ]
13.	silver (total)	[ ]	[ ]	[ ]	[x]	51.	2-chloronaphthalene	[ ]	[ ]	[x]	[ ]
14.	thallium (total)	[ ]	[x]	[ ]	[ ]	52.	2-chlorophenol *	[ ]	[ ]	[x]	[ ]
15.	zinc (total)	[ ]	[ ]	[ ]	[x]	53.	4-chlorophenylphenyl ether	[ ]	[ ]	[x]	[ ]
16.	acenaphthene	[ ]	[x]	[ ]	[ ]	54.	chrysene *	[ ]	[ ]	[x]	[ ]
17.	acenaphthylene	[ ]	[x]	[ ]	[ ]	55.	4,4'-DDD *	[ ]	[ ]	[x]	[ ]
18.	acrolein	[ ]	[x]	[ ]	[ ]	56.	4,4'-DDE *	[ ]	[ ]	[x]	[ ]
19.	acrylonitrile	[ ]	[x]	[ ]	[ ]	57.	4,4'-DDT *	[ ]	[ ]	[x]	[ ]
20.	aldrin	[ ]	[x]	[ ]	[ ]	58.	dibenzo (a,h) anthracene *	[ ]	[ ]	[x]	[ ]
21.	anthracene	[ ]	[x]	[ ]	[ ]	59.	dibromochloromethane *	[ ]	[ ]	[x]	[ ]
22.	benzene	[ ]	[ ]	[ ]	[x]	60.	1,2-dichlorobenzene *	[ ]	[ ]	[x]	[ ]
23.	benzidine	[ ]	[x]	[ ]	[ ]	61.	1,3-dichlorobenzene *	[ ]	[ ]	[x]	[ ]
24.	benzo (a) anthracene *	[ ]	[x]	[ ]	[ ]	62.	1,4-dichlorobenzene *	[ ]	[ ]	[x]	[ ]
25.	benzo (a) pyrene	[ ]	[x]	[ ]	[ ]	63.	3,3'-dichlorobenzidine	[ ]	[ ]	[x]	[ ]
26.	benzo (b) fluoranthene	[ ]	[x]	[ ]	[ ]	64.	Reserved				
27.	benzo (g,h,i) perylene *	[ ]	[x]	[ ]	[ ]	65.	1,1-dichloroethane *	[ ]	[ ]	[x]	[ ]
28.	benzo (k) fluoranthene *	[ ]	[x]	[ ]	[ ]	66.	1,2-dichloroethane *	[ ]	[ ]	[ ]	[x]
29.	alpha-BHC	[ ]	[x]	[ ]	[ ]	67.	1,1-dichloroethene *	[ ]	[ ]	[x]	[ ]
30.	beta-BHC	[ ]	[x]	[ ]	[ ]	68.	trans-1,2-dichloroethene *	[ ]	[ ]	[x]	[ ]
31.	delta-BHC	[ ]	[x]	[ ]	[ ]	69.	2,4-dichlorophenol	[ ]	[ ]	[x]	[ ]
32.	gamma-BHC *	[ ]	[x]	[ ]	[ ]	70.	1,2-dichloropropane *	[ ]	[ ]	[x]	[ ]
33.	bis (2-chloroethyl) ether *	[ ]	[x]	[ ]	[ ]	71.	(cis & trans) 1,3-dichloropropene *	[ ]	[ ]	[x]	[ ]
34.	bis (2-chloroethoxy) methane *	[ ]	[x]	[ ]	[ ]	72.	dieldrin	[ ]	[ ]	[x]	[ ]
35.	bis (2-chloroisopropyl) ether *	[ ]	[x]	[ ]	[ ]	73.	diethylphthalate *	[ ]	[ ]	[x]	[ ]
36.	Reserved					74.	2,4-dimethylphenol *	[ ]	[ ]	[x]	[ ]
37.	bis (2-ethylhexyl) phthalate	[ ]	[x]	[ ]	[ ]	75.	dimethyl phthalate	[ ]	[ ]	[x]	[ ]
38.	bromodichloromethane *	[ ]	[x]	[ ]	[ ]	76.	di-n-butyl phthalate	[ ]	[ ]	[x]	[ ]

Continued on Page 6

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Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd.
Account Number: 4112225/-02

SECTION E - WASTEWATER INFORMATION (Cont'd)

Priority Pollutant Information (Cont'd)

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP	ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
77.	di-n-octyl phthalate *	[ ]	[ ]	[ ]	[ ]	103.	4-nitrophenol *	[ ]	[ ]	[ ]	[ ]
78.	4,6-dinitro-2-methylphenol *	[ ]	[ ]	[ ]	[ ]	104.	N-nitrosodimethylamine *	[ ]	[ ]	[ ]	[ ]
79.	2,4-dinitrophenol	[ ]	[ ]	[ ]	[ ]	105.	N-nitrosodi-n-propylamine *	[ ]	[ ]	[ ]	[ ]
80.	2,4-dinitrotoluene	[ ]	[ ]	[ ]	[ ]	106.	N-nitrosodiphenylamine	[ ]	[ ]	[ ]	[ ]
81.	2,6-dinitrotoluene	[ ]	[ ]	[ ]	[ ]	107.	PCB-1016 *	[ ]	[ ]	[ ]	[ ]
82.	1,2-diphenylhydrazine *	[ ]	[ ]	[ ]	[ ]	108.	PCB-1221 *	[ ]	[ ]	[ ]	[ ]
83.	endosulfan I *	[ ]	[ ]	[ ]	[ ]	109.	PCB-1232 *	[ ]	[ ]	[ ]	[ ]
84.	endosulfan II *	[ ]	[ ]	[ ]	[ ]	110.	PCB-1242 *	[ ]	[ ]	[ ]	[ ]
85.	endosulfan sulfate	[ ]	[ ]	[ ]	[ ]	111.	PCB-1248 *	[ ]	[ ]	[ ]	[ ]
86.	endrin	[ ]	[ ]	[ ]	[ ]	112.	PCB-1254 *	[ ]	[ ]	[ ]	[ ]
87.	endrin aldehyde	[ ]	[ ]	[ ]	[ ]	113.	PCB-1260 *	[ ]	[ ]	[ ]	[ ]
88.	ethylbenzene	[ ]	[ ]	[ ]	[ ]	114.	pentachlorophenol	[ ]	[ ]	[ ]	[ ]
89.	fluoranthene	[ ]	[ ]	[ ]	[ ]	115.	phenanthrene	[ ]	[ ]	[ ]	[ ]
90.	fluorene *	[ ]	[ ]	[ ]	[ ]	116.	phenol	[ ]	[ ]	[ ]	[ ]
91.	heptachlor	[ ]	[ ]	[ ]	[ ]	117.	pyrene	[ ]	[ ]	[ ]	[ ]
92.	heptachlor epoxide	[ ]	[ ]	[ ]	[ ]	118.	2,3,7,8-tetrachlorodibenzo-p-dioxin *	[ ]	[ ]	[ ]	[ ]
93.	hexachlorobenzene *	[ ]	[ ]	[ ]	[ ]	119.	1,1,2,2-tetrachloroethane *	[ ]	[ ]	[ ]	[ ]
94.	hexachlorobutadiene	[ ]	[ ]	[ ]	[ ]	120.	tetrachloroethene *	[ ]	[ ]	[ ]	[ ]
95.	hexachlorocyclopentadiene *	[ ]	[ ]	[ ]	[ ]	121.	toluene *	[ ]	[ ]	[ ]	[ ]
96.	hexachloroethane *	[ ]	[ ]	[ ]	[ ]	122.	toxaphene	[ ]	[ ]	[ ]	[ ]
97.	indeno (1,2,3-cd) pyrene *	[ ]	[ ]	[ ]	[ ]	123.	1,2,4-trichlorobenzene	[ ]	[ ]	[ ]	[ ]
98.	isophorone *	[ ]	[ ]	[ ]	[ ]	124.	1,1,1-trichloroethane *	[ ]	[ ]	[ ]	[ ]
99.	methylene chloride *	[ ]	[ ]	[ ]	[ ]	125.	1,1,2-trichloroethane *	[ ]	[ ]	[ ]	[ ]
100.	naphthalene	[ ]	[ ]	[ ]	[ ]	126.	trichloroethene *	[ ]	[ ]	[ ]	[ ]
101.	nitrobenzene	[ ]	[ ]	[ ]	[ ]	127.	Reserved				
102.	2-nitrophenol	[ ]	[ ]	[ ]	[ ]	128.	2,4,6-trichlorophenol	[ ]	[ ]	[ ]	[ ]
						129.	vinyl chloride *	[ ]	[ ]	[ ]	[ ]

9. For priority pollutants in E.8 which are indicated "Known Present," list and provide the following data for each. Attach additional sheets if needed.

ITEM NO.	PRIORITY POLLUTANT	HOW USED	ANNUAL USAGE (LBS)	LOSS TO SEWER (LBS/YEAR)
2	CYANIDE		<1	Ø
4	Arsenic		<1	Ø
7	Chromium		<1	Ø
8	Copper		<1	Ø
9	Lead		<1	Ø
10	Mercury		<1	Ø
11	Nickel		<1	Ø
12	Selenium		<1	Ø
13	Silver		<1	<1
15	Zinc		<1	<1
22	Benzene		<1	Ø
49	Chloroform		1-5	<0.5
66	1 2-dichloroethane		<1	Ø
79	2,4-dinitrophenol		<1	Ø
99	Methylene Chloride		<1	Ø
103	4-nitrophenol		<1	Ø
120	tetrachloroethene		<1	Ø

3/96

MSD 020211

Company Name: Anheuser-Busch Institute
Premise Address: 1755 South Grand Blvd
Account Number: 4112225/-02

SECTION F - NON-SEWERED WASTES

1. Do you generate any liquid wastes or sludges which are not disposed in the sewer system? ■ Yes [] No
If "Yes" complete items 2 and 3 below. Note: Be sure to include wastewaters listed in Section C.7.c.
If "No," skip remainder of this section.

2. Information on non-sewered waste:

Type of Waste	Estimated Quantity Disposed/yr	Units	Store on-site	Dispose on-site	Dispose off-site
■ Acids and/or Alkalies	30	GAL	[]	[]	■
[] Equip. Oils and/or Grease			[]	[]	[]
■ Infectious Waste	4000	LB	[]	[]	■
[] Inks/Dyes			[]	[]	[]
■ Kitchen/Food Service Grease	150	GAL	[]	[]	■
[] Organic Compounds			[]	[]	[]
[] Paints or Paint Sludges			[]	[]	[]
[] Pesticides			[]	[]	[]
[] Pretreatment Sludges			[]	[]	[]
■ Radioactive Waste	MARC HAUCHED AT SLU		[]	■	■
[] Solvents/Thinners			[]	[]	[]
[] Other			[]	[]	[]
			[]	[]	[]
			[]	[]	[]

3. List your USEPA and/or MDNR Hazardous Waste generator numbers:

USEPA ~~MO0075891523~~ MDNR

SECTION G - INDUSTRIAL WASTE SURCHARGE INFORMATION

1. The following analytical information is required for each sampling point or each connection to the public sewer (see D.1.c), only if your water usage exceeds 80 Ccf per month. Representative samples of the wastewater in each sewer must be collected and analyzed for the listed parameters. Concentrations are to be reported in mg/l.

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Sewer Number (Refer to Section D.2)
(If more than 5, attach additional sheets)

Daily Average Concentration For Each Sampling Point or Connection

Parameter (mg/l)	1	2	3	4	5
Total Solids					
Total Suspended Solids					
Biochemical Oxygen Demand$_5$					
Chemical Oxygen Demand					
Flow (gpd)					
Date Sampled					
Time Sampled					
Type of Sample					

Company Name: Anheuser-Busch Institute
Premise Address: 1255 South Grand
Account Number: 4112225 1-02

SECTION G - INDUSTRIAL WASTE (Cont'd)

2. Sample handling information:

Organization Name and Address

a. Samples collected by: Metropolitan Manufacturers' Association 10733 Big Bend Blvd. 63122-6027

b. Samples analyzed by: TEKLAB INC. 5445 HORSESHOE LAKE Rd Collinsville Ill 62234

SECTION H - CERTIFICATION AND SIGNATURE

1. The following individual may be contacted regarding the information contained in this questionnaire:

Name and title of contact person: Gary Rauschenbach Director Building Service

Tel No. (314) 577-8070

2. "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 and title of signing official: Gary Rauschenbach

Director Building Service Tel No. (314) 577-8070

Signature Gary Rauschenbach Date 6-3-97

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List attachments included with this questionnaire:

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FOR MSD USE ONLY		
ACCOUNT NUMBER: 4112225-02	CATEGORY: 1 2 3 (4) 5 6 (9)	
TA: B TS: OM	FAS Reviewer's Initials	2-14-94 Date

METROPOLITAN ST. LOUIS SEWER DISTRICT
DEPARTMENT OF ENVIRONMENTAL COMPLIANCE
INDUSTRIAL USER QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

SECTION A - GENERAL INFORMATION

1. Company Name: ANHEUSER BUSCH EYE INSTITUTE
2. Mailing Address: 1755 S. GRAND
   ST. LOUIS, MO. 63104 Zip Code 63104
3. Premise Address: 1755 S. GRAND
   ST. LOUIS, MO. Zip Code 63104
4. Person Authorized to Sign Reporting Documents:
   Name and Title: TOM RAWSON DIRECTOR FACILITY MANAGEMENT
   Tel. No. 771-0300 X 8419
5. Check one: [x] Existing Discharge
   [ ] Proposed Discharge If proposed, indicate the discharge start date: _____
6. Shift Information:
   a. Number of shifts per work day: ~~3~~ 1 and work days per week: ~~7~~ 5
   b. Average number of employees per shift: 1st 170 2nd 15 3rd 5 Total: ~~190~~ 270
   c. Shift start times: 1st 7:00 AM 2nd 3:30 PM 3rd 11:00 PM
   6:00 TILL 6:00

JP 11/25/96

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Briefly describe the primary manufacturing or service activities at the premise address and list the applicable SIC number for each activity:

	PRIMARY ACTIVITIES	SIC NUMBER
a.	HEALTH CARE AND HOSPITAL - EYE DISORDER RESEARCH	8731
b.	(LABORATORY)	
c.	HOSPITAL	8069
d.		

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Company Name: ANHEUSER BUSCH EYE INSTITUTE
Premise Address: 1755 S. GRAND ST. LOUIS MO 63104
Account Number:

SECTION B - PRODUCT OR SERVICE INFORMATION (Cont'd)

2. Are primary activities generally batch or continuous processes? [] batch [X] continuous
3. Principal raw materials used:
4. Principal products produced:
5. Check all activities which are conducted at your premise in addition to the primary activities described in B.1. Indicate the SIC number, if known. Do not check activities which are already included in B.1.

	SIC NO.		SIC NO.
[] Adhesive & Sealants Mfg.		[] Mineral Mining & Processing	
[] Aluminum Forming		[] Nonferrous Metals Forming	
[] Asbestos Mfg.		[] Nonferrous Metals Mfg	
[] Battery Mfg.		[] Organic Chem., Plastics & Synthetic Fibers Mfg	
[] Builder's Paper and Roofing Felt Mfg.		[] Paint Formulating	
[] Carbon Black Mfg.		[] Painting, Finishing or Paint Stripping	
[] Cement Mfg.		[] Parts Washing	
[] Coil Coating		[] Paving and Roofing Materials	
[] Copper Forming		[] Pesticide Chem., Mfg., Formulating, Packaging	
[] Dairy Products Processing		[] Petroleum Refining	
[] Drum Reconditioning		[] Pharmaceutical Mfg	
[] Electrical and Electronic Components		[] Phosphate Mfg	
[] Electroplating		[X] Photographic Processing	
[] Explosives Mfg.		[] Plastic Molding and Forming	
[] Feedlots		[] Porcelain Enameling	
[] Ferroalloy Mfg.		[] Printing & Publishing	
[] Fertilizer Mfg.		[] Pulp, Paper & Paperboard Mfg	
[] Food Preparation		[] Q. C. Laboratory	
[X] Fruits and Vegetable Processing		[] R. & D. Laboratory	
[] General Offices		[] Radioactive Materials Processing	
[] Glass Mfg.		[] Repair Shop, Garage	
[] Grain Milling		[] Rubber & Rubber Prod. Mfg.	
[] Gum & Wood Chemical Mfg.		[] Seafood Processing	
[] Hazardous Waste Treatment, Storage or Disposal		[] Soap and Detergent Mfg.	
[X] Health Care & Hospital		[] Solvent Recycling	
[] Industrial Laundry		[] Steam Electric Power Generation	
[] Ink Formulating		[] Sugar Processing	
[] Inorganic Chemicals Mfg.		[] Textile Mills	
[] Iron and Steel Mfg.		[] Timber Products Mfg.	
[] Leather Tanning and Finishing		[] Transportation Equipment Cleaning	
[] Machine Shop		[] Transportation Services	
[] Machinery Mfg. or Rebuilding		[] Used Oil Reclamation	
[] Meat Processing		[] Vehicle/equipment Washing	
[] Metal Finishing		[] Warehousing	
[] Metal Molding and Casting		[] Waste Recycling	
		[] Others	

6. Are your processes subject to seasonal variation? [] Yes [X] No
If "Yes," explain and indicate the month(s) of peak activity.

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Company Name: ANHEUSER BUSCH EYE INSTITUTE
Premise Address: 1755 S. GRAND ST. LOUIS, MO 63104
Account Number:

SECTION C - WATER CONSUMPTION AND WASTEWATER DISCHARGES

1. Raw Water Source(s):
   - [x] City of St. Louis Water Div.
   - [ ] St. Louis Co. Water Co.
   - [ ] Other Municipal Source:
   - [ ] Hauled by Contractor
   - [ ] Surface Water
   - [ ] Private Well
   - [ ] Other (describe)

2. Water Bill Addressee: ANHEUSER-BUSCH EYE INSTITUTE
3. Water Service Account Numbers: ~~411222 5702~~ 408141-227426
4. List past twelve months water usage from: [x] Water Bill [ ] Other Sources

				Water Bill	Other Sources
a. 1st quarter	19__	through	19__	Ccf	Ccf
b. 2nd quarter	4/27 1993	through	7/27 1993	900 Ccf	Ccf
c. 3rd quarter	7/27 1993	through	10/26 1993	1400 Ccf	Ccf
d. 4th quarter	19__	through	19__	Ccf	Ccf

5. Describe any treatment or conditioning process performed on the raw water before use: WATER SOFTNER FOR BOILER MAKE UP WATER WATER SOFTNER FOR FACILITY HOT WATER WATER SOFTNER/TREATMENT FOR STERILIZER USE

6. List water uses within your facility:

Type of Usage	Estimated Avg Usage (Gallons Per Day)	Type of Usage	Estimated Avg Usage (Gallons Per Day)
(a) Sanitary	3,600	e. Process	
(b) Irrigation & Lawn Watering	100	(f) Plant and equip. washdown	100.
(c) Non-contact cooling water	7400	(g) Boiler Feed	200
d. Contact cooling water		h. Other:	
		i. Total a through h:	11,500

7. List water losses and wastewater discharges from your facility:

Type of Discharge	Estimated Avg Discharge (Gallons Per Day)	Type of Discharge	Estimated Avg Discharge (Gallons Per Day)
(a) Municipal Sewer	7400	(d) Evaporation	3 500
(b) Watercourse, storm drain, ground	600	e. Contained in product	
c. Haulers		f. Total a through e:	11,500

Total at 7f must equal total at 6i.

8. List average water usage and average wastewater discharge for each activity listed in Section B.1 and B.5. Attach additional sheets if needed.

Item No.	Activity	Type of Discharge Cont.	Type of Discharge Batch	Avg Use (GPD)	Avg Discharge (GPD)	Date When Discharge First Commenced (if known)
1a	RESEARCH	[ ]	[ ]	11,500	11,500	JULY 93
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			
		[ ]	[ ]			

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Company Name: ANHEUSER BUSCH EYE INSTITUTE
Premise Address: 1755 S. GRAND ST. LOUIS MO 63104
Account Number:

SECTION D - SEWER CONNECTION INFORMATION

1. Attach a scale drawing of your premise which shows:
   a. All buildings, alleys, streets and other pertinent structures;
   b. All sewers and drains, including all connections, inlets, manholes, vents and other access or control structures. Identify each sewer as sanitary, storm or combined and indicate its size.
   c. Identify a sampling point for each connection to the public sewer.
   d. Identify a sampling point for each discharge from a federally regulated categorical process.
   e. Identify a sampling point for each discharge to a separate storm sewer or water course.
2. List each sampling point identified in D.1 c, d, and e above. Also include each connection for which there is no sampling point. Assign a sequential reference number to each point, starting with No. 1. Attach additional sheets, if necessary.

Reference Number	Sewer Size (inch)	Description of sewer sampling point or connection	Total Average Flow (GPD)
1	12	SHAW AVE.	7,400
2	12	MH with OIL SEPERATOR - VENT DOWNSTREAM. DJ STORM	
3			
4			
5			

SECTION E - WASTEWATER INFORMATION

1. If you listed water usage quantities only for items 6a through c, in Section C.6, you may skip this section. Otherwise, you must complete this section for all water usage listed in Section C.6. Attach additional sheets if necessary.

	Type Wastewater	Discharge Quantity (GPD) for each sampling point or connection					
		1 COMBINATION	2 STORM	3 STORM	4	5	Facility Total
a.	Sanitary	3600					3600
b.	Irrigation & Lawn Watering						
c.	Non-Contact Cooling Water	7400					7400
d.	Contact Cooling Water						
e.	Process (From C.8)						
f.	Plant & Equip. Washdown						100
g.	Boiler Blowdown	100					300
h.	Other ( )	300					
	Regeneration Waste (C.5)						
	Total (Same as D.2)	11400					11400

2. If any of the above points discharge to a watercourse or a separate storm sewer, complete the following:

NPDES Outfall Number					
NPDES Permit Number					

3. Do any of the above points also convey stormwater from your premise ?

■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

4. Do you pretreat any of the wastes discharged through any of the above points?

■ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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Company Name: [redacted] AUGUSTA BUSCH EYE INSTITUTE
Premise Address: 1755 S. GRAND
Account Number:

SECTION E - WASTEWATER INFORMATION (Cont'd)

5. Describe the type of wastewater pretreatment you employ prior to each point for which you marked "Yes" in D.4:

Point No.	Pretreatment System Description
SP001	SILVER RECOVERY UNIT
SP001	PH NEUTRALIZATION

6. Does your facility have:

a. A spill control plan? [X] Yes [ ] No
c. A solvent management plan? [X] Yes [ ] No
b. A waste minimization plan? [X] Yes [ ] No
d. A slug discharge plan? [ ] Yes [X] No

7. If any wastewater analysis has been performed on the wastewater discharges from your facility attach a copy of the most recent data. Be sure to specify the locations from which the samples were collected. Attach sketches, plans, drawings, etc. as necessary.

8. Priority Pollutant Information: Check the appropriate box by each listed chemical whether it is "Suspected Absent", "Known Absent", "Suspected Present", or "Known Present" on your premise, used in your manufacturing or service activity or generated as a by-product. Some pollutants are known by other names. Refer to the instruction booklet for those pollutants which have an asterisk (*).

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
1.	asbestos (fibrous)		X		
2.	cyanide (total)				X
3.	antimony (total)		X		
4.	arsenic (total)				X
5.	beryllium (total)		X		
6.	cadmium (total)		X		
7.	chromium (total)				X
8.	copper (total)				X
9.	lead (total)				X
10.	mercury (total)				X
11.	nickel (total)				X
12.	selenium (total)				X
13.	silver (total				X
14.	thallium (total)		X		
15.	zinc (total)				X
16.	acenaphthene		X		
17.	acenaphthylene		X		
18.	acrolein		X		
19.	acrylonitrile		X		
20.	aldrin		X		
21.	anthracene		X		
22.	benzene				X
23.	benzidine		X		
24.	benzo (a) anthracene*		X		
25.	benzo (a) pyrene		X		
26.	benzo (b) fluoranthene		X		
27.	benzo (g,h,i) perylene*		X		
28.	benzo (k) fluoranthene*		X		
29.	alpha-BHC		X		
30.	beta-BHC		X		
31.	delta-BHC		X		
32.	gamma-BHC*		X		
33.	bis (2-chloroethyl) ether*		X		
34.	bis (2-chloroethoxy) methane*		X		
35.	bis (2-chloroisopropyl) ether*		X		
36.	Reserved		X		
37.	bis (2-ethylhexyl) phthalate		X		
38.	bromodichloromethane*		X		
39.	bromoform*			X	
40.	bromomethane*			X	
41.	4-bromophenylphenyl ether			X	
42.	butylbenzyl phthalate			X	
43.	carbon tetrachloride*			X	
44.	chlordane			X	
45.	4-chloro-3-methylphenol*			X	
46.	chlorobenzene			X	
47.	chlorethane*			X	
48.	2-chloroethylvinyl ether			X	
49.	chloroform*				X
50.	chloromethane*			X	
51.	2-chloronaphthalene			X	
52.	2-chlorophenol*			X	
53.	4-chlorophenylphenyl ether			X	
54.	chrysene*			X	
55.	4,4'-DDD*			X	
56.	4,4'-DDE*			X	
57.	4,4'-DDT*			X	
58.	dibenzo (a,h) anthracene*			X	
59.	dibromochloromethane*			X	
60.	1,2-dichlorobenzene*			X	
61.	1,3-dichlorobenzene*			X	
62.	1,4-dichlorobenzene*			X	
63.	3,3'-dichlorobenzidine			X	
64.	Reserved			X	
65.	1,1-dichloroethane*			X	
66.	1,2-dichloroethane*				X
67.	1,1-dichloroethene*			X	
68.	trans-1,2-dichloroethene*			X	
69.	2,4-dichlorophenol			X	
70.	1,2-dichloropropane*			X	
71.	(cis & trans) 1,3-dichloropropene*			X	
72.	dieldrin			X	
73.	diethyl phthalate*			X	
74.	2,4-dimethylphenol*			X	
75.	dimethyl phthalate			X	
76.	di-n-butyl phthalate			X	

Continued on Page 6

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Company Name: ANHEUSER BUSCH EYE INSTITUTE
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Account Number:

SECTION E - WASTEWATER INFORMATION (Cont'd)

Priority Pollutant Information (Cont'd)

SA = "Suspected Absent" KA = "Known Absent" SP = "Suspected Present" KP = "Known Present"

ITEM NO.	PRIORITY POLLUTANT	SA	KA	SP	KP
77.	di-n-octyl phthalate*				
78.	4,6-dinitro-2-methylphenol*				
79.	2,4-dinitrophenol				X
80.	2,4-dinitrotoluene				
81.	2,6-dinitrotoluene				
82.	1,2-diphenylhydrazine*				
83.	endosulfan I*				
84.	endosulfan II*				
85.	endosulfan sulfate				
86.	endrin				
87.	endrin aldehyde				
88.	ethylbenzene				
89.	fluoranthene				
90.	fluorene*				
91.	heptachlor				
92.	heptachlor epoxide				
93.	hexachlorobenzene*				
94.	hexachlorobutadiene				
95.	hexachlorocyclopentadiene*				
96.	hexachloroethane*				
97.	indeno (1,2,3-cd) pyrene*				
98.	isophorone*				
99.	methylene chloride*			X	X
100.	naphthalene				
101.	nitrobenzene				
102.	2-nitrophenol				
103.	4-nitrophenol*				X
104.	N-nitrosodimethylamine*				
105.	N-nitrosodi-n-propylamine*				
106.	N-nitrosodiphenylamine				
107.	PCB-1016*				
108.	PCB-1221*				
109.	PCB-1232				
110.	PCB-1242*				
111.	PCB-1248*				
112.	PCB-1254*				
113.	PCB-1260*				
114.	pentachlorophenol				
115.	phenanthrene				
116.	phenol				
117.	pyrene				
118.	2,3,7,8-tetrachlorodibenzo-p-dioxin*				
119.	1,1,2,2-tetrachloroethane*				
120.	tetrachloroethene*				X
121.	toluene*				X
122.	toxaphene				
123.	1,2,4-trichlorobenzene				
124.	1,1,1-trichloroethane*				
125.	1,1,2-trichloroethane*				
126.	trichloroethene*				
127.	Reserved				
128.	2,4,6-trichlorophenol				
129.	vinyl chloride				

9. For priority pollutants in E.8 which are indicated "Known Present," list and provide the following data for each: (attach additional sheets if needed.)

ITEM NO.	PRIORITY POLLUTANT LAB Quantities	ANNUAL USAGE (LBS)	LOSS TO SEWER (LBS/YEAR)
2	CYANIDE	<1	Ø
4	ARSENIC	<1	Ø
7	CHROMIN	<1	Ø
8	COPPER	<1	Ø
9	LEAD	<1	Ø
10	MERCURY	<1	Ø
11	NICKEL	<1	Ø
12	SELENIUM	<1	Ø
13	SILVER	<1	<1
15	ZINC	<1	<1
22	BENZENE	<1	Ø
49	CHLOROFORM	1-5	<.5
66	1,2 DIBROMOETHANE	<1	Ø
79	2,4 DINITROPHENOL	<1	Ø
99	METHELENE CHLORIDE	<1	Ø
103	NITROPHENOL	<1	Ø
120	TETRACHLOETHANE	<1	Ø
121	TOLUENE	<1	Ø

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Company Name: ANHEUSER BUSCH EYE INSTITUTE
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Account Number:

SECTION F - NON-SEWERED WASTES

1. Do you generate any liquid wastes or sludges which are not disposed in the sewer system? ■ Yes ☐ No
If "Yes" complete items 2 and 3 below. If "No," skip remainder of this section. Note: Be sure to include wastewaters listed in Section C.7c.

2. Information on non-sewered waste:

Type of Waste	Estimated Quantity Disposed/yr	Units	Store on-site	Dispose on-site	Dispose off-site
■ Acids and/or Alkalies	30	GAL	☐	☐	■
☐ Equip. Oils and/or Grease			☐	☐	☐
■ Infectious Waste	1400	LBS	☐	☐	■
☐ Inks/Dyes			☐	☐	☐
■ Kitchen/Food Service Grease	150	GAL	☐	☐	■
☐ Organic Compounds			☐	☐	☐
☐ Paints or Paint Sludes			☐	☐	☐
☐ Pesticides			☐	☐	☐
☐ Pretreatment Sludges			☐	☐	☐
* ■ Radioactive Waste MARK HEUACHEN AT SLU.	UNK.		☐	■	■ TO SLU
☐ Solvents/Thinners			☐	☐	☐
☐ Other			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

3. List your USEPA and/or MDNR Hazardous Waste Generator numbers:
USEPA MOD075891523
MDNR ~~APPLIED FOR~~ NEW 026136

SECTION G - INDUSTRIAL WASTE SURCHARGE INFORMATION

1. The following analytical information is required for each sampling point or each connection to the public sewer (see D.1.c), only if your water usage exceeds 80 Ccf per month. Representative samples of the wastewaters in each sewer must be collected and analyzed for the listed parameters. Concentrations are to be reported in mg/l (ppm).

Sewer Number (Refer to Section D.2)
(If more than 5 connections, attach additional sheets)

Daily Average Concentration For Each Sampling Point or Connection

Parameter (mg/l)	1	2	3	4	5
Total Solids	500				
Total Suspended Solids	~~500~~ 99				
Biochemical Oxygen Demand5	78				
Chemical Oxygen Demand	198				
Flow (gpd)					

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Company Name: ANHEUSER BUSCH EYE INSTITUTE
Premise Address: 1755 S. GRAND ST. LOUIS, MO. 63104
Account Number:

SECTION G - INDUSTRIAL WASTE (Cont'd)

2. Sample handling information: Organization Name and Address

a. Samples collected by: SITEX ENVIRONMENTAL, INC 1905 BORMAN DR. ST. LOUIS, MO. 63146

b. Samples analyzed by:

SECTION H - CERTIFICATION AND SIGNATURE

1. The following individual may be contacted regarding the information contained in this questionnaire:

Name and title of contact person: TOM RAWSON DIRECTOR FACILITY MANAGEMENT

Tel No. 865-0300 x 8419

2. "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 and title of signing official: James Sale ADMINISTRATOR

Tel No. 314-865-8358

Signature James Sale Administrator Date 12/17/93