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
66531	31	INDUSTRY OVERFLOW

ACCOUNT NUMBER: **10205667-00**

COMPANY NAME: **ANHEUSER-BUSCH INSTITUTE**

CORRESPONDENCE

FROM 02-25-99 THRU 11-09-09

X	CORRESPONDENCE LOCATED IN ARCHIVE FILES

2017 In LF all ARCHIVE

SR

12/23/09

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE PERMIT NUMBER 41122251-02
1755 S. GRAND BLVD.
ST. LOUIS, MO. 63104

MONITORING PERIOD JAN/MAR APR/JUN X JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... TEKLAB, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		07-30-09		
FLOW (GPD)	E/M	27,300 EST. ✓		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	28.3			
PH	g	5.5 TO 11.5	8.4			
BOD	c	300 mg/l	mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	208 mg/l ✓	mg/l	mg/l	mg/l
TSS	c	350 mg/l	96 mg/l ✓	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l	mg/l
cr	c	mg/l	0.0068mg/l ✓	mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l	mg/l
ag	c	mg/l	(0.0100mg/l ✓	mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l	mg/l
TTO	g	mg/l	mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:36A-11:36AM			

copyright©MMA'94

METROPOLITAN MANUFACTURERS' ASSOCIATION
100 WEAVER COURT, STE A
FESTUS, MO. 63028
314-966-1006

SKIP BOWDERS
ANHEUSER-BUSCH EYE INSTITUTE MEMBER NUMBER
3665 VISTA P.O.. BOX 15250 TELEPHONE NUMBER 314-577-8070
ST. LOUIS, MO. 63110-0250 SIC NUMBER 8069,8731

PURCHASE ORDER # INVOICE NUMBER 0064

DATE OF INVOICE	STATEMENT INFORMATION	AMOUNT
08-13-09		

WASTEWATER SAMPLING PROGRAM

PERIOD JULY/AUGUST/SEPTEMBER

Calendar Year Quarter 3

SAMPLE POINT	COLLECTION DATE	COLLECTED	COLLECTION CHARGES
001	07-30-09	YES	$ 90.00
			$
			$
			$
			$
			$
			$
			$

RECEIVED OCT 23 2009 By

TOTAL COLLECTION CHARGES $ 90.00

PARAMETERS ANALYZED 001- COD,TSS,CR,AG
pH/TEMP.-N/C

LABORATORY ANALYTICAL FEES $ 71.50
MSD CERTIFICATION FORM FEE $ 20.00

PERMIT LIMIT REVIEW REQUIRED SP #

COMMENTS...

PLEASE PAY FROM THIS INVOICE

PAYMENT DUE WITHIN TEN DAYS OF RECEIPT TOTAL DUE $ 181.50

PERMIT DATE...
SPECIAL SAMPLING REQUIREMENTS... TTO SPECIAL CALENDAR
ADDITIONAL INFORMATION...

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: _____

Title: _____ Telephone: _____

Signature: _____ Date: _____

TEKLAB, INC.

5445 HORSESHOE LAKE ROAD
COLLINSVILLE, ILLINOIS 62234

ENVIRONMENTAL TESTING LABORATORY

TEL: 618-344-1004
FAX: 618-344-1005

LABORATORY RESULTS

Client: Metropolitan Manufacturers Association
WorkOrder: 09071141
Lab ID: 09071141-001
Report Date: 04-Aug-09

Client Project: ABI 001/3
Client Sample ID: ABI 001/3
Collection Date: 7/30/2009 11:36:00 AM
Matrix: AQUEOUS

Analyses	Certification	RL	Qual	Result	Units	DF	Date Analyzed	Analyst
EPA 600 4.1.4, 200.7R4.4 METALS BY ICP (TOTAL)								
Chromium	NELAP	0.0100	J	0.0068	mg/L	1	8/3/2009 12:23:27 PM	JMW
Silver	NELAP	0.0100		< 0.0100	mg/L	1	8/3/2009 12:23:27 PM	JMW
EPA 600 410.4								
Chemical Oxygen Demand	NELAP	50		208	mg/L	1	7/31/2009 7:05:00 AM	HMH
STANDARD METHODS 18TH ED. 2540 D								
Total Suspended Solids	NELAP	6		86	mg/L	1	7/30/2009 7:50:00 PM	MAB

Sample Narrative

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560
www.slu.edu

4/122251-02

SAINT LOUIS
UNIVERSITY

Office of Environmental Safety & Services
Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

Oct. 13, 2009

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - Sept. 2009

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

RECEIVED
OCT 15 2009
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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**
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.

Print/type name of signing official: Kevin Ferguson

RECEIVED
OCT 15 2009
DIVISION OF ENVIRONMENTAL COMPLIANCE

Title: Health Physicist Telephone: 977-6896

Signature: Date: 10/13/09

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 4112225102
Premise Address: 1755 S Grand Blvd. Zip Code: 63104
MSD Classes: SIU ☒ CIU ☐ Surch ☐ Potential Toxic Waste ☒ Non-Toxic Proc Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Skip Bowders
Title: Maintenance Supervisor Phone#: 314-577-8072
Inspector: M. Blecha
Others Present: None
Inspection Date: 9/8/09 Time: From 8:00 AM To 9:20 AM (Last Insp. 9/22/08)

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	Cont		Yes	Cont	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 adj- lab waste.	001
Oil/water separator- for 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 enzymes (not bacteria) used in traps? Yes☐ No☐
D. If yes to C, was co. told to stop or switch to approved bacteria? 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: _____

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.

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: _____
B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☐ No☐
C. Most recent authorization date: _____
D. Amount discharged in most recent complete calendar year: _____

11. 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.

12. 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)

13. 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? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

14. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. 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: _____

16. 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.

17. 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)

18. 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 Spills	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)

19. 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)

20. 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?
Formaline	In lab tissues	Yes☐ No☒	Neutralized and sewered.	Yes☐ No☒
Xylene, ethyl alcohol	Lab chemicals	Yes☐ No☒	Recovered in solvent still.	Yes☐ No☒
Phenol. See full list in comment page.	Lab chemicals	Yes☐ No☒	Hauled.	Yes☒ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

21. DOES COMPANY HAVE A 413/433/469 SOLVENT MANAGEMENT PLAN? Yes☐ No☒

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

22. 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)

23. 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 at SP 001.

D. How frequently are reports required? Quarterly

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

F. If no, explain: 4th quarter 2008 SMR, and 2nd qrt 2009 was received late.

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

If yes: A. Is the self-monitoring required by MSD? Yes☒ No☐

B. Are representative grab/comp samples collected? Yes☒ No☐

C. Does sample collection time period match company's production shifts (is it representative)? 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: Company is collecting 4 hour composite samples for an 20 hour production day. Told contact to begin collecting 20 hour composite samples for their SMR.

25. 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: _____

26. 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: _____

27. 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: _____

28. 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☐

29. 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 contacts office at St Louis University Hospital.

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

If yes: A. Indicate correct classifications:

SIU ☐ CIU ☐ Surch. ☐ Potential Toxic Waste ☐ Non-Toxic Proc Waste ☐

No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐

B. Explain changes: _____

31. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + P&E Washdn + Sanitary + stormwater.	No
SP #	002	Fed.Reg.		Components:	Parking lot stormwater into combined sewer.	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

32. 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☐

33. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☒ No☐
If yes: A. List SPs and reasons: SP 002. Parking lot stormwater discharge.

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

Dummy SP #		Components:	
Dummy SP #		Components:	

35. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
If yes: A. List Sample Points: 001, 002.

36. 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☐

37. REVIEW THE SAMPLE POINT MAP! Last map revision date: 1/26/09
A. Is the map correct and accurate in all its details? Yes☒ No☐
B If no, what changes are needed: _____

38. 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.

Removed X-Ray film developing equipment and silver recovery units from the building. Enter end date on PIMS in the metallic replacement field.

Other lab chemicals used are: Methylene Chloride, Di-n-butyl Phthalate, Dimethyl Phthalate, Diethyl Phthalate, Chloroform, Carbon Tetrachloride, and 2-Nitrophenol. Waste is hauled off site.

Low level radioactive materials were used for animal research. The facility inspection done last year verified that all the animals, animal cages, and research equipment is removed from the building. There is no radioactive material in the building, all of the material is hauled off from the site. The permit will be modified to remove the quarterly reporting requirements of the radioactive materials discharge report.

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	**SIU**
03/06/1997	**PTW**

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	
09/08/2009	RIN	Martin Blecha

PERMIT INFORMATION

Issue Date:	01/01/2006
Expire Date:	12/31/2010
Extended Date:	12/31/2007
Writer	Fabian Grabski
Issue Date:	01/01/2008
Expire Date:	12/31/2010
Extended Date:	
Writer	Scott Rehmer

IUQ INFORMATION

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

CONTACTS

BILL	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
CEO	Leona Stoll	CEO	OFF	(314) 577-8007 Ext.
FLD1	Skip Bowders	Maintenance Supervisor	OFF	(314) 577-8072 Ext.
FLD2	Rich Weiss	Maintenance	OFF	(314) 577-8072 Ext.
OFF1	Skip Bowders	Maintenance Supervisor	OFF	(314) 577-8072 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	220	06:00AM	12.0	N	Y	Y	Y	Y	Y	N
2	20	06:00PM	8.0	N	Y	Y	Y	Y	Y	N

Total Emp: 240 **Hrs:** 20.0

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

06/07/2005	Acids and/or Alkalies		30	GAL
06/07/2005	Infectious Waste	Blood, bandages, tissue	4000	LB/YR
06/07/2005	Kitchen/Food Service Grease		150	GAL

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
8733	Noncommercial Research Organizations

PRODUCTS

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

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

SEWER ACCOUNTS

Sewer Accounts
4112225102

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2008 12:00:00AM **End Date =** 12/31/2009 12:59:59PM **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
4112225102			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
4112225102	10/17/2007	01/15/2008	2,507	2,507	A	65	91	91	
4112225102	01/16/2008	04/24/2008	2,077	4,584		71	100	191	
4112225102	04/25/2008	07/16/2008	3,123	7,707		59	83	274	
4112225102	07/17/2008	10/15/2008	3,051	10,758		65	91	365	
4112225102	10/16/2008	01/16/2009	1,842	12,600		66	93	458	
4112225102	01/17/2009	04/16/2009	1,787	14,387		64	90	548	
RF 1.00	**Acct. Total**		14,387	10,762,224		390	548	27,595	19,639
	Facility Total		14,387						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**	**Treatment Area**	Lemay
01	Sanitary Or Combined	21F2 009C	**Trunk Sewer**	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		308	GPD		GPD	D	1/26/06
Hospital Waste	Sanitary, lab services	19,000	GPD		GPD	D	1/26/06
Non Contact Cooling Water	Cooling tower blowdown	1,000	GPD		GPD	D	1/26/06
Sanitary		5,250	GPD		GPD	D	1/26/06
Plant & Equipment Wash	Clean lab animal cages	100	GPD		GPD	D	1/26/06
Storm Water		0	GPD		GPD	D	9/8/09
	Total Flow Avg =	**25,658**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**	**Treatment Area**	Lemay
02	Sanitary Or Combined	21F2 009C	**Trunk Sewer**	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	6/7/05
	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/Fuel Interceptor

PRIORITY POLLUTANTS

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

Report No. PIMS012A 09/08/2009 12:16:57 pm
Data Date & Time: 09/08/2009 12:16:57 pm

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS
ANHEUSER-BUSCH INSTITUTE

For Account Number Selecte **4112225102**
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	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Office Mailing Address						
Chief Executive Officer	Leona	Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Skip	Bowders	Maintenance Supervisor	OFF	(314)577-8072	
Premise Address						
Field Contact - Primary	Skip	Bowders	Maintenance Supervisor	OFF	(314)577-8072	
Field Contact 1st Alt	Rich	Weiss	Maintenance	OFF	(314)577-8072	

MSD 020238

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **4112225102**

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
	T207000	Barium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2010
	T225000	Iron (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2010
	T237000	pH	Once/year	Grab	06/30/2010
	T247000	Temperature	Once/year	Grab	06/30/2010
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2010
LGRIV (Starts - 08/14/1991)	T257000	Total Phenols	Once/year	Grab	06/30/2010
	T304000	Antimony (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T306000	Arsenic (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T317000	Beryllium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T327000	Cadmium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T328000	Carbon Tetrachloride	Once/year	Grab	06/30/2010
	T332000	Chloroform	Once/year	Grab	06/30/2010
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2010
	T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2010
	T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2010
	T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2010
	T368000	Lead (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T370000	Mercury (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T371000	Methylene Chloride	Once/year	Grab	06/30/2010
	T377000	Nickel (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T391000	Selenium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T397000	Toluene	Once/year	Grab	06/30/2010
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2010

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)	06/30/2010
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of composite)	06/30/2010
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2010
	T237000	pH	Once/year	Grab	06/30/2010
	T247000	Temperature	Once/year	Grab	06/30/2010
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of composite)	06/30/2010

SR

MAM 9/29/09

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE — PERMIT NUMBER 41122251-02
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

MONITORING PERIOD JAN/MAR X APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... TEKLAB, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	#
SAMPLING DATES	04-21-09		
FLOW (GPD) E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	16.7			
PH	g	5.5 TO 11.5	9.1			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	466	mg/l	mg/l	mg/l
TSS	c	350 mg/l	140	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.010mg/l		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	0.0055mg/l		mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l		mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:40A-11:40AM			

copyright@MMA'94 PAGE of

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: [illegible]

Title: SUPERVISOR Telephone: _____

Signature: [illegible] Date: 8/1/07

STORM WATER RUNOFF

MMA Wastewater Program
Sample Collection Sheet

Company Name: Anheuser-Busch Institute Date: 4-21-09

Sample Technician: BUTCH BEGEMANN Code: ABI 001/2

Sample Point # 001 Location: MH on shaw 41', 3' E of garage

TEKLAB, INC.

5445 HORSESHOE LAKE ROAD
COLLINSVILLE, ILLINOIS 62234

ENVIRONMENTAL TESTING LABORATORY

TEL: 618-344-1004
FAX: 618-344-1005

LABORATORY RESULTS

Client: Metropolitan Manufacturers Association
WorkOrder: 09040772
Lab ID: 09040772-001
Report Date: 27-Apr-09
Client Project: ABI 001/2
Client Sample ID: ABI 001/2
Collection Date: 4/21/2009 11:40:00 AM
Matrix: AQUEOUS

Analyses	Certification	RL	Qual	Result	Units	DF	Date Analyzed	Analyst
EPA 600 4.1.4, 200.7R4.4, METALS BY ICP (TOTAL)								
Chromium	NELAP	0.0100		< 0.0100	mg/L	1	4/24/2009 8:36:32 AM	LAL
Silver	NELAP	0.0100	J	0.0055	mg/L	1	4/24/2009 10:05:38 AM	LAL
EPA 600 410.4								
Chemical Oxygen Demand	NELAP	50		466	mg/L	1	4/22/2009 9:00:00 AM	HMH
STANDARD METHODS 18TH ED. 2540 D								
Total Suspended Solids	NELAP	6		140	mg/L	1	4/21/2009 4:30:00 PM	MAB

Sample Narrative

AB Eye Inst.

4112251-02

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560
www.slu.edu

SAINT LOUIS
UNIVERSITY

Office of Environmental Safety & Services
Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

July 28, 2009

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 2009

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

RECEIVED
JUL 30 2009
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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**
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: Health Physicist Telephone: 977-6896

Signature: Date: 7/28/09

RECEIVED
JUL 30 2009
DIVISION OF ENVIRONMENTAL COMPLIANCE

SR
5-5

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560
www.slu.edu

SAINT LOUIS
UNIVERSITY

Office of Environmental Safety & Services
Environmental Safety Office (C307)
314-977-8608
C5
Radiation Safety Office (RB5)
314-977-8609

April 20, 2009

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2009

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

RECEIVED
APR 27 2009
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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**
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

RECEIVED
APR 27 2009
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Title: Health Physicist Telephone: 977-6896

Signature: Date: 4/20/09

SR

MAM 6/11/09

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE
ANHEUSER-BUSCH FYF INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD X JAN/MAR APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... TEKLAB, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		01-19-09		
FLOW (GPD) E/M		27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	13.3			
PH	g	5.5 TO 11.5	9.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	381	mg/l	mg/l	mg/l
TSS	c	350 mg/l	140	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.010mg/l		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.010 mg/l		mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l		mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:10A-11:10AM			

TEKLAB, INC.

5445 HORSESHOE LAKE ROAD
COLLINSVILLE, ILLINOIS 62234

ENVIRONMENTAL TESTING LABORATORY

TEL: 618-344-1004
FAX: 618-344-1005

LABORATORY RESULTS

Client: Metropolitan Manufacturers Association
WorkOrder: 09010600
Lab ID: 09010600-001
Report Date: 23-Jan-09

Client Project: ABI 001/1
Client Sample ID: ABI 001/1
Collection Date: 1/19/2009 11:10:00 AM
Matrix: AQUEOUS

Analyses	Certification	RL	Qual	Result	Units	DF	Date Analyzed	Analyst
EPA 600 4.1.4, 200.7R4.4, METALS BY ICP (TOTAL)								
Chromium	NELAP	0.0100		< 0.0100	mg/L	1	1/20/2009 6:06:36 PM	LAL
Silver	NELAP	0.0100		< 0.0100	mg/L	1	1/20/2009 6:06:36 PM	LAL
EPA 600 410.4								
Chemical Oxygen Demand	NELAP	50		381	mg/L	1	1/21/2009 11:00:00 AM	HMH
STANDARD METHODS 18TH ED. 2540 D								
Total Suspended Solids	NELAP	6		140	mg/L	1	1/20/2009 3:00:00 PM	MAB

Sample Narrative

STORM WATER RUNOFF

MMA Wastewater Program
Sample Collection Sheet

Company Name: ~~Anheuser Busch Institute~~ Date: 1-19-09

Sample Technician: Butch Begemann Code: ABI 001/ 1

Sample Point # 001 Location: MH on shaw 41', 3' E of garage stairs

Sample Volume _____ ml

Weather Conditions: (Clear) Cloudy Rain

Ambiant Temp: 31° F

Grab Data : Time _____ Sample Temp _____

Color _____ Sample pH _____

Odor _____

Composite Data :

1. Time 8:10 AM Volume ____ ml Temp 56° pH 9.5 Color Cloudy Odor Pungent
2. Time 9:10 Volume ____ ml Temp ____ pH ____ Color Cloudy Odor Pungent
3. Time 10:10 Volume ____ ml Temp ____ pH ____ Color Cloudy Odor Pungent
4. Time 11:10 Volume ____ ml Temp ____ pH ____ Color Cloudy Odor Pungent
5. Time ____ Volume ____ ml Temp ____ pH ____ Color ____ Odor ____
6. Time ____ Volume ____ ml Temp ____ pH ____ Color ____ Odor ____

Comments and Observations: TTO 4th quarter- VOA, [illegible]

Parameters Requested: COD, [illegible] TSS, AG, Cr 1-1-01

Chain of Custody :

Delivered to : TEKLAB Date : 1-19-09 Time : 11:35

Chain of Custody Maintained ? (Yes) No

I the undersigned, to the best of my knowledge due hereby, under penalty of purgery, attest to the above as being both complete and correct.

Signed Butch Begemann Date 1-19-09

SR
3-6
MA

Saint Louis University Hospital

TENET

AB Eye
41122510 2

FAX

To:	Scott Rehmer	From:	Skip Bowders
Fax:	314-436-8753	Pages:	3 including cover
Phone:	314-577-8036	Date:	02/26/09
Re:	MSD self testing 4th Quarter	cc:	MSD Book

Testing ABIE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN JUL/SEP X OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... TEKLAB, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	#	
SAMPLING DATES	11-12-08			
FLOW (GPD) C/M	27,300 EST.			
PARAMETER G/C	LIMIT	ANALYTICAL RESULTS		
TEMP C g	60@C.	27.8		
PH g	5.5 TO 11.5	9.9		
BOD c	300 mg/l	mg/l	mg/l	mg/l
COD c	600 mg/l	359 mg/l	mg/l	mg/l
TSS c	350 mg/l	125 mg/l	mg/l	mg/l
OIL/GR g	200 mg/l	mg/l	mg/l	mg/l
cd c	mg/l	mg/l	mg/l	mg/l
cr c	5.0mg/l	<0.010mg/l	mg/l	mg/l
cu c	mg/l	mg/l	mg/l	mg/l
pb c	mg/l	mg/l	mg/l	mg/l
ni c	mg/l	mg/l	mg/l	mg/l
ag c	0.5 mg/l	<0.010 mg/l	mg/l	mg/l
zn c	mg/l	mg/l	mg/l	mg/l
cn-T g	mg/l	mg/l	mg/l	mg/l
cn-A g	mg/l	mg/l	mg/l	mg/l
TTO g	5.52mg/l	< 0.02 mg/l	mg/l	mg/l
	mg/l	mg/l	mg/l	mg/l
SAMP. TIME	XXXXXXX	8:30A-11:30AM		

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 one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: PAUL V. BOWDLER

Title: SUPERVISOR Telephone: _____

Signature: [signature] Date: _____

TEKLAB, INC.

5445 HORSESHOE LAKE ROAD
COLLINSVILLE, ILLINOIS 62234

ENVIRONMENTAL TESTING LABORATORY

TEL: 618-344-1004
FAX: 618-344-1005

LABORATORY RESULTS

Client: Metropolitan Manufacturers Association
WorkOrder: 08110376
Lab ID: 08110376-001
Report Date: 18-Nov-08

Client Project: ABI 001/4
Client Sample ID: ABI 001/4
Collection Date: 11/12/2008 11:30:00 AM
Matrix: AQUEOUS

Analyses	Certification	RL	Qual	Result	Units	DF	Date Analyzed	Analyst
EPA 600 4.1.4, 200.7R4.4, METALS BY ICP (TOTAL)								
Chromium	NELAP	0.0100		< 0.0100	mg/L	1	11/18/2008 4:02:16 PM	JMW
Silver	NELAP	0.0100		< 0.0100	mg/L	1	11/17/2008 11:49:48 PM	LAL
EPA 600 410.4								
Chemical Oxygen Demand	NELAP	50		359	mg/L	1	11/14/2008 10:00:00 AM	HMH
EPA 600 624, VOLATILE ORGANIC COMPOUNDS BY GC/MS								
Carbon tetrachloride	NELAP	5.0		ND	µg/L	1	11/12/2008 9:09:00 PM	TAL
Chloroform	NELAP	[redacted]	J	1.8	µg/L	1	11/12/2008 9:09:00 PM	TAL
Ethylbenzene	NELAP	5.0	J	1.9	µg/L	1	11/12/2008 9:09:00 PM	TAL
Methylene chloride	NELAP	[redacted]		ND	µg/L	1	11/12/2008 9:09:00 PM	TAL
Toluene	NELAP	[redacted]		ND	µg/L	1	11/12/2008 9:09:00 PM	TAL
Surr: 1,2-Dichloroethane-d4		74.7-129		103.7	%REC	1	11/12/2008 9:09:00 PM	TAL
Surr: 4-Bromofluorobenzene		88-119		100.7	%REC	1	11/12/2008 9:09:00 PM	TAL
Surr: Dibromofluoromethane		81.7-123		101.5	%REC	1	11/12/2008 9:09:00 PM	TAL
Surr: Toluene-d8		84.3-114		96.5	%REC	1	11/12/2008 9:09:00 PM	TAL
EPA 600 625, SEMI-VOLATILE ORGANIC COMPOUNDS BY GC/MS								
2-Nitrophenol	NELAP	0.020		ND	mg/L	1	11/14/2008 5:15:00 PM	TDN
4-Nitrophenol	NELAP	0.020		ND	mg/L	1	11/14/2008 5:15:00 PM	TDN
Diethyl phthalate	NELAP	0.0099		ND	mg/L	1	11/14/2008 5:15:00 PM	TDN
Dimethyl phthalate	NELAP	0.0099		ND	mg/L	1	11/14/2008 5:15:00 PM	TDN
Di-n-butyl phthalate	NELAP	0.0099		ND	mg/L	1	11/14/2008 5:15:00 PM	TDN
Phenol	NELAP	[redacted]		ND	mg/L	1	11/14/2008 5:15:00 PM	TDN
Surr: 2,4,6-Tribromophenol		27.7-149		93.8	%REC	1	11/14/2008 5:15:00 PM	TDN
Surr: 2-Fluorobiphenyl		44.9-116		68.9	%REC	1	11/14/2008 5:15:00 PM	TDN
Surr: 2-Fluorophenol		10.6-78.7		30.7	%REC	1	11/14/2008 5:15:00 PM	TDN
Surr: Nitrobenzene-d5		41.4-104		60.4	%REC	1	11/14/2008 5:15:00 PM	TDN
Surr: Phenol-d5		9.04-62.9		21.6	%REC	1	11/14/2008 5:15:00 PM	TDN
Surr: p-Terphenyl-d14		23.5-114		62.4	%REC	1	11/14/2008 5:15:00 PM	TDN
STANDARD METHODS 18TH ED. 2540 D								
Total Suspended Solids	NELAP	6		125	mg/L	1	11/13/2008	KLB

Sample Narrative

Saint Louis University Hospital

TENET

AB Eye
411225102

FAX

To:	Scott Rehmer	From:	Skip Bowders
Fax:	314-436-8753	Pages:	3 including cover
Phone:	314-577-8036	Date:	02/26/09
Re:	MSD self testing 4th Quarter	cc:	MSD Book

Testing ABIE

577-9072

methylene chloride
chloroform

CALL BACK on 2/27/09

MAR
2/26/09

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN JUL/SEP X OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... TEKLAB, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		11-12-08		
FLOW (GPD) E/M		27,300 EST. X		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	27.8 X			
PH	g	5.5 TO 11.5	9.9 X			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	359	mg/l X	mg/l	mg/l
TSS	c	350 mg/l	125	mg/l X	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.010mg/l X		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.010 mg/l		mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l	< 0.02 mg/l		mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l

SAMP. TIME XXXXXXX 8:30A-11:30AM

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: [illegible]

Title: SUPERVISOR _____ Telephone: _____

Signature: _____ Date: 2/26/09

Doug Mendoza

From: Martin Blecha
Sent: Thursday, February 19, 2009 1:47 PM
To: Doug Mendoza
Subject: RE: ANHEUSER-BUSCH INSTITUTE [4112225102] 4th qtr smr 2008.

I left another voice mail message today at 1:45 PM.

Martin.

From: Doug Mendoza
Sent: Thursday, February 19, 2009 1:43 PM
To: Martin Blecha
Subject: RE: ANHEUSER-BUSCH INSTITUTE [4112225102] 4th qtr smr 2008.

The last contact was 13 days ago. More frequent contact appears to be needed to get it in.

Please consider the environment before printing my e-mail

From: Martin Blecha
Sent: Thursday, February 19, 2009 1:42 PM
To: Doug Mendoza
Subject: ANHEUSER-BUSCH INSTITUTE [4112225102] 4th qtr smr 2008.

Doug,

I called Mr. Skip Bowders by phone on 2-4-09 and 2-6-09 and left voice mail messages to send his 4th quarter self-monitoring report by mail or fax. I did not receive a response.

Martin.

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

February 19, 2009

Skip Bowders
Maintenance Supervisor
ANHEUSER BUSCH INSTITUTE
3635 Vista Avenue
P.O. Box 15250
St. Louis, MO 63110

RE: NOTICE OF VIOLATION – WASTEWATER DISCHARGE PERMIT NO. 4112225102
For premise at: 1755 South Grand Avenue, 63104

Dear Mr. Bowders:

Your facility's wastewater discharge is regulated under the permit above. The permit requires you to self-monitor the discharge at each of the identified sampling points. Monitoring must occur for the parameters and frequency specified in your permit. You must report the results quarterly. Your report for the fourth quarter 2008 was due by January 28, 2009.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

Permit Standard Condition I.A.1 – requires sampling and analysis for all regulated substances at the frequencies specified in the permit. MSD has not received analytical results for the fourth quarter 2009.

Permit Standard Condition I.A.9 – requires that self-monitoring reports be completed and submitted no later than 28 days after the end of each quarter. MSD has not received the fourth quarter 2009 report.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 12559 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District.

REQUIRED ACTION/RESPONSE:

You must submit the fourth quarter 2009 report as soon as possible. In the report, if sampling was not conducted, include a brief explanation for the absence of sampling data on the front of the form in the space normally occupied by the sampling data, and complete all applicable certifications.

Please note that for reports submitted more than 30 days past the due date of January 28, 2009, the late report is considered to be Significant Noncompliance (SNC). MSD then is required to include the company in its annual newspaper listing of SNC companies, and to initiate additional enforcement action to secure submittal of the report, if necessary.

Thank you for helping us to comply with state and federal regulations. If you have any questions, please contact me at 314.436.8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Mark A. Montague

Mark A. Montague
Manager of Monitoring

cc: Doug Mendoza
Martin Blecha

Anheuser Busch Institute
4122251-02

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560
www.slu.edu

SAINT LOUIS
UNIVERSITY

Office of Environmental Safety & Services
Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

January 20, 2009

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Oct. - Dec. 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Todd Stirewalt (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

RECEIVED
JAN 23 2009
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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**
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: Health Physicist Telephone: 977-6896

Signature: Date: 1/20/09

RECEIVED
JAN 23 2009
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

ANHEUSER-BUSCH INSTITUTE
1755 S. Grand Boulevard
St. Louis, MO 63104

Attn: Skip Bowders
Maintenance Supervisor

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112225102.

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2008.

Fee will be included in a separate bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2008 through September 30, 2009 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at **1755 S. Grand Boulevard.**

Base charge @ $150.00 per permit			$150.00
Volume charge @$0.72 per average daily Ccf	34.13	Ccfs	$24.57
Sample Point Charge @$100.00 per sample point	2	points	$200.00

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL

DO NOT PAY NOW

FEE WILL BE INCLUDED IN A SEPARATE BILL

SR
10-31

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN X JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... TEKLAB, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#		#
SAMPLING DATES		07-18-08			
FLOW (GPD)	E/M	27,300 EST.			
PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS		
TEMP C	g	60@C.	28.9		
PH	g	5.5 TO 11.5	8.3		
BOD	c	300 mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	266 mg/l	mg/l	mg/l
TSS	c	350 mg/l	29 mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.010mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.010 mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	7:49A-10:49AM		

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: PAUL A. BOWERS

Title: SUPERVISOR Telephone: 314-577-8036

Signature: [signature] Date: 10/29/08

SMF 10/93

10/30/2008 09:08 3142685563 SLUH BLDG SVCS PAGE 07/07

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

SR

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**
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.

RECEIVED
OCT 24 2008
DIVISION OF ENVIRONMENTAL COMPLIANCE

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6806

Signature: Date: 10/17/08

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560

SAINT LOUIS
UNIVERSITY

Health Sciences Center
Office of Environmental Safety and Services

Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

October 17, 2008

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - September 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

RECEIVED
OCT 24 2008
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 4112225102
Premise Address: 1755 S Grand Blvd. Zip Code: 63104
MSD Classes: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Skip Bowders
Title: Maintenance Supervisor Phone#: 314-577-8072
Inspector: M. Blecha
Others Present: None
Inspection Date: 9/22/08 Time: From 8:00 AM To 10:10 AM (Last Insp. 1/17/08)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION 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 ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Were all acct no's verified & active on billing system(or corrected)? Yes☒ No☐
   C. Did all acct no's have water usage on PIMS? Yes☒ No☐
   D. If no to B or C, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Eye, Dermatoloy, & Orthopedic Clinics - hospital waste	Cont		Yes	Cont	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 adj- lab waste. Silver recovery ionic units - rarely used.	001.
Oil/water separator	002.

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
If yes: A. List sample points: 001
B. What is the frequency for cleaning & maintenance? Quarterly
C. Are enzymes (not bacteria) used in traps? Yes☐ No☒
D. If yes to C, was co. told to stop or switch to approved bacteria? Yes☐ No☐
E. Was co. informed that MSD performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY CONSTRUCTED ANY NEW BLDGS OR ADDITIONS SINCE THE LAST INSP? Yes☐ No☒
If yes: A. Did company notify MSD Engineering'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: _____

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.

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: Animal tissue research, low level sewered, high level waste is hauled.
B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☒ No☐
C. Original authorization date: 12/20/00
D. Date of latest notification of increase: _____ None☒
E. Average annual amount discharged: 41.10 mc/yr
F. Has long term annual amt increased >20% from approved/notified Yes☐ No☒
(If yes, require written notification, with reason for increase)

11. 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. No activity noticed during inspection.

12. 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)

13. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

14. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. 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: _____

16. ARE ANY SOLVENTS USED? Yes☒ No☐

If yes: A.

Solvent name & components	Used for?	How disposed?	Priority Pollutant?	413/433/469 Process?
Toluene	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Benzene	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Methylene chloride	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Acetone	Lab reagents	Hauled	Yes☐ No☒	Yes☐ No☒
Ethanol	Lab reagents	Hauled	Yes☐ No☒	Yes☐ No☒
Formaline	In lab tissue	Hauled	Yes☐ No☒	Yes☐ No☒

17. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS 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. If spilled would pick up using absorbants, and haul it off site.

18. ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES 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)

19. DOES COMPANY HAVE ANY SPILL, SLUG, OR SOLVENT MANAGEMENT PLANS(SMP)? Yes☒ No☐

If yes: A.

Title	SMP? 413/433		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Chemical Spills	N/A		4/25/95		Yes	No
	N/A				N/A	N/A

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

20. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations? (regardless of whether there are any discharges) Yes☒ No☐

E. Comments: _____

21. 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)

22. 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: 4th quarter SMR received late.

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

If yes: A. Is the self-monitoring required by MSD? Yes☒ No☐

B. Are representative grab/comp samples collected? Yes☒ No☐

C. Does sample collection time period match company's production shifts (is it representative)? 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: _____

24. DOES CO. CONTINUOUSLY MONITOR & RECORD AT SP FOR pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes: A. At which SPs? _____

B. Does company submit quarterly summaries? Yes☐ No☐

C. If no, explain: _____

25. 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: _____

26. 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: _____

27. 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☐

28. 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 main office.

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

If yes: A. Indicate correct classifications:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐ Non-Toxic Waste ☐

No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐

B. Explain changes: _____

30. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + P&E Washdn + Sanitary.	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

31. 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☐

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

If yes: A. List SPs and reasons: SP 002. Stormwater only.

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

Dummy SP #		Components:	
Dummy SP #		Components:	

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

If yes: A. List Sample Points: SP 002. Parking lot stormwater.

35. WERE ALL SAMPLE POINTS (except for Dummy SPs) OPENED AND INSPECTED? 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☐

36. REVIEW THE SAMPLE POINT MAP! Last map revision date: 7/3/07

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

B If no, what changes are needed: _____

37. 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.

All research animals, related equipment and animal cages are removed from site. Research on animals ceased in early 2008. Basement is vacant.

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

MUNNENBERG INFO.

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

SIU CRITERIA

POTM Reasonable potential for adverse affect

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	
09/22/2008	RIN	Martin Blecha

PERMIT INFORMATION

Issue Date:	01/01/2006
Expire Date:	12/31/2010
Extended Date:	12/31/2007
Writer	Fabian Grabsk
Issue Date:	01/01/2008
Expire Date:	12/31/2010
Extended Date:	
Writer	Scott Rehmer

IUQ INFORMATION

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

CONTACTS

BILL	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
CEO	Leona Stoll	CEO	OFF	(314) 577-8007 Ext.
FLD1	Skip Bowders	Maintenance Supervisor	OFF	(314) 577-8072 Ext.
FLD2	Rick Weiss	Maintenance	OFF	(314) 577-8072 Ext.
OFF1	Skip Bowders	Maintenance Supervisor	OFF	(314) 577-8072 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	220	06:00AM	12.0	N	Y	Y	Y	Y	Y	N
2	20	06:00PM	8.0	N	Y	Y	Y	Y	Y	N

Total Emp: 240 **Hrs:** 20.0

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

06/07/2005	Acids and/or Alkalies		30	GAL
06/07/2005	Infectious Waste	Blood, bandages, tissue	4000	LB/YR
06/07/2005	Kitchen/Food Service		150	GAL

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
8733	Noncommercial Research Organizations

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Eye disorder research			
05/07/2004	Clinical eye surgery & dermatology			

Report No. PIMS012A 09/25/2008 3:10:17 pm
Data Date & Time: 09/25/2008 3:10:17 pm

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

Sewer Accounts
4112225102

WATER CONSUMPTION INFORMATION - LAST 12 MONTHS

Start Date = 04/25/2007 **End Date =** 09/25/2008 **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
4112225102			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
4112225102	04/17/2007	07/19/2007	3,819	3,819	A	67	94	94	
4112225102	07/20/2007	10/16/2007	4,054	7,873		64	89	183	
4112225102	10/17/2007	01/15/2008	2,507	10,380		65	91	274	
4112225102	01/16/2008	04/24/2008	2,077	12,457		71	100	374	
RF 1.00	**Acct. Total**		12,457	9,318,484		267	374	34,901	24,916
	Facility Total		12,457						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Lemay
01	Sanitary Or Combined	21F2	009C	**Trunk Sewer**	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		308	GPD		GPD	D	1/26/06
Hospital Waste	Sanitary, lab services	21,142	GPD		GPD	D	1/26/06
Non Contact Coolir	Cooling tower blowdown	1,000	GPD		GPD	D	1/26/06
Sanitary		6,250	GPD		GPD	D	1/26/06
Plant & Equipment	Clean lab animal cages	100	GPD		GPD	D	1/26/06
	Total Flow Avg =	**28,800**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Lemay
02	Sanitary Or Combined	21F2	009C	**Trunk Sewer**	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	6/7/05
	Total Flow Avg =	**0**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment / Neutralization
001	10/01/1995	DC32	Metallic Replacement
002	11/29/1995	DC35	Oil/Fuel Interceptor

POLLUTANTS

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

Report No. PIMS012A 09/25/2008 3:10:17 pm
Data Date & Time: 09/25/2008 3:10:17 pm

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**

PRIMARY MSD ACCOUNT NO. **4112225102**

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

BOD/TSS STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS

For Account Number **4112225102** **ANHEUSER-BUSCH INSTITUTE**

Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Billing Address						
Billing Contact	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Office Mailing Address						
Chief Executive Officer	Leona	Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Skip	Bowders	Maintenance Supervisor	OFF	(314)577-8072	
Premise Address						
Field Contact - Primary	Skip	Bowders	Maintenance Supervisor	OFF	(314)577-8072	
Field Contact 1st Alt	Rick	Weiss	Maintenance	OFF	(314)577-8072	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **4112225102**

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
	T207000	Barium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2009
	T225000	Iron (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2009
	T237000	pH	Once/year	Grab	06/30/2009
	T247000	Temperature	Once/year	Grab	06/30/2009
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2009
	T257000	Total Phenols	Once/year	Grab	06/30/2009
	T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs	06/30/2009
	T304000	Antimony (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T306000	Arsenic (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T317000	Beryllium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T327000	Cadmium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T328000	Carbon Tetrachloride	Once/year	Grab	06/30/2009
	T332000	Chloroform	Once/year	Grab	06/30/2009
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2009
	T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2009
	T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2009
	T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2009
	T368000	Lead (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T370000	Mercury (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T371000	Methylene Chloride	Once/year	Grab	06/30/2009
	T377000	Nickel (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2009
	T391000	Selenium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T397000	Toluene	Once/year	Grab	06/30/2009
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2009

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)	06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	Grab (Auth in lieu of composite)	06/30/2009
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2009
	T237000	pH	Once/year	Grab	06/30/2009
	T247000	Temperature	Once/year	Grab	06/30/2009
	T256000	Total Suspended Solids	Once/year	Grab (Auth in lieu of composite)	06/30/2009

Received
8-13-2008

01/03/08
MAM

JR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR X APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... TEKLAB, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		04-30-08		
FLOW (GPD) E/M		27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	18.9			
PH	g	5.5 TO 11.5	8.4			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	227	mg/l	mg/l	mg/l
TSS	c	350 mg/l	40	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	(0.010mg/l		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	(0.010 mg/l		mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l		mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:25A-11:25AM			

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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 one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: P. BOWEN

Title: SUPERV-SA

Signature: [signature] Telephone: _____

Date: 8/03/08

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**
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)
H-3	9.7562
C-14	0.1219
TOTAL ACTIVITY DISCHARGED:	9.8781

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: 7/16/08

RECEIVED
JUL 21 2008
DIVISION OF
ENVIRONMENTAL COMPLIANCE

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560

SAINT LOUIS
UNIVERSITY

Health Sciences Center
Office of Environmental Safety and Services

Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

July 16, 2008

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period April - June 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

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JUL 21 2008
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SR
4-30

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD X JAN/MAR APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	#
SAMPLING DATES	01-31-08		
FLOW (GPD) E/M	27,000 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	13.3			
PH	g	5.5 TO 11.5	8.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	275	mg/l	mg/l	mg/l
TSS	c	350 mg/l	60	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	0.0073mg/l		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007	mg/l	mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l		mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:22A-11:22AM			

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APR 24 2008
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review yc permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyani at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____; I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: _____

Title: SUPERVISOR Telephone: _____

Signature: [illegible] Date: 4/24/04

SMF 10/93

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**
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

RECEIVED

Title: Health Physicist Telephone: 977-6896

Signature: Date: 4/16/08

APR 21 2008

DIVISION OF ENVIRONMENTAL COMPLIANCE

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560

SAINT LOUIS
UNIVERSITY

Health Sciences Center
Office of Environmental Safety and Services

Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

April 16, 2008

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Jan. - March 2008

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

RECEIVED
APR 21 2008
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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2-19

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN JUL/SEP X OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	#
SAMPLING DATES	11-15 07		
FLOW (GPD) E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	21.1			
PH	g	5.5 TO 11.5	9.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	190	mg/l	mg/l	mg/l
TSS	c	350 mg/l	88	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007 mg/l		mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l	0.0228mg/l		mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	7:53A-10:53AM			

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Received
FRI, 02-15-08

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN JUL/SEP X OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		11-15-07		
FLOW (GPD) E/M		27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	21.1			
PH	g	5.5 TO 11.5	9.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	190	mg/l	mg/l	mg/l
TSS	c	350 mg/l	88	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005	mg/l	mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007	mg/l	mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l	0.0228	mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	7:53A-10:53AM			

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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 one or more of the following. Please review [illegible] permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total C[illegible]e at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

[illegible] Standards for [illegible] (40 CFR 413) Metal Finishing [illegible]

[illegible]

☐ [illegible]

[illegible] DISCHARGE MONITORING REPORT CERTIFICATION [illegible]

I certify under penalty of law that this document and all [illegible] prepared under my [illegible]

[illegible]

[illegible] or type name of signing official

Title: [illegible] Telephone: [illegible]

Signature: [illegible] Date: [illegible]

SMF 10/03

Client Project ID:	ABI 001	**Status:**	Complete
Pace Project:	6031631	**Matrix:**	Water
Sample ID:	ABI 001/4	**Collctd Date:**	11/15/2007
Lab ID:	6031631001	**Recvd Date:**	11/16/2007

Methods

Analysis	Method Desc	Status
200.7 MET ICP	EPA 200.7 (Analytical)	Complete
2540D Total Suspended Solids	SM 2540D (Analytical)	Complete
410.4 COD	EPA 410.4 (Analytical)	Complete
624 Volatile Organics LowLevel	EPA 624 Low (Analytical)	Complete
625 MSSV	EPA 625 (Analytical)	Complete

Show Hits Only

Query by Method

Result List

16 items found, displaying all items.1

RL=Report Limit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

Method Desc	Parameters	Results	Units	RL	DF	Analyzed Date	Bas	Qual
EPA 200.7	Chromium	ND	ug/L	5.0	1	11/27/2007 10:20	NA	
A 200.7	Silver	ND	ug/L	7.0	1	11/27/2007 10:20	NA	
EPA 625	Diethylphthalate	ND	ug/L	5.0	1	11/28/2007 22:40	NA	
EPA 625	Dimethylphthalate	ND	ug/L	5.0	1	11/28/2007 22:40	NA	
EPA 625	Di-n-butylphthalate	ND	ug/L	5.0	1	11/28/2007 22:40	NA	
EPA 625	2-Nitrophenol	ND	ug/L	5.0	1	11/28/2007 22:40	NA	
EPA 625	4-Nitrophenol	ND	ug/L	5.0	1	11/28/2007 22:40	NA	
EPA 625	Phenol	ND	ug/L	5.0	1	11/28/2007 22:40	NA	
EPA 624 Low	Methylene chloride	ND	ug/L	1.0	1	11/26/2007 23:58	NA	
EPA 624 Low	Chloroform	3.3	ug/L	1.0	1	11/26/2007 23:58	NA	
EPA 624 Low	Carbon tetrachloride	ND	ug/L	1.0	1	11/26/2007 23:58	NA	
EPA 624 Low	Toluene	16.6	ug/L	1.0	1	11/26/2007 23:58	NA	
EPA 624 Low	Ethylbenzene	2.9	ug/L	1.0	1	11/26/2007 23:58	NA	
EPA 624 Low	Preservation pH	1		1.0	1	11/26/2007 23:58	NA	
SM 2540D	Total Suspended Solids	88	mg/L	5.0	1	11/20/2007 11:35	NA	
410.4	Chemical Oxygen Demand	190	mg/L	50.0	1	11/26/2007 00:00	NA	

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

February 14, 2008

Skip Bowders, Maintenance Supervisor
ANHEUSER-BUSCH INSTITUTE
3635 Vista Avenue, PO Box 15250
St. Louis, MO 63110

RE: NOTICE OF VIOLATION – WASTEWATER DISCHARGE PERMIT NO. 4112225102
For premise at: 1755 South Grand Blvd, 63104

Dear Mr. Bowders:

Your facility's wastewater discharge is regulated under the permit above. The permit requires you to self-monitor the discharge at each of the identified sampling points. Monitoring must occur for the parameters and frequency specified in your permit. You must report the results quarterly. Your report for the fourth quarter 2007 was due by January 28, 2008.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

Permit Standard Condition I.A.1 – requires sampling and analysis for all regulated substances at the frequencies specified in the permit. MSD has not received analytical results for the fourth quarter 2007.

Permit Standard Condition I.A.9 – requires that self-monitoring reports be completed and submitted no later than 28 days after the end of each quarter. MSD has not received the fourth quarter 2007 report.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 12559 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District.

REQUIRED ACTION/RESPONSE:

You must submit the fourth quarter 2007 report as soon as possible. In the report, if sampling was not conducted, include a brief explanation for the absence of sampling data on the front of the form in the space normally occupied by the sampling data, and complete all applicable certifications.

Please note that for reports submitted more than 30 days past the due date of January 28, 2008, the late report is considered to be Significant Noncompliance (SNC). MSD then is required to include the company in its annual newspaper listing of SNC companies, and to initiate additional enforcement action to secure submittal of the report, if necessary.

Thank you for helping us to comply with state and federal regulations. If you have any questions, please contact me at 314.436.8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott M. Rehmer, Assistant Engineer

cc: Doug Mendoza
Martin Blecha

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

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; [redacted]**
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)
H-3	0.2
TOTAL ACTIVITY DISCHARGED:	0.2

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: 1/14/08

RECEIVED
JAN 18 2008
DIVISION OF ENVIRONMENTAL COMPLIANCE

SR
1-22

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560

SAINT LOUIS
UNIVERSITY

Health Sciences Center
Office of Environmental Safety and Services

Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

January 14, 2008

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period Oct. - Dec. 2007

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson

Kevin Ferguson
Health Physicist

RECEIVED
JAN 18 2008
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 41122251-02
Premise Address: 1755 S. Grand Blvd. Zip Code: 63104-
Last Inspection Date: _____
MSD Classes: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
Company Representative: Skip Bowders
Title: Maintenance Supervisor Phone#: 314-557-8072
Inspector: M. Blecha
Others Present: None
Inspection Date: 1/17/08 Time of Inspection: From 9:00 AM To 10:25 AM

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION 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 ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Eye, Dermatoloy, & Orthopaedic Clinics, surgery - hospital waste	Cont		Yes	Cont	001
Animal research laboratory, wash cages with detergents & autoclave waste.	Batch		Yes	Multi x's/day	001
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		

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

	Sample pt.
pH adj- lab waste. Silver recovery ionic units - rarely used.	001
Oil/water separator- parking lot stormwater discharge	002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
   A. List sample points: 001
   B. What is the frequency for cleaning & maintaining the traps? Quarterly
   C. Are enzymes (not bacteria) used in traps? Yes☐ No☒
   D. If yes to C, was co. told to stop or switch to approved bacteria? NA☒ Yes☐ No☐
   E. Was co. informed that MSD also performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   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: _____

6. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
   A. If yes, 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.

7. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct _____ factor & explain change?

8. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

9. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Animal tissue research, low level sewered, high level waste is hauled from Lab D.
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 12/20/00 Annual amt discharged: 120 mc/yr.
   D. Has annual amount discharged increased by >20% from previous years? Yes☐ No☒
   E. If yes-did co. write MSD? (If No, require notif, including reason for increase) Yes☐ No☐

10. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Wash animal cages-dry during inspection, hospital rooms, and equipment. Water usage appears normal.

11. DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☐ No☒
   A. Was "Return Factor Program" brochure given to company (regardless of whether some water is not discharged to sewer)? Yes☒ No☐

12. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

13. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

14. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

15. ARE ANY SOLVENTS USED? Yes☒ No☐

A. If yes:

List solvents	Used for?	How disposed?	Priority Pollutant?	413/433/469 Process?
Toluene	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Benzene	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Methylene chloride	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Acetone	Lab reagents	Hauled	Yes☐ No☒	Yes☐ No☒
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐

16. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Chemicals are stored in flame proof cabinets. If spilled would pick up using absorbants, and haul it off site. Animal cage detergent is stored in closed basement room with no floor drains. Will notify Fire Dept for large spills.

17. ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES IMPAIR STORMWATER RUNOFF? Yes☐ No☒

A. If yes, describe: _____

B. What needs to be done? _____

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

18. DOES COMPANY HAVE ANY SPILL,SLUG OR SOLVENT MANAGEMENT PLANS(SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433	Last Update	Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Chemical Spills	N/A	4/24/95	Yes	No
	N/A		N/A	N/A
	N/A		N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

19. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

E. Comments: _____

20. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☒ No☐

A. Are MSD contacts listed? Yes☒ No☐

B. If no to either, describe how handled: _____

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

A. If yes, requirement is 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: Flow at SP 002 not reported on 1st qtr 08 SMR report. Received 3rd qtr 07 SMR sampling results past their due date.

22. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐
   A. Is the self-monitoring required by MSD? Yes☒ No☐
   B. Are representative grab/comp samples collected? Yes☒ No☐
   C. Does sample collection time period match company's production shifts (is it representative)? 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: _____

23. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒
   A. If yes, 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 calendar quarter of collection? Yes☐ No☐
   E. If no to C or D, explain: _____
   F. Does company still want to split samples? Yes☐ No☐
   G. Comments: _____

24. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒
   A. If yes, type and date: _____
   B. Have the reports & actions been on-time & complete? Yes☐ No☐
   C. If no, explain: _____

25. IS COMPANY SUBJECT TO NESHAP REGS? Yes☐ No☒
   A. If yes, is company violating NESHAP regs? (ask company) Yes☐ No☐
   B. If yes to A, describe: _____
   C. If yes to A, was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

26. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒
   A. Indicate correct classifications:
   SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐ Non-Toxic Waste ☐
   No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
   B. Explain changes: _____

27. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + P&E Washdn + Sanitary.	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

28. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☐ No☒
   A. List SPs and reasons: _____

29. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

30. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
   A. List SPs: 002. Parking lot stormwater into combined sewer.

31. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? 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☐

32. REVIEW THE SAMPLE POINT MAP! Last map revision date: 2/16/05

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

B. If no, what changes are needed? _____

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

_____

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO.

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

SIU CRITERIA

POTM Reasonable potential for adverse affect

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	
01/17/2008	RIN	Martin Blecha

PERMIT INFORMATION

Issue Date: 01/01/2006
Expire Date: 12/31/2010
Extended Date: 12/31/2007
Writer Fabian Grabsk
Issue Date: 01/01/2008
Expire Date: 12/31/2010
Extended Date:
Writer Scott Rehmer

IUQ INFORMATION

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

CONTACTS

BILL	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
CEO	Leona Stoll	CEO	OFF	(314) 577-8007 Ext.
FLD1	Skip Bowders	Maintenance Supervisor	OFF	(314) 577-8072 Ext.
FLD2	Rick Weiss	Maintenance	OFF	(314) 577-8072 Ext.
OFF1	Skip Bowders	Maintenance Supervisor	OFF	(314) 577-8072 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	230	06:00AM	12.0	N	Y	Y	Y	Y	Y	N
2	20	06:00PM	8.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 **Hrs:** 20.0

OTHER AGENCIES INFORMATION

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

NON-SEWERED WASTE

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

06/07/2005	Acids and/or Alkalies		30	GAL
06/07/2005	Infectious Waste	Blood, bandages, tissue	4000	LB/YR
06/07/2005	Kitchen/Food Service		150	GAL

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
8733	Noncommercial Research Organizations

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Eye disorder research			
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
4112225102

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/17/2007 **End Date =** 01/17/2008

Acct. No.			Consumption CCF's	Consumption Gallons		Wdays	Cdays	Discharge Gal/ Wday	Discharge Gal/ Cday
4112225102									
4112225102	10/17/2006	01/19/2007	2,326	2,326	A	68	95	95	
4112225102	01/20/2007	04/16/2007	2,462	4,788		62	87	182	
4112225102	04/17/2007	07/19/2007	3,819	8,607		67	94	276	
RF	1.00	**Acct. Total**	8,607	6,438,484		197	276	32,683	23,328
		Facility Total	8,607						

Report No. PIMS012A 01/17/2008 12:12:23 pm
Data Date & Time: 01/17/2008 12:12:23 pm

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	21F2	009C	Trunk Sewer	Ohio - Montrose

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		308	GPD		GPD	D	1/26/06
Hospital Waste	Sanitary, lab services	21,142	GPD		GPD	D	1/26/06
Non Contact Coolir	Cooling tower blowdown	1,000	GPD		GPD	D	1/26/06
Sanitary		6,250	GPD		GPD	D	1/26/06
Plant & Equipment	Clean lab animal cages	100	GPD		GPD	D	1/26/06
	Total Flow Avg =	**28,800**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	21F2	009C	Trunk Sewer	Ohio - Montrose

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	1	GPD		GPD	D	6/7/05
	Total Flow Avg =	**1**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment / Neutralization
001	10/01/1999	DC32	Metallic Replacement
002	11/29/1999	DC35	Oil/Fuel Interceptor

PRIORITY POLLUTANTS

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

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A 01/17/2008 12:12:23 pm
Data Date & Time: 01/17/2008 12:12:23 pm

PIMS FACILITY CONTACTS

For Account Number **4112225102** **ANHEUSER-BUSCH INSTITUTE**

Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Billing Address						
Billing Contact	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Office Mailing Address						
Chief Executive Officer	Leona	Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Skip	Bowders	Maintenance Supervisor	OFF	(314)577-8072	
Premise Address						
Field Contact - Primary	Skip	Bowders	Maintenance Supervisor	OFF	(314)577-8072	
Field Contact 1st Alt	Rick	Weiss	Maintenance	OFF	(314)577-8072	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **4112225102**

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
	T207000	Barium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T225000	Iron (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008
	T257000	Total Phenols	Once/year	Grab	06/30/2008
	T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs	06/30/2008
	T304000	Antimony (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T306000	Arsenic (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T317000	Beryllium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T327000	Cadmium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T328000	Carbon Tetrachloride	Once/year	Grab	06/30/2008
	T332000	Chloroform	Once/year	Grab	06/30/2008
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2008
	T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2008
	T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2008
	T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2008
	T368000	Lead (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T370000	Mercury (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T371000	Methylene Chloride	Once/year	Grab	06/30/2008
	T377000	Nickel (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2008
	T391000	Selenium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T397000	Toluene	Once/year	Grab	06/30/2008
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2008

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	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

ANHEUSER-BUSCH INSTITUTE
1755 S. Grand Blvd
St. Louis, MO 63104

Attn: Pattie Bassarich
Admin Asst

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112225102.

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2007.

Fee will be included on the next regular monthly bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2007 through September 30, 2008 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at **1755 S. Grand Blvd.**

Base charge @ $150.00 per permit		$150.00
Volume charge @$0.72 per average daily Ccf	Ccfs	$24.17
Sample Point Charge @$100.00 per sample point	points	$200.00
	Total Fee Due:	**$374.17**

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL

DO NOT PAY NOW

FEE WILL BE INCLUDED ON MONTHLY BILL

11-20-07

AR
11-21

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN X JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001 #	#
SAMPLING DATES	07-19-07	
FLOW (GPD) E/M	27,300 EST.	

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	30.0			
PH	g	5.5 TO 11.5	7.5			
BOD	c	300 mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	77.4 mg/l	mg/l	mg/l
TSS	c	350 mg/l	21 mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007 mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	7:37A-10:37AM		

copyright©MMA'94

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 one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: PAUL V. BOWDEN S

Title: SUPERVISOR

Telephone: 314 577-8036

Signature: _____

Date: 11/20/07

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, 2007

Dave Stricklan
General Maintenance Supervisor
ANHEUSER-BUSCH INSTITUTE
3635 Vista Avenue
P.O. Box 15250
St. Louis, MO 63110

RE: NOTICE OF VIOLATION – WASTEWATER DISCHARGE PERMIT NO. 4112225102
For premise at: 1755 South Grand Blvd, 63104

Dear Mr. Stricklan:

Your facility's wastewater discharge is regulated under the permit above. The permit requires you to self-monitor the discharge at each of the identified sampling points. Monitoring must occur for the parameters and frequency specified in your permit. You must report the results quarterly. Your report for third quarter 2007 was due by October 28, 2007.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

- Permit Standard Condition I.A.1 – requires sampling and analysis for all regulated substances at the frequencies specified in the permit. MSD has not received analytical results for the third quarter 2007.

- Permit Standard Condition I.A.9 – requires that self-monitoring reports be completed and submitted no later than 28 days after the end of each quarter. MSD has not received the third quarter 2007 self-monitoring report.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

REQUIRED ACTION/RESPONSE:

The reporting requirements of your permit also include completing certain certifications for each quarter. If you cannot meet the sampling and analytical requirements, you still should submit the report with all applicable certifications completed. MSD then can record the reporting violation as an incomplete report, rather than no report.

1. Submit the third quarter 2007 self-monitoring report. In the report:

    a. If sampling was not conducted, include a brief explanation for the absence of sampling data on the front of the form – in the space normally occupied by the sampling data
    b. Complete all applicable certifications

2. Submit a report of corrective actions, to ensure compliance with your permit's sampling, analysis and reporting requirements. In the report:

    a. Include actions to ensure that you will conduct sampling and analysis for all regulated substances at the frequencies specified in the permit
    b. Include actions to ensure that you will complete and submit self-monitoring reports no later than 28 days after the end of each quarter

3. Submit your third quarter 2007 self-monitoring report and corrective action response no later than December 10, 2007.

Thank you for helping us to comply with state and federal regulations. If you have any questions, please contact me at 314.436.8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott M. Rehmer
Assistant Engineer

cc: Doug Mendoza
Martin Blecha

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**
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)
H-3	0.998
S-35	0.03
TOTAL ACTIVITY DISCHARGED:	1.028

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: 10/3/07

RECEIVED
OCT 05 2007
DIVISION OF
ENVIRONMENTAL COMPLIANCE

LR
10-8

1402 South Grand Blvd.
St. Louis, MO 63104-1085
Fax: 314-977-5560

SAINT LOUIS
UNIVERSITY

Health Sciences Center
Office of Environmental Safety and Services

Environmental Safety Office (C307)
314-977-8608

Radiation Safety Office (RB5)
314-977-8609

October 3, 2007

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(FAX #: 436-8753)

SUBJECT: Quarterly Reports Of Radionuclide Discharge For The Period July - Sept. 2007

Dear Mr. Mendoza:

Attached you will find copies of the MSD Industrial User Radioactive Materials Discharge Reports for all Saint Louis University and affiliated facilities. Copies of some of these reports for which wastewater permits are held have been forwarded to Mr. Tim Hill (Anheuser Busch Eye Institute, Saint Louis University Hospital).

In order to avoid confusion, any discharges from the laboratories in Cardinal Glennon Hospital's basement (which had at one time been reported to you by Cardinal Glennon) will be incorporated into this report.

If you have any questions regarding these reports, please contact me at 977-6896.

Sincerely,

Kevin Ferguson
Health Physicist

RECEIVED
OCT 05 2007
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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**
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

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896 AUG 0 1 2007

Signature: Date: 7/27/07 DIVISION OF ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR X APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		04-19-07		
FLOW (GPD) E/M		27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60C	18.9			
PH	g	5.5 TO 11.5	6.0			
BOD	c	300 mg/l	mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	216 mg/l	mg/l	mg/l	mg/l
TSS	c	350 mg/l	94.1 mg/l	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l	mg/l	mg/l	mg/l
[illegible]	c	mg/l	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007 mg/l	mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l	mg/l
cn T	g	mg/l	mg/l	mg/l	mg/l	mg/l
cn A	g	mg/l	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	7:30A-10:30AM			

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 one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: PAUL BOWDEN

Title: ENERGY CENTER SUPERVISOR Telephone: 314 577-8036

Signature: [signature] Date: 6/19/07

YCB
05/02/07
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002/m

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE — PERMIT NUMBER 41122251-02
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

MONITORING PERIOD X JAN/MAR APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	#
SAMPLING DATES	02-06-07		
FLOW (GPD) E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	11.1			
PH	g	5.5 TO 11.5	6.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	273	mg/l	mg/l	mg/l
TSS	c	350 mg/l	132	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007 mg/l		mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l		mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:10A-11:10AM			

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: PAUL V. BOWDERS

Title: SUPERVISOR Telephone: 314 577-8030

Signature: [signature] Date: 3/27/07

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

May 3, 2007

Paul Bowders
Supervisor
ANHEUSER BUSCH EYE INSTITUTE
1755 S. Grand Blvd.
St. Louis, MO 63104

RE: NOTICE OF POTENTIAL PERMIT VIOLATIONS
Discharge Permit No: 4112225102
For premise at: 1755 S. Grand Blvd., 63104

Mr. Bowders:

We have reviewed the first quarter 2007 self-monitoring report you recently submitted to the District under the terms of the above referenced permit. I have also reviewed previous submissions beginning with the 1st quarter of 2006. The following violations of permit limitations, terms or conditions were identified:

ITEMS OF NOTE:

1) Refer to your Permit page detailing parameters and frequencies for Sample Point 002. The three asterisks that appear next to the parameter 'Flow' are defined as follows:

> Report a measured or estimated average daily flow for at least one representative operating day per quarter. If additional flow measurements or estimates are made, all must be reported.

Please begin to identify Sample Point 002 on the self-monitoring reporting page and provide an estimate of flow for a representative operating day within the reporting period. This estimate of flow is the only reporting required at this particular point in any quarter.

2) Please initial certification III.A and identify 002 for all quarterly reporting. Please begin to insert your initials instead of an X in the future.

REQUIRED ACTION/RESPONSE:

We realize you are in the process of hiring personnel who will be given the responsibility of dealing our reporting issues. Please inform the new employee that in future quarterly reporting, they must provide an estimate of flow for 002 and initial item III.A and identify 002. Please begin to attach these items beginning with the 2nd quarter 2007 Self Monitoring Report.

If you have any questions, please contact me at 314.436.8761.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Tom Boehm
Environmental Engineering Associate

TJK 04/23/07 Rad SS ✓

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**
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

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Title: Health Physicist Telephone: 977-6896

Signature: Date: 4/19/07

FROM :JonBecky FAX NO. :6369373664 Apr. 13 2007 09:57AM P2

TCB 04/23/07 DE ✓ PV ✓ TTOSS ✓

Anheuser Busch Eye Institute
4112257002

[redacted]

Phone [redacted]
Fax: [redacted]

ANALYTICAL RESULTS

Project: ABI 001/4
Pace Project No.: 6015834

Sample: ABI 001/4 Lab ID: 6015834001 Collected: 11/16/06 10:40 Received: 11/17/06 08:45 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual.
200.7 MET ICP	Analytical Method: EPA 200.7 Preparation Method: EPA 200.7							
Chromium	ND	ug/L	5.0	1	11/22/06 00:00	11/27/06 12:43	7440-47-3	
Silver	ND	ug/L	7.0	1	11/22/06 00:00	11/27/06 12:43	7440-22-4	
624 Volatile Organics LowLevel	Analytical Method: EPA 624 Low							
Carbon tetrachloride SP	ND	ug/L	1.0	1		11/29/06 05:31	56-23-5	
Chloroform	1.1	ug/L	1.0	1		11/29/06 05:31	67-66-3	
Ethylbenzene SA KP	ND	ug/L ≥0.01mg/L	1.0	1		11/29/06 05:31	100-41-4	
Methylene chloride KP	ND	ug/L	1.0	1		11/29/06 05:31	75-09-2	
Toluene KP	ND	ug/L	1.0	1		11/29/06 05:31	108-88-3	
4-Bromofluorobenzene (S)	95	%	85-115	1		11/29/06 05:31	460-00-4	
Dibromofluoromethane (S)	105	%	86-115	1		11/29/06 05:31	1868-53-7	
Toluene-d8 (S)	103	%	84-111	1		11/29/06 05:31	2037-26-5	
1,2-Dichloroethane-d4 (S)	101	%	80-113	1		11/29/06 05:31	17060-07-0	
Preservation pH	1.0			1		11/29/06 05:31		
160.2 Total Suspended Solids	Analytical Method: EPA 160.2							
Total Suspended Solids	118	mg/L	5.0	1		11/21/06 14:39		
410.4 COD	Analytical Method: EPA 410.4							
Chemical Oxygen Demand	809	mg/L	50.0	1		11/22/06 14:00		

→ addendum to 4th 1/4 '06
SMR rec'd 02/01/07
TCE

This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

[redacted]

Pace Analytical Services, Inc.

Analytical Report Number: 878667

1241 Bellevue Street
Green Bay, WI 54302
920-469-2436

Client : PACE ANALYTICAL SERVICES, INC.
Project Name : MMA
Project Number : 6015834
Field ID : ABI 001/4 6015834001

Matrix Type : WASTEWATER
Collection Date : 11/16/06
Report Date : 11/27/06
Lab Sample Number : 878667-001

7 40 a 10 40 a

SEMIVOLATILES - SPECIAL LIST Prep Date: 11/22/06

Analyte	Result	EQL	Dilution	Units	Code	Ani Date	Prep Method	Ani Method
2-Nitrophenol KP	< 5.3	5.3	1	ug/L	&	11/22/06	SW846 3510C	SW846 8270C
4-Nitrophenol KA	< 11	11	1	ug/L	&	11/22/06	SW846 3510C	SW846 8270C
Diethylphthalate KP	< 5.3	5.3	1	ug/L		11/22/06	SW846 3510C	SW846 8270C
Dimethylphthalate KP	< 5.3	5.3	1	ug/L		11/22/06	SW846 3510C	SW846 8270C
Di-n-butylphthalate KP	< 5.3	5.3	1	ug/L		11/22/06	SW846 3510C	SW846 8270C
Phenol	< 5.3	5.3	1	ug/L		11/22/06	SW846 3510C	SW846 8270C

Surrogate		LCL	UCL					
2-Fluorobiphenyl	85	63	109	1	%	11/22/06	SW846 3510C	SW846 8270C
Phenol-d5	42	21	44	1	%	11/22/06	SW846 3510C	SW846 8270C

Tom
436-8753

4213 03/09/07
cuts ✓
H ✓
pr ✓

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE — PERMIT NUMBER 11122051 02
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

MONITORING PERIOD JAN/MAR APR/JUN JUL/SEP X OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	# 002	#
SAMPLING DATES	11-16-06		
FLOW (GPD) E/M	27,300 EST.		

stormwater only - no flow needed

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	21.1			
PH	g	5.5 TO 11.5	6.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	309	mg/l	mg/l	mg/l
TSS	c	350 mg/l	118	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005	mg/l	mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007	mg/l	mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l	0.0011	mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	7:40AM-10:40A			

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[TH] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) 002.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: TIMOTHY HILL

Title: DIRECTOR OF BUILDING SERVICES Telephone: 577-8070

Signature: [signature] Date: 1-29-07

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 41122251-02
Premise Address: 1755 S. Grand Blvd. Zip Code: 63104-
Last Inspection Date: 1/26/06
MSD Classes: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
Company Representative: Tim Hill
Title: Dir. of Building Services Phone#: 314-577-8072
Inspector: M. Blecha
Others Present: None
Inspection Date: 2/12/07 Time of Inspection: From 8:00 AM To 8:40 AM

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION 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 ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: ____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Eye, Dermatoloy, & Orthopedic Clinics - hospital waste	Cont		Yes	Daily	001
Animal research laboratory, wash cages & autoclave waste.	Batch		Yes	Multi x's/day	001
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		

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

	Sample pt.
pH adj- lab waste. Silver recovery ionic units - rarely used.	001
Oil/water separator	002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
   A. List sample points: 001
   B. What is the frequency for cleaning & maintaining the traps? Quarterly-as needed
   C. Are enzymes (not bacteria) used in traps? Yes☐ No☒
   D. If yes to C, was co. told to stop or switch to approved bacteria? NA☐ Yes☐ No☐
   E. Was co. informed that MSD also performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   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: ____

6. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐
   A. If yes, 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.

7. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? _____

8. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

9. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Animal tissue research, low level sewered, high level waste is hauled.
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 12/20/00 Annual amt approved: 120mC.
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

10. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Wash animal cages, hospital rooms, and equipment. Water usage appears normal.

11. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

13. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

14. ARE ANY SOLVENTS USED? Yes☒ No☐

A. If yes:

List solvents	Used for?	How disposed?	Priority Pollutant?	413/433/469 Process?
Toluene	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Benzene	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Methylene chloride	Lab reagents	Hauled	Yes☒ No☐	Yes☐ No☒
Acetone	Lab reagents	Hauled	Yes☐ No☒	Yes☐ No☒
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐

15. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Chemicals are stored in flame proof cabinets. If spilled would pick up using absorbants, and haul it off site. Animal cage detergent is stored in closed basement room with no floor drains.

16. ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES IMPAIR STORMWATER RUNOFF? Yes☐ No☒

A. If yes, describe: _____

B. What needs to be done? _____

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

17. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☐ No☒

A. If yes:

Title	SMP? 413/433	Last Update	Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Chemical Spills	N/A	4/24/95	Yes	No
	N/A		N/A	N/A
	N/A		N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

18. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

E. Comments: _____

19. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☒ No☐

A. Are MSD contacts listed? Yes☒ No☐

B. If no to either, describe how handled: _____

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

A. If yes, requirement is 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: 1st and 3rd qtr smr received late.

21. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐
   A. Is the self-monitoring required by MSD? Yes☒ No☐
   B. Are representative grab/comp samples collected? Yes☒ No☐
   C. Does sample collection time period match company's production shifts (is it representative)? 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: _____

22. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒
   A. If yes, 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 calendar quarter of collection? Yes☐ No☐
   E. If no to C or D, explain: _____
   F. Does company still want to split samples? Yes☐ No☐
   G. Comments: _____

23. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒
   A. If yes, type and date: _____
   B. Have the reports & actions been on-time & complete? Yes☐ No☐
   C. If no, explain: _____

24. IS COMPANY SUBJECT TO NESHAP REGS? Yes☐ No☒
   A. If yes, is company violating NESHAP regs? (ask company) Yes☐ No☐
   B. If yes to A, describe: _____
   C. If yes to A, was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

25. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒
   A. Indicate correct classifications:
   SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐ Non-Toxic Waste ☐
   No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
   B. Explain changes: _____

26. SAMPLE POINTS DJ(y/n)

SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + P&E Washdn + Sanitary.	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

27. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

28. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? 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☐

29. REVIEW THE SAMPLE POINT MAP! Last map revision date: 2/16/05

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

B. If no, what changes are needed? _____

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

_____

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO.

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

SIU CRITERIA

POTM Reasonable potential for adverse affect

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	
02/12/2007	RIN	Martin Blecha

PERMIT INFORMATION

Issue Date: 01/01/2006
Expire Date: 12/31/2010
Extended Date:
Writer Fabian Grabsk

IUQ INFORMATION

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

CONTACTS

BILL	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
CEO	Leona Stoll	CEO	OFF	(314) 577-8007 Ext.
FLD1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
FLD2	Dave Stricklan	General Maintenance Supervisor	OFF	(314) 577-8072 Ext.
OFF1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	230	06:00AM	12.0	N	Y	Y	Y	Y	Y	N
2	20	06:00PM	8.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 **Hrs:** 20.0

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

06/07/2005	Acids and/or Alkalies		30	GAL
06/07/2005	Infectious Waste	Blood, bandages, tissue	4000	LB/YR
06/07/2005	Kitchen/Food Service		150	GAL

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
8733	Noncommercial Research Organizations

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Eye disorder research			
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
4112225102

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 02/22/2006 **End Date =** 02/22/2007 **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
4112225102			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
4112225102	01/24/2006	04/18/2006	2,236	2,236	A	61	85	85	
4112225102	04/19/2006	07/19/2006	3,674	5,910		66	92	177	
4112225102	07/20/2006	10/16/2006	3,792	9,702		64	89	266	
RF 1.00	**Acct. Total**		9,702	7,257,601		191	266	37,998	27,284
	Facility Total		9,702						

Report No. PIMS012A 02/22/2007 12:08:29 pm
Data Date & Time: 02/22/2007 12:08:29 pm

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	21F2	009C	Trunk Sewer	Old Mill Creek

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		308	GPD		GPD	D	1/26/06
Hospital Waste	Sanitary, lab services	21,142	GPD		GPD	D	1/26/06
Non Contact Coolir	Cooling tower blowdown	1,000	GPD		GPD	D	1/26/06
Sanitary		6,250	GPD		GPD	D	1/26/06
Plant & Equipment	Clean lab animal cages	100	GPD		GPD	D	1/26/06
	Total Flow Avg =	**28,800**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	21F2	009C	Trunk Sewer	Old Mill Creek

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	1	GPD		GPD	D	6/7/05
	Total Flow Avg =	**1**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment / Neutralization
001	10/01/1999	DC32	Metallic Replacement
002	11/29/1999	DC35	Oil/Fuel Interceptor

PRIORITY POLLUTANTS

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

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS
ANHEUSER-BUSCH INSTITUTE

For Account Number **4112225102**

Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type / Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Billing Address						
Billing Contact	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Office Mailing Address						
Chief Executive Officer	Leona	Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Premise Address						
Field Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	Dave	Stricklan	General Maintenance Supervisor	OFF	(314)577-8072	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **4112225102**

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
	T207000	Barium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2007
	T225000	Iron (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2007
	T237000	pH	Once/year	Grab	06/30/2007
	T247000	Temperature	Once/year	Grab	06/30/2007
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2007
	T257000	Total Phenols	Once/year	Grab	06/30/2007
	T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs	06/30/2007
	T304000	Antimony (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T306000	Arsenic (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T317000	Beryllium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T327000	Cadmium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T328000	Carbon Tetrachloride	Once/year	Grab	06/30/2007
	T332000	Chloroform	Once/year	Grab	06/30/2007
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2007
	T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2007
	T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2007
	T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2007
	T368000	Lead (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T370000	Mercury (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T371000	Methylene Chloride	Once/year	Grab	06/30/2007
	T377000	Nickel (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2007
	T391000	Selenium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T397000	Toluene	Once/year	Grab	06/30/2007
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2007

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	Comp-Time 04 Hrs	06/30/2007
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2007
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2007
	T237000	pH	Once/year	Grab	06/30/2007
	T247000	Temperature	Once/year	Grab	06/30/2007
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2007

FCI 01/29/07 SS

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

PART I: IDENTIFYING INFORMATION

Company Name: **Saint Louis University Health Sciences Center; [redacted]** *
Permit No: [redacted]
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: 1/22/07

RECEIVED
JAN 26 2007
DIVISION OF ENVIRONMENTAL COMPLIANCE

FC 11/9/06

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE — PERMIT NUMBER 41122251-02
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

MONITORING PERIOD JAN/MAR APR/JUN X JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	# 002 FC
SAMPLING DATES	08-01-06		
FLOW (GPD) E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	30.0			
PH	g	5.5 TO 11.5	6.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	59.2	mg/l	mg/l	mg/l
TSS	c	350 mg/l	26	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005	mg/l	mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007	mg/l	mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l		mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l

SAMP. TIME XXXXXX 7:10AM-10:10A

RECEIVED
NOV 15 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[✓] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) 002

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: TIMOTHY W. HILL

Title: Business Services Director Telephone: 577-8070

Signature: [signature] Date: 10-31-06

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

ANHEUSER-BUSCH INSTITUTE
3635 Vista Ave., P.O. Box 15250
St. Louis, MO 63104

Attn: Tim Hill
Director of Building Services

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112225102

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2006.

Fee will be included in a separate bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2006 through September 30, 2007 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at **1755 S. Grand Blvd.**

Base charge @ $150.00 per permit			$150.00
Volume charge @$0.72 per average daily Ccf	31.69	Ccfs	$22.82
Sample Point Charge @$100.00 per sample point	2	points	$200.00
		Total Fee Due:	**$372.82**

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL

DO NOT PAY NOW

FEE WILL BE INCLUDED IN A SEPARATE BILL

Metropolitan
St. Louis Sewer
District

Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

November 7, 2006

Tim Hill
Director of Building Services
ANHEUSER-BUSCH INSTITUTE
3635 Vista Avenue
P. O. Box 15250
St. Louis, MO 63110-0250

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41122251-02
For premise at: 1755 South Grand Boulevard
St. Louis, MO 63104

Dear Mr. Hill:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequencies specified in the permit. The results are to be reported quarterly. Your report for third quarter was due by October 28, 2006.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

The third quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the third quarter's reporting requirements.

The reporting requirements of your permit also includes completing a certain certification for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certification completed. The violation will then be recorded as an incomplete report rather than "no report".

REQUIRED ACTION/RESPONSE:

Submit the third quarter 2006 report with the applicable certification completed, any available third quarter self-monitoring data for sampling point 001, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your third quarter report and corrective action response by November 17, 2006.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza
Industry file

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**
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
OCT 16 2006
DIVISION OF ENVIRONMENTAL COMPLIANCE

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 10/12/06

FG 8/2/06

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR X APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	#
SAMPLING DATES	04-14-06		
FLOW (GPD) E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS		
TEMP C	g	60@C.	22.2		
PH	g	5.5 TO 11.5	6.0		
BOD	c	300 mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	31.4 mg/l	mg/l	mg/l
TSS	c	350 mg/l	93.0 mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007 mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:30AM-11:30A		

RECEIVED
AUG - 2 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[✓] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) 002

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification .

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. **Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:**

[ ] **In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.**

B. **DISCHARGE MONITORING 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 or type name of signing official: TIMOTHY W. HILL

Title: BUILDING SERVICES DIRECTOR **Telephone:** 314-577-8072

Signature: [signature] **Date:** 7-28-06

√66

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**
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 10 2006
DIVISION OF ENVIRONMENTAL COMPLIANCE

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Date: 7/5/06

FC
5/24/06

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251 02

MONITORING PERIOD X JAN/MAR APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT # 001 # # 002 FC

SAMPLING DATES 01-12-06

FLOW (GPD) E/M 27,300 EST.

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	22.2			
PH	g	5.5 TO 11.5	6.5			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	95.7	mg/l	mg/l	mg/l
TSS	c	350 mg/l	128	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005	mg/l	mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007	mg/l	mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l		mg/l	mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:45AM-11:45A			

RECEIVED
MAY 24 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[X] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) #002.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: TIMOTHY HILL

Title: BUILDING SERVICES DIRECTOR Telephone: 314-577-8070

Signature: Timothy Hill Date: 5-18-06

Metropolitan
St. Louis Sewer
District

Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

May 9, 2006

Tim Hill
Director of Building Services
ANHEUSER-BUSCH INSTITUTE
3635 Vista Avenue
St. Louis, MO 63110

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41122251-02
For premise at: 1755 South Grand Boulevard
St. Louis, MO 63104

Dear Mr. Hill:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequencies specified in the permit. The results are to be reported quarterly. Your report for first quarter was due by April 28, 2006.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

The first quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the first quarter's reporting requirements.

The reporting requirements of your permit also includes completing a certain certification for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certification completed. The violation will then be recorded as an incomplete report rather than "no report".

REQUIRED ACTION/RESPONSE:

Submit the first quarter 2006 report with the applicable certification completed, any available first quarter self-monitoring data for sampling point 001, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your first quarter report and corrective action response by May 22, 2006.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza
Industry file

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 41122251-02
Premise Address: 1755 S. Grand Blvd Zip Code: 63104-
Last Inspection Date: 2/9/05
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Tim Hill
Title: Dir of Building Services Phone#: 314-577-8072
Inspector: M. Blecha
Others Present: None
Inspection Date: 1/26/06 Time of Inspection: From 12:30 PM To 1:20 PM

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION 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 ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Eye, Dermatoloy, & Orthopedic Clinics - hospital waste	Cont		Yes	Daily	001
Animal research laboratory, wash cages & autoclave waste.	Batch		Yes	Multi x's/day	001
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		

3. PRETREATMENT (describe):

	Sample pt.
pH adj- lab waste. Silver recovery ionic units - rarely used.	001
Oil/water separator	002

4. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   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: _____

5. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐
   A. If yes, 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.

6. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? _____

7. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

8. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Animal tissue research, low level sewered, high level waste is hauled.
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 12/20/00 Annual amt approved: 120 mC.
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

9. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Water usage is normal for hospital operation. Use water to wash animal cages, and for patient care.

10. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

11. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

13. ARE ANY SOLVENTS USED? Yes☒ No☐
   A. If yes:

List solvents	Used for?	How disposed?	413/433/469 Process?
Toluene	Lab reagents	Hauled	Yes☐ No☒
Benzene	Lab reagents	Hauled	Yes☐ No☒
Methylene chloride	Lab reagents	Hauled	Yes☐ No☒
Acetone	Lab reagents	Hauled	Yes☐ No☒

14. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Chemicals stored in flammable cabinets. If spilled would pick up using absorbants, and haul it off site. Animal cage detergent is stored in closed basement room with no floor drains.

15. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433/469		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Chemical Spills	N/A		4/24/95		Yes	No
	N/A				N/A	N/A
	N/A				N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

16. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

F. Comments: _____

17. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☒ No☐

A. Are MSD contacts listed? Yes☒ No☐

B. If no to either, describe how handled: _____

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

A. If yes, requirement is 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: 1st qtr SMR 2005 received late.

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

A. Is the self-monitoring required by MSD? Yes☒ No☐

B. Are representative grab/comp samples collected? Yes☒ No☐

C. Does sample collection time period match company's production shifts (is it representative)? 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: _____

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

A. If yes, type and date: _____

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

C. If no, explain: _____

21. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒

A. Indicate correct categories:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐

Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐

B. Explain changes: _____

22. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + P&E Washdn + Sanitary	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

23. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

24. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐

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

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

25. REVIEW THE SAMPLE POINT MAP! Last map revision date: 2/16/05

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

B. If no, what changes are needed? _____

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

Hospital operations are in the process of moving into their new building that is recently built. Contact person will notify MSD when the permit canbe terminated, and the location of their new hospital.

Floors 3,4,and 5, are offices for doctors use. Payroll and accounting is on the 6th and 7th floor. The 5th floor has animal tissue research laboratories. Floors 1, and 2 is for outpatient care.

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO.

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

SIU CRITERIA

POTM Reasonable potential for adverse affect

GENERAL INFORMATION

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

INSPECTION INFORMATION

Next Due
Insp Rslt
01/26/2006 RIN Martin Blecha

PERMIT INFORMATION

Issue Date: 01/01/2006
Expire Date: 12/31/2010
Extended Date:
Writer Fabian Grabsk

IUQ INFORMATION

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

CONTACTS

CEO	Leona Stoll	CEO	OFF	(314) 577-8007 Ext.
FLD1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
FLD2	Dave Stricklan	General Maintenance Supervisor	OFF	(314) 577-8072 Ext.
OFF1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	230	06:00AM	12.0	N	Y	Y	Y	Y	Y	N
2	20	06:00PM	8.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 **Hrs:** 20.0

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

06/07/2005	Acids and/or Alkalies		30	GAL
06/07/2005	Infectious Waste	Blood, bandages, tissue	4000	LB/YR
06/07/2005	Kitchen/Food Service		150	GAL

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
8733	Noncommercial Research Organizations

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Eye disorder research			
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
4112225102

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 02/16/2005 **End Date =** 02/16/2006 **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
4112225102			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
4112225102	01/25/2005	04/20/2005	1,879	1,879	A	61	86	86	
4112225102	04/21/2005	08/10/2005	3,558	5,437		80	112	198	
RF	1.00	**Acct. Total**	5,437	4,067,159		141	198	28,845	20,541
		Facility Total	5,437						

Report No. PIMS012A 02/16/2006 9:56:14 am
Data Date & Time: 02/16/2006 9:56:14 am

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	21F2	009C	Trunk Sewer	Old Mill Creek

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		308	GPD		GPD	D	1/26/06
Hospital Waste	Sanitary, lab services	21,142	GPD		GPD	D	1/26/06
Non Contact Coolir	Cooling tower blowdown	1,000	GPD		GPD	D	1/26/06
Sanitary		6,250	GPD		GPD	D	1/26/06
Plant & Equipment	Clean lab animal cages	100	GPD		GPD	D	1/26/06
	Total Flow Avg =	**28,800**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	21F2	009C	Trunk Sewer	Old Mill Creek

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	1	GPD		GPD	D	6/7/05
	Total Flow Avg =	**1**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment / Neutralization
001	10/01/1999	DC32	Metallic Replacement
002	11/29/1999	DC35	Oil/Fuel Interceptor

PRIORITY POLLUTANTS

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

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A 02/16/2006 9:56:14 am
Data Date & Time: 02/16/2006 9:56:14 am

PIMS FACILITY CONTACTS

For Account Number **4112225102** **ANHEUSER-BUSCH INSTITUTE**

Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Office Mailing Address						
Chief Executive Officer	Leona	Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Premise Address						
Field Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	Dave	Stricklan	General Maintenance Supervisor	OFF	(314)577-8072	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **4112225102**

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
	T207000	Barium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2006
	T225000	Iron (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2006
	T237000	pH	Once/year	Grab	06/30/2006
	T247000	Temperature	Once/year	Grab	06/30/2006
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2006
	T257000	Total Phenols	Once/year	Grab	06/30/2006
	T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs	06/30/2006
	T304000	Antimony (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T306000	Arsenic (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T317000	Beryllium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T327000	Cadmium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T328000	Carbon Tetrachloride	Once/year	Grab	06/30/2006
	T332000	Chloroform	Once/year	Grab	06/30/2006
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab	06/30/2006
	T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2006
	T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2006
	T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs	06/30/2006
	T368000	Lead (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T370000	Mercury (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T371000	Methylene Chloride	Once/year	Grab	06/30/2006
	T377000	Nickel (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2006
	T391000	Selenium (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
	T397000	Toluene	Once/year	Grab	06/30/2006
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs	06/30/2006
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2006

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	Comp-Time 04 Hrs	06/30/2006
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2006
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2006
	T237000	pH	Once/year	Grab	06/30/2006
	T247000	Temperature	Once/year	Grab	06/30/2006
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2006

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

ANHEUSER-BUSCH INSTITUTE
3635 Vista Ave
St Louis, MO 63110-0250

Attn: Tim Hill

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 4112225102

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2005.

Fee will be included on the next regular monthly bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2005 through September 30, 2006 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at **1755 S. Grand Blvd.**

Base charge @ $150.00 per permit			$150.00
Volume charge @$0.72 per average daily Ccf	25.10	Ccfs	$18.07
Sample Point Charge @$100.00 per sample point	2	points	$200.00
		Total Fee Due:	**$368.07**

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL

DO NOT PAY NOW

FEE WILL BE INCLUDED ON MONTHLY BILL

√FG

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**
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

RECEIVED
JAN 20 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Title: Health Physicist Telephone: 977-6896

Signature: Kevin Ferguson Date: 1/18/06

IND

TP FG 12/5/05

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN JUL/SEP X OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	# 002	#
SAMPLING DATES	10-06-05		
FLOW (GPD) E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	26.7			
PH	g	5.5 TO 11.5	6.0			
BOD	c	300 mg/l		mg/l	mg/l	mg/l
COD	c	600 mg/l	145	mg/l	mg/l	mg/l
TSS	c	350 mg/l	100	mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l		mg/l	mg/l	mg/l
cd	c	mg/l		mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l		mg/l	mg/l
cu	c	mg/l		mg/l	mg/l	mg/l
pb	c	mg/l		mg/l	mg/l	mg/l
ni	c	mg/l		mg/l	mg/l	mg/l
ag	c	0.5 mg/l	<0.007 mg/l		mg/l	mg/l
zn	c	mg/l		mg/l	mg/l	mg/l
cn-T	g	mg/l		mg/l	mg/l	mg/l
cn-A	g	mg/l		mg/l	mg/l	mg/l
TTO	g	5.52mg/l	<0.005 mg/l		mg/l	mg/l
		mg/l		mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	9:07AM-12:07P			

10.0 FG

RECEIVED
DEC 5 2005
DIVISION OF ENVIRONMENTAL MANAGEMENT

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[X] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) #002

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: TIMOTHY W. HILL

Title: BUILDING SERVICES DIRECTOR Telephone: 314-577-9070

Signature: [signature] Date: 11-30-05

Pace Analytical
www.pacelabs.com

Pace Analytical Services, Inc.
9608 Loiret Blvd.
Lenexa, KS 66219
Phone: (913)599-5665
Fax: (913)599-1759

RECEIVED OCT 28 2005

ANALYTICAL RESULTS

Project: 80516
Project ID: ABI 001 4
The results are reported as received by the laboratory.

Lab ID: 80516001 Date Collected: 10/06/05 12:07 Matrix: Water
Sample ID: ABI 001 4 Date Received: 10/07/05 09:00

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	CAS No.	Qual	RegLmt
Wet Chemistry											
160.2 Total Suspended Solids			Analytical Method: EPA 160.2								
Total Suspended Solids	100	mg/L	5.0	1			10/13/05 17:01	MR1			
Metals											
200.7 MET ICP			Preparation Method: EPA 200.7								
			Analytical Method: EPA 200.7								
Chromium	ND	ug/L	5.0	1	10/12/05 00:00	SYW	10/14/05 10:30	TJG	7440-47-3		
Silver	ND	ug/L	7.0	1	10/12/05 00:00	SYW	10/14/05 10:30	TJG	7440-22-4		
Wet Chemistry											
410 bD			Analytical Method: EPA 410.4								
Chemical Oxygen Demand	145	mg/L	10.0	1			10/13/05 00:00	AJM			
GC/MS Volatiles											
624 Volatile Organics LowLevel			Analytical Method: EPA 624 Low								
Carbon tetrachloride KP	ND	ug/L	~~1.0~~	1			10/18/05 13:16	AEP	56-23-5		
Chloroform KP	~~1.6~~	ug/L	1.0	1			10/18/05 13:16	AEP	67-66-3		
Ethylbenzene KA	~~ND~~	~~ug/L~~	~~1.0~~	1			10/18/05 13:16	AEP	100-41-4		
Methylene chloride KP	ND	ug/L	~~1.0~~	1			10/18/05 13:16	AEP	75-09-2		
pH	2.0		1.0	1			10/18/05 13:16	AEP			
Toluene KP	ND	ug/L	~~1.0~~	1			10/18/05 13:16	AEP	108-88-3		
4-Bromofluorobenzene (S)	99	%	86-115	1			10/18/05 13:16	AEP	460-00-4		
Dibromofluoromethane (S)	99	%	86-118	1			10/18/05 13:16	AEP	1868-53-7		
Toluene-d8 (S)	99	%	88-110	1			10/18/05 13:16	AEP	2037-26-5		
1,2-Dichloroethane-d4 (S)	94	%	80-120	1			10/18/05 13:16	AEP	17060-07-0		
GC/MS Semivolatiles											
625 MSSV			Preparation Method: EPA 625								
			Analytical Method: EPA 625								
Diethylphthalate KP	ND	ug/L	~~5.0~~	1	10/10/05 00:00	JDM	10/20/05 04:38	JMF	84-66-2		
Dimethylphthalate KP	ND	ug/L	~~5.0~~	1	10/10/05 00:00	JDM	10/20/05 04:38	JMF	131-11-3		
Di-n-butylphthalate KP	ND	ug/L	~~5.0~~	1	10/10/05 00:00	JDM	10/20/05 04:38	JMF	84-74-2		
2-Nitrophenol KP	ND	ug/L	~~5.0~~	1	10/10/05 00:00	JDM	10/20/05 04:38	JMF	88-75-5		
4-Nitrophenol KA	~~ND~~	~~ug/L~~	~~5.0~~	1	10/10/05 00:00	JDM	10/20/05 04:38	JMF	100-02-7		
Phenol KP	ND	ug/L	~~5.0~~	1	10/10/05 00:00	JDM	10/20/05 04:38	JMF	108-95-2		

Date: 10/26/2005

REPORT OF LABORATORY ANALYSIS
This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc..

IND
#41122251-02

/66
10/24/05

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**
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: Kevin Ferguson Date: 10/18/05

RECEIVED
OCT 21 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

IND
#41122251-02

1/6
10/24/05

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**
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: 10/18/05

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OCT 21 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

IND ✓FG 9/28/05

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD JAN/MAR APR/JUN X JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		07-07-05		
FLOW (GPD) E/M		27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	38.9			
PH	g	5.5 TO 11.5	7.0			
BOD	c	300 mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	150 mg/l	mg/l	mg/l
TSS	c	350 mg/l	28 mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	< 0.007mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:40AM-11:40A		

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SEP 28 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[TH] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) 002

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: Timothy W Hill

Title: Business Services Director Telephone: 314-577-8070

Signature: [signature] Date: 9-26-05

IND

√FG

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: **[illegible]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

RECEIVED

JUL 18 2005

DIVISION OF ENVIRONMENTAL COMPLIANCE

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

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Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: Kevin Ferguson Date: 7/14/05

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997 SIU
03/06/1997 PTW

WUNNENBERG INFO.

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

SIU CRITERIA

POTM Reasonable potential for adverse affect

GENERAL INFORMATION

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

INSPECTION INFORMATION

Next Due	Insp Rslt	
02/09/2005	RIN	Martin Blecha

PERMIT INFORMATION

Issue Date: 01/01/2001
Expire Date: 12/31/2005
Extended Date:
Writer Fabian Grabsk

IUQ INFORMATION

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

CONTACTS

CEO	Leona Stoll	CEO	OFF	(314) 577-8007 Ext.
FLD1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
FLD2	Dave Stricklan	General Maintenance Supervisor	OFF	(314) 577-8072 Ext.
OFF1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	230	06:00AM	12.0	N	Y	Y	Y	Y	Y	N
2	20	06:00PM	8.0	N	Y	Y	Y	Y	Y	N

Total Emp: 250 **Hrs:** 20.0

OTHER AGENCIES INFORMATION

01/21/1997	MDNR - Hazardous Waste Program	026136
10/24/1997	Nuclear Regulatory Commission	24-00196-07

NON-SEWERED WASTE

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

06/07/2005	Acids and/or Alkalies		30	GAL
06/07/2005	Infectious Waste	Blood, bandages, tissue	4000	LB/YR
06/07/2005	Kitchen/Food Service		150	GAL

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8011	Offices & Clinics of Doctors of Medicine
8733	Noncommercial Research Organizations

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Eye disorder research			
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
4112225102

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 06/23/2005 **End Date =** 06/23/2005 **Wdays** **Cdays**

Acct. No.			Consumption CCF's	Consumption Gallons			Discharge Gal/ Wday	Discharge Gal/ Cday
			0					
RF	1.00	Acct. Total	0	0	0	0	1	1
		Facility Total	0					

Report No. PIMS012A 06/23/2005 12:06:44 pm
Data Date & Time: 06/23/2005 12:06:44 pm

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	21F2	009C	Trunk Sewer	Old Mill Creek

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
Plant & Equipment		100	GPD		GPD	D	6/7/05
Non Contact Coolir		1,000	GPD		GPD	D	6/7/05
Hospital Waste	Sanitary, lab services	5,999	GPD		GPD	D	6/7/05
Boiler Blowdown		300	GPD		GPD	D	6/7/05
	Total Flow Avg =	**7,399**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	21F2	009C	Trunk Sewer	Old Mill Creek

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	1	GPD		GPD	D	6/7/05
	Total Flow Avg =	**1**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	10/01/1998	DC37	pH Adjustment / Neutralization
001	10/01/1999	DC32	Metallic Replacement
002	11/29/1999	DC35	Oil/Fuel Interceptor

PRIORITY POLLUTANTS

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

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS

For Account Number **4112225102** **ANHEUSER-BUSCH INSTITUTE**

Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Office Mailing Address						
Chief Executive Officer	Leona	Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Premise Address						
Field Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	Dave	Stricklan	General Maintenance Supervisor	OFF	(314)577-8072	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS

Account No Entered **4112225102** **ANHEUSER-BUSCH INSTITUTE**

SPN	Premise Address	CITY	ST	ZIP
	1755 S. Grand Blvd	St Louis	MO	63104

001	**Poll Code**	**Pollutant Description**	**Frequency**	**Sample Type**	IM	= IPD - Company - MSD	**End Date**	06/30/2006
	T207000	Barium (Total)	Once/year	Comp-Time 04 Hrs				
	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs				
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs				
	T225000	Iron (Total)	Once/year	Comp-Time 04 Hrs				
	T234000	Oil and Grease (Total)	Once/year	Grab				
	T237000	pH	Once/year	Grab				
	T247000	Temperature	Once/year	Grab				
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs				
	T257000	Total Phenols	Once/year	Grab				
	T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs				
	T304000	Antimony (Total)	Once/year	Comp-Time 04 Hrs				
	T306000	Arsenic (Total)	Once/year	Comp-Time 04 Hrs				
	T317000	Beryllium (Total)	Once/year	Comp-Time 04 Hrs				
	T327000	Cadmium (Total)	Once/year	Comp-Time 04 Hrs				
	T328000	Carbon Tetrachloride	Once/year	Grab				
	T332000	Chloroform	Once/year	Grab				
	T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs				
	T339000	Copper (Total)	Once/year	Comp-Time 04 Hrs				
	T340000	Cyanide Amenable to Chlorination	Once/year	Grab				
	T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs				
	T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs				
	T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs				
	T368000	Lead (Total)	Once/year	Comp-Time 04 Hrs				
	T370000	Mercury (Total)	Once/year	Comp-Time 04 Hrs				
	T371000	Methylene Chloride	Once/year	Grab				
	T377000	Nickel (Total)	Once/year	Comp-Time 04 Hrs				
	T388000	Phenol	Once/year	Comp-Time 04 Hrs				
	T391000	Selenium (Total)	Once/year	Comp-Time 04 Hrs				
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs				
	T397000	Toluene	Once/year	Grab				
	T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs				
	T999000	Total Toxic Organics	Once/year	Grab				

002	**Poll Code**	**Pollutant Description**	**Frequency**	**Sample Type**	IM	= IPD - Company - MSD	**End Date**	06/30/2006
	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs				
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs				
	T234000	Oil and Grease (Total)	Once/year	Grab				
	T237000	pH	Once/year	Grab				
	T247000	Temperature	Once/year	Grab				
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs				

Anheuser-Busch Institute

Saint Louis University Hospital

3635 Vista at Grand
P.O. Box 15250
St. Louis, MO 63110
tel: 314.577.8000
www.tenethealth.com

May 23, 2005

Fabian T. Grabski
Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

RE: NOTICE OF PERMIT VIOLATION
Discharge Permit No: 41122251-~~00~~ 02
1755 S. Grand Boulevard

Dear Mr. Grabski,

In regards to the self monitoring report, I am making every effort to remedy the problems with getting the reports to you in a timely manner. I sent the first quarter reports to Mr. Goodall on May 12. I realize this was late and am offering no excuses for this. However, please be assured that this should not be an issue in the future.

If you have any questions, please contact me at 314-577-8070.

Sincerely,

Timothy Hill
Building Services Director
St. Louis University Hospital

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MAY 26 2005
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ENVIRONMENTAL COMPLIANCE

Tenet
Saint Louis

St. Louis Univ. Hospital

Saint Louis University Hospital

3635 Vista at Grand
P.O. Box 15250
St. Louis, MO 63110
tel: 314.577.8000
www.tenethealth.com

May 23, 2005

Fabian T. Grabski
Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

RE: NOTICE OF PERMIT VIOLATION
Discharge Permit No: 41121951-00
3635 Vista & 3655 Vista Avenue

Dear Mr. Grabski,

In regards to the self monitoring report, I am making every effort to remedy the problems with getting the reports to you in a timely manner. I sent the first quarter reports to Mr. Goodall on May 12. I realize this was late and am offering no excuses for this. However, please be assured that this should not be an issue in the future.

If you have any questions, please contact me at 314-577-8070.

Sincerely,

Timothy Hill
Building Services Director
St. Louis University Hospital

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MAY 26 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

TENET
Saint Louis

Ffc
sbc/s

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE — PERMIT NUMBER 41122251-02
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

MONITORING PERIOD JAN/MAR X APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	# 001	#	#
SAMPLING DATES	04-18-05		
FLOW (GPD) E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS			
TEMP C	g	60@C.	37.8			
PH	g	5.5 TO 11.5	7.0			
BOD	c	300 mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	152 mg/l	mg/l	mg/l
TSS	c	350 mg/l	39 mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	< 0.007mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	8:25AM-11:25A		

RECEIVED
MAY 26 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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PART III: SPECIAL CERTIFICATION STATEMENTS

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A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[X] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) #002.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

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[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: Timothy W. HILL

Title: BUILDING SERVICES DIRECTOR Telephone: 314-577-8070

Signature: [signature] Date: 5/23/05

FG 5/23/6

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART ONE

ANHEUSER-BUSCH EYE INSTITUTE
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

PERMIT NUMBER 41122251-02

MONITORING PERIOD X JAN/MAR APR/JUN JUL/SEP OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT	#	001	#	#
SAMPLING DATES		02-02-05		
FLOW (GPD)	E/M	27,300 EST.		

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS		
TEMP C	g	60@C.	14.4		
PH	g	5.5 TO 11.5	7.0		
BOD	c	300 mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	222 mg/l	mg/l	mg/l
TSS	c	350 mg/l	73 mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	< 0.007mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	mg/l	mg/l	mg/l
		mg/l	mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	11:48A-12:38P		

RECEIVED MAY 17 2005 DEPT. OF ENVIRONMENTAL COMPLIANCE

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INDUSTRIAL

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING 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 or type name of signing official: TIMOTHY W. HILL

Telephone: 314-577-8070

Title: BUILDING SERVICES DIRECTOR

Date: 5-12-05

Signature: [signature]

SMF 10/93

IND FILE

~~ST. LOUIS UNIVERSITY HOSPITAL~~
~~Building Services~~
~~3635 Vista at Grand~~
~~ST. LOUIS, MO 63104~~

ANHEUSER-BUSCH EYE INST.
#4112225L-02

facsimile transmittal

To:	Fabian T. Grabski	**Fax:**	436-8753
From:	TIM HILL	**Date:**	5/23/05
Re:		**Pages:**	3
CC:	Corrective actions. Hard copies to follow in the mail. Thanks, Tim		

☐ Urgent X For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Saint Louis University Hospital

3635 Vista at Grand
P.O. Box 15250
St. Louis, MO 63110
tel: 314.577.8000
www.tenethealth.com

May 23, 2005

Fabian T. Grabski
Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

ANHEUSER-BUSCH INSTITUTE
FG

RE: NOTICE OF PERMIT VIOLATION
Discharge Permit No: 41122251-00
1755 S. Grand Boulevard

Dear Mr. Grabski,

In regards to the self monitoring report, I am making every effort to remedy the problems with getting the reports to you in a timely manner. I sent the first quarter reports to Mr. Goodall on May 12. I realize this was late and am offering no excuses for this. However, please be assured that this should not be an issue in the future.

If you have any questions, please contact me at 314-577-8070.

Sincerely,

Timothy Hill
Building Services Director
St. Louis University Hospital

TENET
Saint Louis

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

May 16, 2005

Tim Hill
Director of Building Services
ANHEUSER – BUSCH INSTITUTE
P. O. Box 15250
St. Louis, MO 63110-0250

RE: INDUSTRIAL USER QUESTIONNAIRE
Discharge Permit No: 41122251-02
For premise at: 1755 S. Grand Boulevard
St. Louis, MO 63104

Dear Mr. Hill:

The Metropolitan St. Louis Sewer District Wastewater Discharge permit for the above premise expires on January 1, 2006. Under the terms of the permit, you are requested to apply for renewal at least 180 days prior to the expiration date.

Enclosed is an Industrial User Questionnaire along with detailed instructions to assist you in supplying the required information. This questionnaire serves as your permit application. We request that you return the original and yellow copy to the District by June 13, 2005. After a review, of the completed questionnaire and our existing data, we will prepare a draft permit and send it to you for comment.

Thank you for your cooperation. If you have any question or any specific problem providing the requested information please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

Enclosures

pc: Suspense file

cc: Doug Mendoza
Martin Blecha
Industry file

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**
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

RECEIVED
APR 25 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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: Health Physicist Telephone: 977-6896

Signature: [signature] Date: 4/20/05

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

May 11, 2005

Tim Hill
Director of Building Services
ANHEUSER-BUSCH INSTITUTE
P.O. Box 15250
St. Louis, MO 63110-0250

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 41122251-02
For premise at: 1755 S. Grand Boulevard
St. Louis, MO 63104

Dear Mr. Hill:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequency specified in the permit. The results are to be reported quarterly. Your report for first quarter was due by April 28, 2005.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

The first quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the first quarter's reporting requirements.

The reporting requirements of your permit also includes completing a certain certification for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certification completed. The violation will then be recorded as an incomplete report rather than "no report".

REQUIRED ACTION/RESPONSE:

Submit the first quarter 2005 report, any available first quarter self-monitoring data, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your first quarter report and corrective action response by May 23, 2005.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza
Industry file

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

April 11, 2005

Tim Hill
ANHEUSER-BUSCH INSTITUTE
P.O. Box 15250
St Louis, MO 631100250

RE: COMPOSITE COMPLIANCE MONITORING
Discharge Permit No: 4112225102
For premise at: 1755 S. Grand Blvd
St Louis, MO 63104

Dear Mr. Hill:

A recent review of submitted self-monitoring reports from permitted Significant Industrial Users has identified that several have initiated using composite sampling methodology that encompasses less than a representative composite time period. Consequently, the following guidance is offered as a reminder as to what compositing periods are acceptable to the District.

Unless specified within the permit special conditions, all pollutants requiring composite samples must "be made up by combining a minimum of four individual grab samples within a 24-hour period. The individual grabs must be adequately flow or time proportioned to ensure a composite sample that is representative of that day's discharge," per Permit General Condition A.3.c. For process operations that cover more than one shift, all shifts with wastewater discharges should be represented. For single shift operations, the sampler should, at a minimum, incorporate a 4-hour compositing period. The District 4-hour compositing guidance is prescribed to ensure that all collected composite samples are representative of the average discharge at each sampling point. As an example, a 4-hour composite sample comprised from grab samples taken at 08:00 AM, 09:00 AM, 10:00 AM, and 11:00 AM is a District acceptable 4-hour composite sample.

Accordingly, as of the date of this letter, the District will no longer accept analytical data from permitted Significant Industrial Users that is derived from composite samples taken over a compositing period of less than 4-hours, unless the permittee specifically demonstrates that a shorter composite period is representative of the wastewater discharge.

Thank you for your cooperation. If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

TOB
02/17/05
SS ✓
Per ✓
Cuts ✓
DE ✓

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT - NOTIFA -

PART ONE
ANHEUSER-BUSCH EYE INSTITUTE PERMIT NUMBER 41122251-02
1755 S. GRAND BLVD.
ST.LOUIS, MO. 63104

MONITORING PERIOD JAN/MAR APR/JUN JUL/SEP X OCT/DEC
Samples collected by...Metropolitan Manufacturers' Association 314-966-1006
Samples analyzed by... PACE ANALYTICAL SERVICES, INC.

PART II ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT # 001 # 002 # → Flow only

SAMPLING DATES 11-22-04

FLOW (GPD) E/M 27,300 EST.

PARAMETER	G/C	LIMIT	ANALYTICAL RESULTS		
TEMP C	g	60@C.	21.1		
PH	g	5.5 TO 11.5	6.0		
BOD	c	300 mg/l	mg/l	mg/l	mg/l
COD	c	600 mg/l	29 mg/l	mg/l	mg/l
TSS	c	350 mg/l	100 mg/l	mg/l	mg/l
OIL/GR	g	200 mg/l	mg/l	mg/l	mg/l
cd	c	mg/l	mg/l	mg/l	mg/l
cr	c	5.0mg/l	<0.005mg/l	mg/l	mg/l
cu	c	mg/l	mg/l	mg/l	mg/l
pb	c	mg/l	mg/l	mg/l	mg/l
ni	c	mg/l	mg/l	mg/l	mg/l
ag	c	0.5 mg/l	< 0.007mg/l	mg/l	mg/l
zn	c	mg/l	mg/l	mg/l	mg/l
cn-T	g	mg/l	mg/l	mg/l	mg/l
cn-A	g	mg/l	mg/l	mg/l	mg/l
TTO	g	5.52mg/l	~~< 0.10~~ mg/l	mg/l	mg/l
		mg/l	<0.121 mg/l	mg/l	mg/l
SAMP. TIME		XXXXXXX	9:09A-10:45AM		

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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 one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☑ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: Timothy W. Hill

Title: Building Services Director Telephone: 314-577-8070

Signature: Timothy W. Hill Date: 2-17-05

Pace Analytical
www.pacelabs.com

Pace Analytical Services, Inc.
9608 Loiret Blvd.
Lenexa, KS 66219
Phone: 913.599.5665
Fax: 913.599.1759

Lab Project Number: 6089235
Client Project ID: ABI 001 4

Lab Sample No: 607692266
Client Sample ID: ABI 001 4
Project Sample Number: 6089235-001
Matrix: Water
Date Collected: 11/22/04 10:45
Date Received: 11/23/04 09:00

Parameters	Results	Units	Report Limit	DF	Analyzed	By	CAS No.	Qual	RegLmt
Metals									
Metals, Trace ICP, Water	Prep/Method: EPA 3010 / EPA 6010								
Chromium	ND	ug/l	5.00	1.0	11/25/04	JAH	7440-47-3		
Silver	ND	ug/l	7.00	1.0	11/25/04	JAH	7440-22-4		
Date Digested	11/24/04				11/24/04				
Wet Chemistry									
Total Suspended Solids	Method: EPA 160.2								
Total Suspended Solids	100.	mg/l	5.00	1.0	11/24/04	MR1			
Chemical Oxygen Demand	Method: EPA 410.4								
Chemical Oxygen Demand	29.0	mg/l	10.0	1.0	11/24/04	XNS			
GC/MS Semivolatiles									
Semivolatile Organics by 8270	Prep/Method: EPA 3520 / EPA 8270								
Diethylphthalate (SP)	ND	ug/l	12.	1.2	12/01/04 20:21	WAW	84-66-2		
Dimethylphthalate (SP)	ND	ug/l	12.	1.2	12/01/04 20:21	WAW	131-11-3		
Di-n-butylphthalate (SP)	ND	ug/l	12.	1.2	12/01/04 20:21	WAW	84-74-2		
2-Nitrophenol (SP)	ND	ug/l	12.	1.2	12/01/04 20:21	WAW	88-75-5		
4-Nitrophenol (RA)	ND	ug/l	61. >.01	1.2	12/01/04 20:21	WAW	100-02-7		
Phenol (NP)	12.	ug/l	12.	1.2	12/01/04 20:21	WAW	108-95-2		
Nitrobenzene-d5 (S)	82	%		1.0	12/01/04 20:21	WAW	4165-60-0		
2-Fluorobiphenyl (S)	101	%		1.0	12/01/04 20:21	WAW	321-60-8		
Terphenyl-d14 (S)	71	%		1.0	12/01/04 20:21	WAW	1718-51-0		
Phenol-d6 (S)	90	%		1.0	12/01/04 20:21	WAW	13127-88-3		
2-Fluorophenol (S)	75	%		1.0	12/01/04 20:21	WAW	367-12-4		
2,4,6-Tribromophenol (S)	113	%		1.0	12/01/04 20:21	WAW	118-97-6		
Date Extracted	11/30/04				11/30/04				
GC/MS Volatiles									
Volatile Organics by 624 (Low)	Method: EPA 624								
Methylene chloride (NP)	ND	ug/l	1.0	1.0	11/30/04 11:19	DPB	75-09-2		
Chloroform (NP)	2.4	ug/l	1.0	1.0	11/30/04 11:19	DPB	67-66-3		
1,1,1-Trichloroethane (RA)	ND	ug/l	1.0 <.01	1.0	11/30/04 11:19	DPB	71-55-6		
Carbon tetrachloride (SP)	ND	ug/l	1.0	1.0	11/30/04 11:19	DPB	56-23-5		
Toluene (NP)	ND	ug/l	1.0	1.0	11/30/04 11:19	DPB	108-88-3		
Ethylbenzene (SP)	ND	ug/l	1.0 <.01	1.0	11/30/04 11:19	DPB	100-41-4		
Toluene-d8 (S)	99	%		1.0	11/30/04 11:19	DPB	2037-26-5		
Dibromofluoromethane (S)	97	%		1.0	11/30/04 11:19	DPB	1868-53-7		

TKN 0.121 mg/L

Date: 12/15/04

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

Pace Analytical
www.pacelabs.com

Pace Analytical Services, Inc.
9608 Loiret Blvd.
Lenexa, KS 66219
Phone: 913.599.5665
Fax: 913.599.1759

Lab Project Number: 6089235
Client Project ID: ABI 001 4

Lab Sample No: 607692266 Project Sample Number: 6089235-001 Date Collected: 11/22/04 10:45
Client Sample ID: ABI 001 4 Matrix: Water Date Received: 11/23/04 09:00

Parameters	Results	Units	Report Limit	DF	Analyzed	By	CAS No.	Qual	RegLmt
4-Bromofluorobenzene (S)	104	%		1.0	11/30/04 11:19	DPB	460-00-4		
1,2-Dichloroethane-d4 (S)	95	%		1.0	11/30/04 11:19	DPB	17060-07-0		
pH	1.0			1.0	11/30/04 11:19	DPB			

REPORT OF LABORATORY ANALYSIS
This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 41122251-02
Premise Address: 1755 So Grand Zip Code: 63104-
Last Inspection Date: 2/9/05
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Tim Hill
Title: Dir of Building Services Phone#: 314-577-8072
Inspector: M. Blecha
Others Present: None
Inspection Date: 2/9/05 Time of Inspection: From 12:00 PM To 12:40 PM

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION 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 ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Hospital waste	Batch		Yes	Daily	001
Animal research laboratory, wash cages & autoclave waste.	Batch		Yes	Multi x's/day	001
Eye & Dermatoloy Clinic, hospital waste	Batch		Yes	Multi x's/day	001
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		

3. PRETREATMENT (describe):

	Sample pt.
pH adj- lab waste.	001
Oil\water separator	002

4. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   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: _____

5. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐
   A. If yes, list reg. & describe (including any discharge):
   40 CFR 460 Sub A. No Stds. Hospital waste: Outpatient Eye Disorders, & Dermatology waste goes to SP 001.

6. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct _____
   factor & explain change?

7. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

8. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Animal tissue research, low level sewered, high level waste is hauled. Dicharged 0.119 mc on 4th qtr 04.
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 12/20/00 Annual amt approved: 120 mC
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

9. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Water usage is normal for hospital operation. Use water to wash animal cages, and for patient care.

10. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

11. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

13. ARE ANY SOLVENTS USED? Yes☒ No☐
   A. Which solvents? Toluene, benzene, methyene chloride, & acetone.
   B. What used for? Lab reagents.
   C. How disposed? Hauled.

14. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Chemicals stored in flammable cabinets. If spilled would pick up using absorbants, and haul it off site.

15. DOES COMPANY HAVE ANY SPILL,SLUG OR SOLVENT MANAGEMENT PLANS(SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433	Last Update	Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Chemical Spills	N/A	4/24/95	Yes	No
	N/A		N/A	N/A
	N/A		N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

16. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

F. Comments: _____

17. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☒ No☐

A. Are MSD contacts listed? Yes☒ No☐

B. If no to either, describe how handled: _____

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

A. If yes, requirement is 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: _____

19. IF COMPANY SELF-MONITORS (REQ'D OR NOT), DOES IT COLLECT REPRESENTATIVE GRAB/COMP SAMPLES & USE EPA-APPROVED 40CFR136 WASTEWATER TEST METHODS? N/A☐ Yes☒ No☐

A. If no, explain needed changes: _____

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

A. If yes, type and date: _____

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

C. If no, explain: _____

21. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒

A. Indicate correct categories:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐

Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐

B. Explain changes: _____

22. SAMPLE POINTS DJ(y/n)

SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + P&E Washdn	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

23. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

24. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____

25. REVIEW THE SAMPLE POINT MAP! Last map revision date: 11/30/99
A. Is the map correct and accurate in all its details? Yes☐ No☒
B. If no, what changes are needed? Changed 1st contact person.

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

Tenant Health Care now owns the building, but there are no changes in the company name.

Floors 3,4,and 5,are offices for doctors use.

Payroll and accounting is on the 6th and 7th floor.

5th floor are animal tissue research laboratories.

Floors 1, and 2 is for outpatient care.

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO.

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

SIU CRITERIA

POTM Reasonable potential for adverse affect

GENERAL INFORMATION

Office Mailing Address
P.O. Box 15250
St Louis, MO. 63110-0250

INSPECTION INFORMATION

Next Due	Insp Rslt	
02/09/2005	RIN	Martin Blecha

PERMIT INFORMATION

Issue Date: 01/01/2001
Expire Date: 12/31/2005
Extended Date:
Writer Fabian Grabsk

IUQ INFORMATION

IUQ Recvd Date: 07/07/2000
Reviewer: Gunter Durdel

CONTACTS

CEO	Leona Stoll	CEO	OFF	(314) 577-8007 Ext.
FLD1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
FLD2	Dave Stricklan	General Maintenance Supervisor	OFF	(314) 577-8072 Ext.
OFF1	Tim Hill	Director of Building Services	OFF	(314) 577-8072 Ext.
SIG1	Phillip Van Cleve, FMA	Director of Building Services	OFF	(314) 577-8072 Ext.

OPERATIONAL INFORMATION

Work Days: 5

				S	M	T	W	T	F	S
1	200	06:00AM	12.0	N	Y	Y	Y	Y	Y	N
2	20	06:00PM	8.0	N	Y	Y	Y	Y	Y	N

Total Emp: 220 **Hrs:** 20.0

OTHER AGENCIES INFORMATION

01/21/1997	MDNR - Hazardous Waste Program	026136
10/24/1997	Nuclear Regulatory Commission	24-00196-07

NON-SEWERED WASTE

On-Site Storage N **On-Site Disposal** Y **Off-Site Disposal** Y
Data Conversion GAL

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8011	Offices & Clinics of Doctors of Medicine
8733	Noncommercial Research Organizations

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	Eye disorder research			
05/07/2004	Clinical eye surgery & dermatology			

SEWER ACCOUNTS

Sewer Accounts
4112225102

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 02/16/2005 **End Date =** 02/16/2005 **Wdays** **Cdays**

Acct. No.			Consumption CCF's	Consumption Gallons			Discharge Gal/ Wday	Discharge Gal/ Cday
			0					
RF	1.00	Acct. Total	0	0	0	0	1	1
		Facility Total	0					

Report No. PIMS012A 02/16/2005 9:28:22 am
Data Date & Time: 02/16/2005 9:28:22 am

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

INDUSTRY NAME **ANHEUSER-BUSCH INSTITUTE**
PRIMARY MSD ACCOUNT NO. **4112225102**

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

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH	Treatment Area	
01	Sanitary Or Combined	21F2 009C	Trunk Sewer	Bissell Point Old Mill Creek

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	8/2/00
Non Contact Coolir		1,000	GPD		GPD	D	8/2/00
Plant & Equipment		100	GPD		GPD	D	8/2/00
Hospital Waste	Sanitary, lab services	25,900	GPD		GPD	D	8/2/00
	Total Flow Avg =	**27,300**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH	Treatment Area	
02	Sanitary Or Combined	21F2 009C	Trunk Sewer	Bissell Point Old Mill Creek

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
Stormwater	From parking garage	1	GPD		GPD	D	1/27/94
	Total Flow Avg =	**1**		**Max =**			

PRETREATMENT TYPES

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

PRIORITY POLLUTANTS

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

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS
ANHEUSER-BUSCH INSTITUTE

For Account Number **4112225102**
Located at 1755 S. Grand Blvd
St Louis MO 63104

Address Type / Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Office Mailing Address						
Auth Signature - Primary	Phillip	Van Cleve, FM	Director of Building Services	OFF	(314)577-8072	
Chief Executive Officer	Leona	Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Premise Address						
Field Contact - Primary	Tim	Hill	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	Dave	Stricklan	General Maintenance Supervisor	OFF	(314)577-8072	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
ANHEUSER-BUSCH INSTITUTE

Account No Entered **4112225102**

SPN	Premise Address	CITY	ST	ZIP
	1755 S. Grand Blvd	St Louis	MO	63104

001 | **End Date** 06/30/2005 | IM = IPD - Company - MSD

Poll Code	Pollutant Description	Frequency	Sample Type
T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs
T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs
T237000	pH	Once/year	Grab
T247000	Temperature	Once/year	Grab
T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs
T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs
T328000	Carbon Tetrachloride	Once/year	Grab
T332000	Chloroform	Once/year	Grab
T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs
T340000	Cyanide Amenable to Chlorination	Once/year	Grab
T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs
T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs
T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs
T371000	Methylene Chloride	Once/year	Grab
T388000	Phenol	Once/year	Comp-Time 04 Hrs
T397000	Toluene	Once/year	Grab
T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs
T999000	Total Toxic Organics	Once/year	Grab

002 | **End Date** 06/30/2005 | IM = IPD - Company - MSD

Poll Code	Pollutant Description	Frequency	Sample Type
T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs
T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs
T234000	Oil and Grease (Total)	Once/year	Grab
T237000	pH	Once/year	Grab
T247000	Temperature	Once/year	Grab
T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs

From: Roland Biehl
To: Toni McGarry
Date: 1/27/2005 3:06:17 PM
Subject: Anheuser-Busch 4th quarter Self-Monitoring Report

We have reviewed the Anheuser-Busch (A-B) 4th Quarter 2004 Self-Monitoring Report. Please revise their surcharge values and return factor in the computer billing system so that the new values below will be reflected in their next quarter's billings.

BOD = 555 mg/L
COD = 1,549 mg/L
TSS = 1,134 mg/L
RF = 0.75

The BOD concentration of 555 mg/L is down about 5%, the TSS concentration of 1,134 mg/L is down about 1% and the return factor of 0.75 is up about 1% from last quarter. The data submitted by A-B seems to follow the established protocol for surcharge determination.

CC: John Lodderhose; Tom Boehm

TB

Anheuser-Busch, Inc.
ONE OF THE ANHEUSER-BUSCH COMPANIES

RECEIVED
JAN 26 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

VIA HAND DELIVERY

January 28, 2005

Mr. John Lodderhose, Assistant Director
Department of Environmental Compliance
Metropolitan St. Louis Sewer District
10 East Grand Avenue
St. Louis, MO 63147-2913

Re: 4th Quarter 2004 Self-Monitoring Report
Updated Billing Factors for January-March 2005 WW Bills
Change in Reduction of Billing for Used Water

Dear Mr. Lodderhose:

Enclosed please find our 4th quarter 2004 Self Monitoring and Wastewater Certification Report which covers our operations and discharges from October 1 through December 31, 2004.

QUARTERLY SURCHARGE DATA

Our quarterly monitoring data is included in Attachment A for your review. The report findings are summarized as follows:

- BOD 555 mg/l
- TSS 1134 mg/l
- Flow 75 % of metered City water use

BOD/COD = 0.58, left Tuni McGarry
1/27 Voice Mail To Ensure A-B
Bill Will Be Based On BOD Based On Ratio
Rounded To 0.36
RB

The above effluent return factor is calculated using the water consumption from the City of St. Louis Water Department quarterly water bill.

LEL MONITORING

We have included our quarterly LEL monitoring data in Attachment B. There were no reportable events during this reporting quarter.

Reporting Quarter Events

On January 13, 2005 we contacted Mr. John Lodderhose about four lab data points from Site 283 that were outliers and were not representative of our Brewery process. In our conversation, we stated that two of those days reported results significantly below our normal levels and the other two days were significatly above our normal levels. As requested, the data is shown,

Anheuser-Busch, Inc
One Busch Place
St. Louis MO U.S.A. 63118-1852

identified and addressed in our footnotes. We have added the lab reports in Attachment D. This was the only issue during the 4th quarter.

QUARTERLY AND ADDITIONAL SAMPLING RESULTS

Required quarterly self monitoring results and certifications are included in Attachment C. We have not included data for Sites 10, 70, 80, 95, 110, 170, 190, 200, and 209 at this time. These sites are monitored once per year during the 2nd quarter referred to as the "Annual Sampling". We also have not included results for TTO analyses at this time. Likewise, this sampling is conducted during the "Annual Sampling".

Thank you for your time and consideration in this matter. If you have any questions or require additional information, please call me at 577-3863.

Sincerely,

Larry Quick
Senior EHS Manager
Environmental, Health & Safety Department

ATTACHMENT A

QUARTERLY SURCHARGE DATA

ANHEUSER-BUSCH,INC.-- ST. LOUIS BREWERY
DAILY WASTEWATER MONITORING SUMMARY AND ADJUSTMENT
OCTOBER 1 THROUGH DECEMBER 31, 2004

SAMPLING LOCATION	# DAYS	WW FLOW-MGAL/DAY	BOD MG/L	BOD LB/D	COD MG/L	COD LB/D	TSS MG/L	TSS LB/D
283	92	4,624	612	23618	1707	65828	1256	48448
100	92	433	7	26	89	323	18	65
40	92	15	0	0	55	7	6	1
181	92	5	0	0	35	1	4	0
230	92	25	401	84	1080	225	597	124
241	92	8	56	4	214	14	37	2
ALL OTHER	92	51	333	143	618	265	342	146
QUARTERLY AVERAGE	92	5161	555	23873	1549	66663	1134	48787

AVG WATER-MGAL/DAY		6848
WW/W RATIO		0.754
BOD/COD RATIO		0.36

5161/6848 = 0.754

Summary Check

BOD 23873 = (8.34E⁻⁶)(5161E³)(x)
x = 555 mg/L BOD

TSS 48787 = (8.34E⁻⁶)(5161E³)(x)
x = 1134 mg/L TSS

SP100 Check

BOD 26 lb = (8.34E⁻⁶)(433 E³ Gal)(x mg/L)
x = 7 mg/L BOD

COD 323 lb = (8.34E⁻⁶)(433 E³ Gal)(x mg/L)
x = 89 mg/L COD

TSS 65 lb = (8.34E⁻⁶)(433 E³ Gal)(x mg/L)
x = 18 mg/L TSS

SP283 Check

BOD 23618 lb = (8.34E⁻⁶)(4,624 MGal)(x mg/L)
x = 612 mg/L

COD 65828 lb = (8.34E⁻⁶)(4,624 MGal)(x mg/L)
x = 1707 mg/L

TSS 48448 lb = (8.34E⁻⁶)(4,624 MGal)(x mg/L)
x = 1256 mg/L

MB 1/27/05

MSD 020389

ANHEUSER-BUSCH,INC.-- ST. LOUIS BREWERY
DAILY WASTEWATER MONITORING SUMMARY AND ADJUSTMENT
OCTOBER 1 THROUGH DECEMBER 31, 2004

RECEIVED
JAN 2 6 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

SAMPLING LOCATION	WW FLOW-MGAL/DAY	BOD MG/L	BOD LB/D	COD MG/L	COD LB/D	TSS MG/L	TSS LB/D	FLOW BASIS
283	4,624	612	23618	1707	65828	1256	48448	MEASURED
100	433	7	26	89	323	18	65	MEASURED
40	15	0	0	55	7	6	1	VISUAL OBSERVATION
181	5	0	0	35	1	4	0	VISUAL OBSERVATION
230	25	401	84	1080	225	597	124	VISUAL OBSERVATION
241	8	56	4	214	14	37	2	VISUAL OBSERVATION
ALL OTHER	51	333	143	618	265	342	146	SEE ATTACHMENT

ANHEUSER-BUSCH,INC.-- ST. LOUIS BREWERY
ALL OTHER DISCHARGE SUMMARY
OCTOBER 1 THROUGH DECEMBER 31, 2004

SAMPLING LOCATION	WW FLOW MGAL/DAY	MONITORING FREQUENCY	BOD MG/L	BOD LB/D	COD MG/L	COD LB/D	TSS MG/L	TSS LB/D	FLOW BASIS
10	1.5	YEARLY	19	0.2	351	4.4	56	0.7	VISUAL OBSERVATION
30	N/A	EMERG BYPASS	N/A	N/A	N/A	N/A	N/A	N/A	VISUAL OBSERVATION
60	0	NOT MONITORED							STORMWATER ONLY
70	0.1	YEARLY	1230	30.8	2240	56.0	117	2.9	VISUAL OBSERVATION
75	1	NOT MONITORED	300	2.5	600	5.0	350	2.9	VISUAL OBSERVATION
80	3	YEARLY	166	4.2	309	7.7	108	2.7	VISUAL OBSERVATION
90	5	NOT MONITORED	300	12.5	600	25.0	350	14.6	NO SAMPLING POINT
95	5	YEARLY	20	0.8	86	3.6	21	0.9	VISUAL OBSERVATION
110	1.5	YEARLY	324	4.1	580	7.3	118	1.5	VISUAL OBSERVATION
111	1	NOT MONITORED	300	2.5	600	5.0	350	2.9	NO SAMPLING POINT
120	1	NOT MONITORED	300	2.5	600	5.0	350	2.9	NO SAMPLING POINT
130	8	NOT MONITORED	300	20.0	600	40.0	350	23.4	NO SAMPLING POINT
140	7	NOT MONITORED	300	17.5	600	35.0	350	20.4	NO SAMPLING POINT
150	1	NOT MONITORED	300	2.5	600	5.0	350	2.9	NO SAMPLING POINT
160	N/A	EMERG BYPASS	N/A	N/A	N/A	N/A	N/A	N/A	PIPING AND/OR AREA INSPECTION
170	4	YEARLY	100	3.3	162	5.4	42	1.4	VISUAL OBSERVATION
190	2	YEARLY	4	0.1	27	0.5	4	0.1	VISUAL OBSERVATION
200	1	YEARLY	108	0.9	148	1.2	41	0.3	VISUAL OBSERVATION
209	4	YEARLY	759	25.3	973	32.5	1520	50.7	VISUAL OBSERVATION
210	0	NOT MONITORED							STORMWATER ONLY
220	1	NOT MONITORED	300	3	600	5	350	3	VISUAL OBSERVATION
225	3	NOT MONITORED	300	7.5	600	15.0	350	8.8	VISUAL OBSERVATION
284	N/A	EMERG BYPASS	N/A	N/A	N/A	N/A	N/A	N/A	VISUAL OBSERVATION
285	1	NOT MONITORED	300	2.5	600	5.0	350	2.9	VISUAL OBSERVATION
286	0.03	NOT MONITORED							STORMWATER ONLY
287	0.2	NOT MONITORED	300	0.5	600	1.0	350	0.6	VISUAL OBSERVATION
288	0	NOT MONITORED							STORMWATER ONLY
289	0	NOT MONITORED							STORMWATER ONLY
TOTAL	51.33		316	142.7	585	264.7	324	146.4	
				ALL OTHER					

AWW_4-04.XLS

PRINTED 01/25/2005 11:46 AM

MSD 020391

ANHEUSER - BUSCH ST. LOUIS BREWERY

SITE100

WASTEWATER MONITORING

OCTOBER 1 THROUGH DECEMBER 31, 2004

DAY	DATE	FOOTNOTE	FLOW 100	BOD 100 (MG/L)	COD 100 (MG/L)	TSS 100 (MG/L)	BOD 100 (lbs)	COD 100 (lbs)	TSS 100 (lbs)	RAIN
FRIDAY	10/01/2004		497							
SATURDAY	10/02/2004		497							
SUNDAY	10/03/2004		497							
MONDAY	10/04/2004		455							
TUESDAY	10/05/2004		524							
WEDNESDAY	10/06/2004		592							
THURSDAY	10/07/2004	2	537							
FRIDAY	10/08/2004	2	537							
SATURDAY	10/09/2004	2	537							
SUNDAY	10/10/2004	2	537							
MONDAY	10/11/2004	2	537							0.81
TUESDAY	10/12/2004	1,2	537							
WEDNESDAY	10/13/2004	2	537							0.53
THURSDAY	10/14/2004	1,2	537							
FRIDAY	10/15/2004	2	537							
SATURDAY	10/16/2004	2	537							
SUNDAY	10/17/2004	2	537							0.65
MONDAY	10/18/2004	1,2	537							
TUESDAY	10/19/2004	2	537							
WEDNESDAY	10/20/2004	2	537							
THURSDAY	10/21/2004	2	537							
FRIDAY	10/22/2004	2	537							
SATURDAY	10/23/2004	2	537							
SUNDAY	10/24/2004	2	537							0.2
MONDAY	10/25/2004		510							0.45
TUESDAY	10/26/2004	1	555							
WEDNESDAY	10/27/2004		502							
THURSDAY	10/28/2004	2	508							
FRIDAY	10/29/2004	2	508							
SATURDAY	10/30/2004	2	508							0.1
SUNDAY	10/31/2004	2	508							1.625
MONDAY	11/01/2004	1	729							
TUESDAY	11/02/2004		476							0.55
WEDNESDAY	11/03/2004	1	547							
THURSDAY	11/04/2004		473							
FRIDAY	11/05/2004	2	460							
SATURDAY	11/06/2004	2	460							
SUNDAY	11/07/2004	2	460							
MONDAY	11/08/2004		475	7	82	17	26	323	65	
TUESDAY	11/09/2004	2	574							
WEDNESDAY	11/10/2004	2	574							1
THURSDAY	11/11/2004	1,2	574							0.7
FRIDAY	11/12/2004	1,2	574							
SATURDAY	11/13/2004	2	574							
SUNDAY	11/14/2004	2	574							
MONDAY	11/15/2004		422							
TUESDAY	11/16/2004		409							
WEDNESDAY	11/17/2004		405							0.39
THURSDAY	11/18/2004	1,2	448							
FRIDAY	11/19/2004	2	448							
SATURDAY	11/20/2004	2	448							
SUNDAY	11/21/2004	2	448							0.28
MONDAY	11/22/2004	1,2	448							
TUESDAY	11/23/2004	2	448							1.39
WEDNESDAY	11/24/2004	1,2	448							
THURSDAY	11/25/2004	2	448							
FRIDAY	11/26/2004	2	448							0.25
SATURDAY	11/27/2004	1,2	448							
SUNDAY	11/28/2004	2	448							0.36
MONDAY	11/29/2004	1	528							0.46
TUESDAY	11/30/2004	1	536							
WEDNESDAY	12/01/2004		460							
THURSDAY	12/02/2004	2	379							
FRIDAY	12/03/2004	2	379							
SATURDAY	12/04/2004	2	379							
SUNDAY	12/05/2004	2	379							0.81
MONDAY	12/06/2004	1	627							0.48
TUESDAY	12/07/2004	1	367							
WEDNESDAY	12/08/2004		328							
THURSDAY	12/09/2004	2	331							
FRIDAY	12/10/2004	2	331							
SATURDAY	12/11/2004	2	331							
SUNDAY	12/12/2004	2	331							
MONDAY	12/13/2004	2	331							
TUESDAY	12/14/2004		300							
WEDNESDAY	12/15/2004		282							
THURSDAY	12/16/2004	2	271							
FRIDAY	12/17/2004	2	271							
SATURDAY	12/18/2004	2	271							
SUNDAY	12/19/2004	2	271							
MONDAY	12/20/2004		337							
TUESDAY	12/21/2004	2	277							
WEDNESDAY	12/22/2004	2	277							
THURSDAY	12/23/2004	2	277							
FRIDAY	12/24/2004	2	277							
SATURDAY	12/25/2004	2	277							
SUNDAY	12/26/2004	2	277							
MONDAY	12/27/2004		273							
TUESDAY	12/28/2004		263							
WEDNESDAY	12/29/2004	2	366							
THURSDAY	12/30/2004	2	366							
FRIDAY	12/31/2004	2	366							
			76	1	1	1	1	1	1	
STRAIGHT AVERAGE		(v)	433	7	~~82~~ 89	17	26	323	65	

01/25/2005 11:46 AM

see TABLE OK RB 1/27

AWW_4-04.XLS

PART I: **IDENTIFYING INFORMATION**

Company Name: ANHEUSER-BUSCH, INC.

Permit No.: 31129999-00

Premise Address: ONE BUSCH PLACE (3-2) ST. LOUIS, MO 63118

Monitoring Period: 0(JAN-MAR) 0(APR-JUN) 0(JUL-SEPT) **X(OCT-DEC)**

Samples Collected By: SEVERN TRENT SERVICES, ANHEUSER-BUSCH, INC

Analyses Performed By: SEVERN TRENT SERVICES

PART II: **ANALYTICAL RESULTS OF SELF MONITORING**

MSD SAMPLE POINT REFERENCE NUMBERS		283		283		283		283		283		
DATES ON WHICH SAMPLES WERE COLLECTED		11/09/04		see attach		11/09/04						
TIMES AT WHICH SAMPLES WERE COLLECTED		10:27		8:30		10:28						
PARAMETER	LIMIT	RECORD SAMPLE TYPES AND RESULTS BELOW G00=grab T24=24 hrs composite M=meas flow E=est flow										UNITS
FLOW	NONE	M	see attach	M	see attach	M	see attach	M		M		MGD
BOD	NONE	G00		T24	see attach	T24		G00		T24		mg/l
COD	NONE	G00		T24	see attach	T24		G00		T24		mg/l
TSS	NONE	G00		T24	see attach	T24		G00		T24		mg/l
OIL AND GREASE	200	G00	33	G00		G00		G00		G00		mg/l
TEMPERATURE	60	G00	35.4	G00		G00		G00		G00		C
PH	5.5-11.5	G00	6.73	G00		G00		G00		G00		s.u.
Ammonia (as N)	NONE	T24		T24		T24	2.2	T24		T24		mg/l

To: Rick Schutt E.H.S

P.O. BOX 66787
ST. LOUIS, MO
63166-6787

CONSUMPTION TOTAL- 842290.00

CYCLE / RATE
17/I

DUE BY
1/25/05

DELINQUENT AFTER
1/30/05

KEEP THIS UPPER PORTION FOR YOUR RECORDS
SEE REVERSE SIDE FOR CODE EXPLANATION

SERVICE ADDRESS
919 PESTALOZZI ST

RETURN THIS LOWER PORTION WITH YOUR PAYMENT

P -	.00
W -	602490.90
R -	17836.15
S -	46623.79
G -	24813.09
NR -	125.00
FC -	183.26

U.S. POSTAGE PAID
ST. LOUIS, MO
PERMIT NO. 726

ACCOUNT NUMBER
445803-241572

BEGINNING DATE
9/30/04

ENDING DATE
12/30/04

DONATION AMOUNT

AMOUNT PAID

ACCOUNT NUMBER
445803-241572

CYCLE / RATE
17/01

DUE DATE

AMOUNT DUE 692072.19

AMOUNT DUE 692072.19

DONATION FOR ANIMAL HOUSE

DONATION FOR PARK FUND

AMOUNT PAID

SERVICE ADDRESS
919 PESTALOZZI ST

CITY OF ST. LOUIS
WATER DIVISION

ANHEUSER BUSCH
ATTN: DOLLY VILIMEK
ONE BUSCH PLACE
ST LOUIS MO 63118-1852

0004458030002415720692072190

$\frac{842290 \times 748}{92 \text{ days}} = 6848$ mGAL

CITY OF ST. LOUIS **WATER DIVISION** MULTIPLE METER STATEMENT

ACCT NUMBER [illegible]-241572 NAME ANHEUSER BUSCH

SERVICE ADDRESS METER NUMBER	READING DATE	PREVIOUS READING	PRESENT READING	CONSUMPTION
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	.00
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	12/30/04	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

CONTINUED...

RECEIVED
JAN 26 2005
DIVISION OF ENVIRONMENTAL COMPLIANCE

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 one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[JJP] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling points 010, 060, 070, 075, 080, 090, 095, 110, 111, 120, 130, 140, 150, 170, 190, 200, 209, 210, 220, 225, 285, 286, 287, 288, and 289.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at those active connection points which are not specified in my permit.

C. As per Section II.A.4 of your permit, you are required to make the following certification:

[JJP] I certify that there has been no discharges from Sites 160 or 284 during this reporting quarter.
Discharge from Site 30 is as indicated in this report.

D. Other required certifications are as follows:

[ ]

PART IV GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[JJP] In lieu of monitoring for TTO at sample points 060, 075, 090, 111, 120, 130, 140, 150, 210, 220, 225, 285, 286, 287, 288, 289
I certify that, to the best of my knowledge, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING 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 or type name of signing official: John J. Pitts

Title: St. Louis Brewery Plant Manager Telephone: (314) 577-2500

Signature: [signature] Date: 1/26/05

8:00 am → 8:00 am

SITE 283

ANHEUSER - BUSCH ST. LOUIS BREWERY
WASTEWATER MONITORING
OCTOBER 1 THROUGH DECEMBER 31, 2004

DAY	DATE	FOOTNOTE	FLOW 283	BOD 283 (MG/L)	COD 283 (MG/L)	TSS 283 (MG/L)	BOD 283 (lbs)	COD 283 (lbs)	TSS 283 (lbs)
FRIDAY	10/01/2004		5318						
SATURDAY	10/02/2004		4774						
SUNDAY	10/03/2004		4534						
MONDAY	10/04/2004		4951	624	1,900	1,340	25,766	78,454	55,330
TUESDAY	10/05/2004		4690	713	1,680	1,270	27,869	65,713	49,676
WEDNESDAY	10/06/2004		4870	551	1,670	1,190	22,379	67,828	48,333
THURSDAY	10/07/2004		4880						
FRIDAY	10/08/2004		5230	522	1,740	1,280	22,769	75,896	55,831
SATURDAY	10/09/2004		4490						
SUNDAY	10/10/2004		4810	633	1,900	1,260	24,337	73,050	48,444
MONDAY	10/11/2004		4990						
TUESDAY	10/12/2004		5550	505	1,080	1,080	23,375	49,990	49,990
WEDNESDAY	10/13/2004		4840						
THURSDAY	10/14/2004		4100	401	1,120	930	13,712	38,297	31,800
FRIDAY	10/15/2004		4940						
SATURDAY	10/16/2004		4380	647	2,030	1,480	23,634	74,154	54,063
SUNDAY	10/17/2004		4641						
MONDAY	10/18/2004		4759	602	1,500	1,060	23,893	59,535	42,071
TUESDAY	10/19/2004		4454						
WEDNESDAY	10/20/2004		4720	408	1,860	1,400	16,061	73,219	55,111
THURSDAY	10/21/2004		5209						
FRIDAY	10/22/2004		5276	533	1,330	1,050	23,453	58,522	46,202
SATURDAY	10/23/2004		4162						
SUNDAY	10/24/2004		4931	556	1,420	1,120	22,865	58,397	46,059
MONDAY	10/25/2004		5500						
TUESDAY	10/26/2004		5065						
WEDNESDAY	10/27/2004		5459						
THURSDAY	10/28/2004		5012	602	1,690	1,190	25,164	70,642	49,742
FRIDAY	10/29/2004		3705						
SATURDAY	10/30/2004		4107	288	810	764	9,865	27,744	26,169
SUNDAY	10/31/2004		4503						
MONDAY	11/01/2004		5135						
TUESDAY	11/02/2004		4639	180	1,230	310	6,964	47,588	11,994
WEDNESDAY	11/03/2004		4698						
THURSDAY	11/04/2004		4379						
FRIDAY	11/05/2004		4862	643	1,350	1,320	26,073	54,741	53,525
SATURDAY	11/06/2004		4369						
SUNDAY	11/07/2004		4402						
MONDAY	11/08/2004		4729	115	522	178	4,536	20,588	6,941
TUESDAY	11/09/2004		5006	595	1,690	1,120	24,841	70,558	46,760
WEDNESDAY	11/10/2004		4798						
THURSDAY	11/11/2004		5215	601	1,430	1,150	26,139	62,195	50,017
FRIDAY	11/12/2004		4774						
SATURDAY	11/13/2004		4339	656	1,590	1,080	23,739	57,538	39,082
SUNDAY	11/14/2004		4485						
MONDAY	11/15/2004		4453						
TUESDAY	11/16/2004		5170						
WEDNESDAY	11/17/2004		5017	625	1,630	1,080	26,151	68,202	45,189
THURSDAY	11/18/2004		5224	620	1,610	1,120	27,012	70,145	48,796
FRIDAY	11/19/2004		4441						
SATURDAY	11/20/2004		4507						
SUNDAY	11/21/2004		4639	612	1,400	1,120	23,678	54,165	43,332
MONDAY	11/22/2004		5415						
TUESDAY	11/23/2004		5409	584	1,330	986	26,345	59,998	44,480
WEDNESDAY	11/24/2004		4730						
THURSDAY	11/25/2004		2006						
FRIDAY	11/26/2004		2471	264	949	848	5,441	19,557	17,476
SATURDAY	11/27/2004		4492	720	2,040	1,580	26,974	76,425	59,192
SUNDAY	11/28/2004		4359						
MONDAY	11/29/2004		4825	571	1,620	990	22,977	65,190	39,838
TUESDAY	11/30/2004		4624						
WEDNESDAY	12/01/2004		4488	526	1,300	1,030	19,688	48,659	38,553
THURSDAY	12/02/2004		4315						
FRIDAY	12/03/2004		4495	2,710	7,120	6,280	101,593	266,917	235,427
SATURDAY	12/04/2004		4371						
SUNDAY	12/05/2004		4116	1,140	2,730	2,250	39,133	93,714	77,237
MONDAY	12/06/2004		4601						
TUESDAY	12/07/2004		4453	601	1,870	1,060	22,320	69,448	39,366
WEDNESDAY	12/08/2004		4663						
THURSDAY	12/09/2004		4379	707	1,730	1,230	25,820	63,181	44,921
FRIDAY	12/10/2004		5094						
SATURDAY	12/11/2004		4330	667	1,860	1,300	24,087	67,169	46,946
SUNDAY	12/12/2004		4991						
MONDAY	12/13/2004		5036	531	1,780	1,260	22,302	74,760	52,920
TUESDAY	12/14/2004		5629						
WEDNESDAY	12/15/2004		5623	531	1,780	1,260	24,902	83,475	59,089
THURSDAY	12/16/2004		4862						
FRIDAY	12/17/2004		4589		3,000	2,700		114,817	103,335
SATURDAY	12/18/2004		4555						
SUNDAY	12/19/2004		4811	686	2,130	1,240	27,525	85,464	49,753
MONDAY	12/20/2004		4932						
TUESDAY	12/21/2004		5350	656	1,860	1,280	29,270	82,991	57,112
WEDNESDAY	12/22/2004		4781	842	2,000	1,340	33,574	79,747	53,431
THURSDAY	12/23/2004		4615						
FRIDAY	12/24/2004		3114						
SATURDAY	12/25/2004		2235	367	1,140	834	6,841	21,249	15,546
SUNDAY	12/26/2004		4773						
MONDAY	12/27/2004		5307	767	1,970	1,280	33,948	87,193	56,653
TUESDAY	12/28/2004		5430						
WEDNESDAY	12/29/2004		2889	1,800	4,320	3,520	43,370	104,087	84,812
THURSDAY	12/30/2004		3092						
FRIDAY	12/31/2004		3402						
STRAIGHT AVERAGE		92 (V)	92 4,624	41 656	42 1,826	42 1,361	41 25,132	42 70,029	42 51,918

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OUTLIER
SITE 283

ANHEUSER - BUSCH ST. LOUIS BREWERY
WASTEWATER MONITORING
OCTOBER 1 THROUGH DECEMBER 31, 2004

DAY	DATE	FOOTNOTE	FLOW 283.0	BOD 283 (MG/L)	COD 283 (MG/L)	TSS 283 (MG/L)	BOD 283 (lbs)	COD 283 (lbs)	TSS 283 (lbs)
FRIDAY	10/01/2004		5318						
SATURDAY	10/02/2004	6	4774						
SUNDAY	10/03/2004		4534						
MONDAY	10/04/2004		4951	624	1,900	1,340	25,766	78,454	55,330
TUESDAY	10/05/2004		4690	713	1,680	1,270	27,889	65,713	49,676
WEDNESDAY	10/06/2004		4870	551	1,670	1,190	22,379	67,828	48,333
THURSDAY	10/07/2004		4880						
FRIDAY	10/08/2004	3	5230	522	1,740	1,280	22769	75,896	55,831
SATURDAY	10/09/2004		4490						
SUNDAY	10/10/2004	3	4610	633	1,900	1,260	24337	73,050	48,444
MONDAY	10/11/2004		4990						
TUESDAY	10/12/2004		5550	505	1,080	1,080	23,375	49,990	49,990
WEDNESDAY	10/13/2004		4840						
THURSDAY	10/14/2004		4100	401	1,120	930	13,712	38,297	31,800
FRIDAY	10/15/2004		4940						
SATURDAY	10/16/2004		4380	647	2,030	1,480	23,634	74,154	54,063
SUNDAY	10/17/2004		4641						
MONDAY	10/18/2004		4759	602	1,500	1,060	23,893	59,535	42,071
TUESDAY	10/19/2004		4454						
WEDNESDAY	10/20/2004		4720	408	1,860	1,400	16,061	73,219	55,111
THURSDAY	10/21/2004		5209						
FRIDAY	10/22/2004		5276	533	1,330	1,050	23,453	58,522	46,202
SATURDAY	10/23/2004		4162						
SUNDAY	10/24/2004		4931	556	1,420	1,120	22,865	58,397	46,059
MONDAY	10/25/2004		5500						
TUESDAY	10/26/2004	4	5065						
WEDNESDAY	10/27/2004		5459						
THURSDAY	10/28/2004		5012	602	1,690	1,190	25,164	70,642	49,742
FRIDAY	10/29/2004		3705						
SATURDAY	10/30/2004		4107	288	810	764	9,865	27,744	26,169
SUNDAY	10/31/2004		4503						
MONDAY	11/01/2004	5	5135						
TUESDAY	11/02/2004	9	4639	180	1230	310	6964	47588	11994
WEDNESDAY	11/03/2004	4	4698						
THURSDAY	11/04/2004		4379						
FRIDAY	11/05/2004		4862	643	1,350	1,320	26,073	54,741	53,525
SATURDAY	11/06/2004		4369						
SUNDAY	11/07/2004	10	4402						
MONDAY	11/08/2004	9	4729	115	522	176	4536	20588	6941
TUESDAY	11/09/2004		5006	595	1,690	1,120	24,841	70,558	46,760
WEDNESDAY	11/10/2004		4798						
THURSDAY	11/11/2004		5215	601	1,430	1,150	26,139	62,195	50,017
FRIDAY	11/12/2004		4774						
SATURDAY	11/13/2004		4339	656	1,590	1,080	23,739	57,538	39,062
SUNDAY	11/14/2004		4485						
MONDAY	11/15/2004	4	4453						
TUESDAY	11/16/2004		5170						
WEDNESDAY	11/17/2004		5017	625	1,630	1,080	26,151	68,202	45,189
THURSDAY	11/18/2004		5224	620	1,610	1,120	27,012	70,145	48,796
FRIDAY	11/19/2004	7	4441						
SATURDAY	11/20/2004		4507						
SUNDAY	11/21/2004		4639	612	1,400	1,120	23,678	54,165	43,332
MONDAY	11/22/2004		5415						
TUESDAY	11/23/2004		5409	584	1,330	986	26,345	59,998	44,480
WEDNESDAY	11/24/2004		4730						
THURSDAY	11/25/2004	7	2006						
FRIDAY	11/26/2004		2471	264	949	848	5,441	19,557	17,476
SATURDAY	11/27/2004		4492	720	2,040	1,580	26,974	76,425	59,192
SUNDAY	11/28/2004		4359						
MONDAY	11/29/2004		4825	571	1,620	990	22,977	65,190	39,838
TUESDAY	11/30/2004		4624						
WEDNESDAY	12/01/2004		4486	526	1,300	1,030	19,688	48,659	38,553
THURSDAY	12/02/2004		4315						
FRIDAY	12/03/2004	9	4495	2710	7120	6280	101593	266917	235247
SATURDAY	12/04/2004		4371						
SUNDAY	12/05/2004		4116	1,140	2,730	2,250	39,133	93,714	77,237
MONDAY	12/06/2004		4601						
TUESDAY	12/07/2004		4453	601	1,870	1,060	22,320	69,448	39,366
WEDNESDAY	12/08/2004		4663						
THURSDAY	12/09/2004		4379	707	1,730	1,230	25,820	63,181	44,921
FRIDAY	12/10/2004		5094						
SATURDAY	12/11/2004		4330	667	1,860	1,300	24,087	67,169	46,946
SUNDAY	12/12/2004		4991						
MONDAY	12/13/2004		5036	531	1,780	1,260	22,302	74,760	52,920
TUESDAY	12/14/2004		5629						
WEDNESDAY	12/15/2004		5623	531	1,780	1,260	24,902	83,475	59,089
THURSDAY	12/16/2004		4682						
FRIDAY	12/17/2004	8	4589		3,000	2,700		114,817	103,335
SATURDAY	12/18/2004		4555						
SUNDAY	12/19/2004		4811	686	2,130	1,240	27,525	85,464	49,753
MONDAY	12/20/2004		4932						
TUESDAY	12/21/2004		5350	656	1,860	1,280	29,270	82,991	57,112
WEDNESDAY	12/22/2004		4781	842	2,000	1,340	33,574	79,747	53,431
THURSDAY	12/23/2004	7	4615						
FRIDAY	12/24/2004		3114						
SATURDAY	12/25/2004		2235	367	1,140	834	6,841	21,249	15,546
SUNDAY	12/26/2004		4773						
MONDAY	12/27/2004		5273	767	1,970	1,280	33,730	86,634	56,290
TUESDAY	12/28/2004		5430						
WEDNESDAY	12/29/2004	9	2889	1800	4320	3520	46417	111401	90771
THURSDAY	12/30/2004		3092						
FRIDAY	12/31/2004	7	3402						
			92	36	39	39	35	38	38
STRAIGHT AVERAGE		(v)	4,824	585	1,642	1,206	23,618	65,828	48,448

01/25/2005 11:46 AM

AWW_4-04.XLS

FOOTNOTES

1	Data is considered an outlyer due to rainfall of .25 inches or greater.
2	Site 100 flow is averaged when I'm not available to take daily readings do to being off for weekends, holidays, vacation, etc... New flow meter is in the process of being tied into a tracking system automatically.
3	Lab report states Site 283 data not valid due to results may be bias low.
4	Site 283 sample not analyzed due to sampler equipment malfunction.
5	Site 283 sample not analyzed due to miscommunications at the lab.
6	Site 283 sample not analyzed due to lab personnel emergency. Extra sample taken on 10/5/04.
7	Lab pick-up altered due to holiday.
8	Site 283 BOD sample results invalid due to lab instrument error.
9	Site 283 lab results not included in the averages due to data not representative of our operation. Lab reports with the data accompany the report in Attachment D.
10	Site 283 sample date altered due to quarterly sampling schedule.

ATTACHMENT B

LEL DATA

OCTOBER LEL'S 2004

ANHEUSER-BUSCH ON-SITE EFFLUENT MANHOLE LEL DATA 11%<LEL<40% OVER 15 MINUTES

DATE	AVG %	START	STOP	DUR MIN	PEAK %	START	STOP	DUR MIN	PEAK %	START	STOP	DUR MIN	PEAK %	COMMENTS
10/01/2004	0	NONE												
10/02/2004	0	NONE												
10/03/2004	0	NONE												
10/04/2004	0	NONE												
10/05/2004	0	NONE												
10/06/2004	0	NONE												
10/07/2004	1	NONE												
10/08/2004	0	NONE												
10/09/2004	0	NONE												
10/10/2004	0	NONE												
10/11/2004	0	NONE												
10/12/2004	0	NONE												
10/13/2004	1	NONE												
10/14/2004	2	NONE												
10/15/2004	0	NONE												
10/16/2004	0	NONE												
10/17/2004	0	NONE												
10/18/2004	0	NONE												
10/19/2004	1	NONE												
10/20/2004	0	NONE												
10/21/2004	0	NONE												
10/22/2004	1	NONE												
10/23/2004	1	NONE												
10/24/2004	1	NONE												
10/25/2004	1	NONE												
10/26/2004	0	NONE												
10/27/2004	0	NONE												
10/28/2004	1	NONE												
10/29/2004	2	NONE												
10/30/2004	2	NONE												
10/31/2004	2	NONE												

NOVEMBER LEL'S 2004

ANHEUSER-BUSCH ON-SITE EFFLUENT MANHOLE LEL DATA 11%<LEL<40% OVER 15 MINUTES

DATE	AVG %	START	STOP	DUR MIN	PEAK %	START	STOP	DUR MIN	PEAK %	START	STOP	DUR MIN	PEAK %	COMMENTS
11/01/2004	2	NONE												
11/02/2004	1	NONE												
11/03/2004	1	NONE												
11/04/2004	1	NONE												
11/05/2004	1	NONE												
11/06/2004	1	NONE												
11/07/2004	2	NONE												
11/08/2004	3	NONE												
11/09/2004	1	NONE												
11/10/2004	2	NONE												
11/11/2004	1	NONE												
11/12/2004	0	NONE												
11/13/2004	0	NONE												
11/14/2004	0	NONE												
11/15/2004	0	NONE												
11/16/2004	2	NONE												
11/17/2004	2	NONE												
11/18/2004	2	NONE												
11/19/2004	1	NONE												
11/20/2004	1	NONE												
11/21/2004	1	NONE												
11/22/2004	0	NONE												
11/23/2004	0	NONE												
11/24/2004	0	NONE												
11/25/2004	0	NONE												
11/26/2004	0	NONE												
11/27/2004	0	NONE												
11/28/2004	0	NONE												
11/29/2004	0	NONE												
11/30/2004	0	NONE												

DECEMBER LEL'S 2004

ANHEUSER-BUSCH ON-SITE EFFLUENT MANHOLE LEL DATA 11%<LEL<40% OVER 15 MINUTES

DATE	AVG %	START	STOP	DUR MIN	PEAK %	START	STOP	DUR MIN	PEAK %	START	STOP	DUR MIN	PEAK %	COMMENTS
12/01/2004	0	NONE												
12/02/2004	0	NONE												
12/03/2004	1	NONE												
12/04/2004	1	NONE												
12/05/2004	1	NONE												
12/06/2004	1	NONE												
12/07/2004	1	NONE												
12/08/2004	1	NONE												
12/09/2004	0	NONE												
12/10/2004	0	NONE												
12/11/2004	0	NONE												
12/12/2004	0	NONE												
12/13/2004	0	NONE												
12/14/2004	0	NONE												
12/15/2004	0	NONE												
12/16/2004	0	NONE												
12/17/2004	0	NONE												
12/18/2004	0	NONE												
12/19/2004	1	NONE												
12/20/2004	0	NONE												
12/21/2004	0	NONE												
12/22/2004	1	NONE												
12/23/2004	0	NONE												
12/24/2004	1	NONE												
12/25/2004	1	NONE												
12/26/2004	0	NONE												
12/27/2004	1	NONE												
12/28/2004	0	NONE												
12/29/2004	1	NONE												
12/30/2004	2	NONE												
12/31/2004	2	NONE												

ATTACHMENT C

COMPLIANCE MONITORING AND CERTIFICATION

TCB
02/17/05
SS —
per —
cuts ✓
DE —

1 Xyear 0101
bypass 0301

PART I: **IDENTIFYING INFORMATION**

Company Name: ANHEUSER-BUSCH, INC.

Permit No.: 31129999-00

Premise Address: ONE BUSCH PLACE (3-2) ST. LOUIS, MO 63118

Monitoring Period: 0(JAN-MAR) 0(APR-JUN) 0(JUL-SEPT) **X(OCT-DEC)**

Samples Collected By: SEVERN TRENT SERVICES, ANHEUSER-BUSCH, INC

Analyses Performed By: SEVERN TRENT SERVICES

PART II: **ANALYTICAL RESULTS OF SELF MONITORING**

MSD SAMPLE POINT REFERENCE NUMBERS		40		40		40		
DATES ON WHICH SAMPLES WERE COLLECTED		11/08/04		11/09/04				
TIMES AT WHICH SAMPLES WERE COLLECTED		9:09		9:46				
PARAMETER	LIMIT	RECORD SAMPLE TYPES AND RESULTS BELOW G00=grab T24=24 hrs composite M=meas flow E=est flow						UNITS
FLOW	NONE	E	0.015	E	0.015	E	0.015	MGD
BOD	NONE	T24		T24	0	T24		mg/l
COD	NONE	T24		T24	55	T24		mg/l
TSS	NONE	T24		T24	6	T24		mg/l
OIL AND GREASE	200	G00	<1.0	G00		G00		mg/l
TEMPERATURE	60	G00	32.4	G00		G00		C
PH	5.5-11.5	G00	8.59	G00		G00		s.u.

060 flow only
070 1X/year
075 flow only
080 1X/year
090 flow only
095 1X/year

PART I: **IDENTIFYING INFORMATION**

Company Name: ANHEUSER-BUSCH, INC.

Permit No.: 31129999-00

Premise Address: ONE BUSCH PLACE (3-2) ST. LOUIS, MO 63118

Monitoring Period: 0(JAN-MAR) 0(APR-JUN) 0(JUL-SEPT) **X(OCT-DEC)**

Samples Collected By: SEVERN TRENT SERVICES, ANHEUSER-BUSCH, INC

Analyses Performed By: SEVERN TRENT SERVICES

PART II: **ANALYTICAL RESULTS OF SELF MONITORING**

MSD SAMPLE POINT REFERENCE NUMBERS		100		100		100		100		
DATES ON WHICH SAMPLES WERE COLLECTED		11/08/04		11/09/04						
TIMES AT WHICH SAMPLES WERE COLLECTED		8:51		9:37						
PARAMETER	LIMIT	RECORD SAMPLE TYPES AND RESULTS BELOW G00=grab T24=24 hrs composite M=meas flow E=est flow								UNITS
FLOW	NONE	M	see attach	M	see attach	M	see attach	M	see attach	MGD
BOD	NONE	T24		T24	6.5	T24		T24		mg/l
COD	NONE	T24		T24	81.5	T24		T24		mg/l
TSS	NONE	T24		T24	16.5	T24		T24		mg/l
OIL AND GREASE	200	G00	<1.0	G00		G00		G00		mg/l
TEMPERATURE	60	G00	14.3	G00		G00		G00		C
PH	5.5-11.5	G00	9.91	G00		G00		G00		s.u.
Ammonia (as N)	NONE	T24		T24	1.4					mg/l

DMRFRM4XLS.XLS 01/25/2005

-110 1x/year
-111 flow only
-120 flow only
-130 flow only
-140 flow only
-152 flow only
-160 - diversion value
-170 1x/year

PART I: **IDENTIFYING INFORMATION**

Company Name: ANHEUSER-BUSCH, INC.

Permit No.: 31129999-00

Premise Address: ONE BUSCH PLACE (3-2) ST. LOUIS, MO 63118

Monitoring Period: 0(JAN-MAR) 0(APR-JUN) 0(JUL-SEPT) **X(OCT-DEC)**

Samples Collected By: SEVERN TRENT SERVICES, ANHEUSER-BUSCH, INC

Analyses Performed By: SEVERN TRENT SERVICES

PART II: **ANALYTICAL RESULTS OF SELF MONITORING**

MSD SAMPLE POINT REFERENCE NUMBERS		181		181		181		
DATES ON WHICH SAMPLES WERE COLLECTED		11/09/04		11/10/04				
TIMES AT WHICH SAMPLES WERE COLLECTED		10:50		9:34				
PARAMETER	LIMIT	RECORD SAMPLE TYPES AND RESULTS BELOW G00=grab T24=24 hrs composite M=meas flow E=est flow						UNITS
FLOW	NONE	E	0.005	E	0.005	E	0.005	MGD
BOD	NONE	T24		T24	0	T24		mg/l
COD	NONE	T24		T24	35	T24		mg/l
TSS	NONE	T24		T24	4	T24		mg/l
OIL AND GREASE	200	G00	<1.0	G00		G00		mg/l
TEMPERATURE	60	G00	18.4	G00		G00		C
PH	5.5-11.5	G00	6.98	G00		G00		s.u.

190 1X/year
200 "
209 "
210 flow only
220 "
225 "

PART I: **IDENTIFYING INFORMATION**

Company Name: ANHEUSER-BUSCH, INC.

Permit No.: 31129999-00

Premise Address: ONE BUSCH PLACE (3-2) ST. LOUIS, MO 63118

Monitoring Period: 0(JAN-MAR) 0(APR-JUN) 0(JUL-SEPT) **X(OCT-DEC)**

Samples Collected By: SEVERN TRENT SERVICES, ANHEUSER-BUSCH, INC

Analyses Performed By: SEVERN TRENT SERVICES

PART II: **ANALYTICAL RESULTS OF SELF MONITORING**

MSD SAMPLE POINT REFERENCE NUMBERS		230		230		230		
DATES ON WHICH SAMPLES WERE COLLECTED		12/16/04		12/16/04				
TIMES AT WHICH SAMPLES WERE COLLECTED		9:48		9:41				
PARAMETER	LIMIT	RECORD SAMPLE TYPES AND RESULTS BELOW G00=grab T24=24 hrs composite M=meas flow E=est flow						UNITS
FLOW	NONE	E	0.023	E	0.023	E	0.023	MGD
BOD	NONE	T24		T24	401	T24		mg/l
COD	NONE	T24		T24	1080	T24		mg/l
TSS	NONE	T24		T24	597	T24		mg/l
OIL AND GREASE	200	G00	26.5	G00		G00		mg/l
TEMPERATURE	60	G00	16.1	G00		G00		C
PH	5.5-11.5	G00	7.54	G00		G00		s.u.

PART I: **IDENTIFYING INFORMATION**

Company Name: ANHEUSER-BUSCH, INC.

Permit No.: 31129999-00

Premise Address: ONE BUSCH PLACE (3-2) ST. LOUIS, MO 63118

Monitoring Period: 0(JAN-MAR) 0(APR-JUN) 0(JUL-SEPT) **X(OCT-DEC)**

Samples Collected By: SEVERN TRENT SERVICES, ANHEUSER-BUSCH, INC

Analyses Performed By: SEVERN TRENT SERVICES

PART II: **ANALYTICAL RESULTS OF SELF MONITORING**

MSD SAMPLE POINT REFERENCE NUMBERS		241		241		241		
DATES ON WHICH SAMPLES WERE COLLECTED		11/09/04		11/10/04				
TIMES AT WHICH SAMPLES WERE COLLECTED		10:01		9:12				
PARAMETER	LIMIT	RECORD SAMPLE TYPES AND RESULTS BELOW G00=grab T24=24 hrs composite M=meas flow E=est flow						UNITS
FLOW	NONE	E	0.025	E	0.025	E	0.025	MGD
BOD	NONE	T24		T24	56	T24		mg/l
COD	NONE	T24		T24	214	T24		mg/l
TSS	NONE	T24		T24	36.5	T24		mg/l
OIL AND GREASE	200	G00	<1.0	G00		G00		mg/l
TEMPERATURE	60	G00	20.4	G00		G00		C
PH	5.5-11.5	G00	7.58	G00		G00		s.u.

ATTACHMENT D

SITE 283 FLOW INFORMATION

STL St. Louis
13715 Rider Trail North
Earth City, MO 63045

Tel 314 298 8566 Fax 314 298 8757
www.stl-inc.com

EXECUTIVE SUMMARY - Detection Highlights

F4K030107

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
SITE 283 11/02/04 001				
Total Suspended Solids	310	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day **	180	40.0	mg/L	MCAWW 405.1
COD	1230	20.0	mg/L	MCAWW 410.4
BERS INF 11/02/04 002 PROCESS WASTE ENTERING OUR WASTEWATER PLAN				
Total Suspended Solids	838	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	2110	40.0	mg/L	MCAWW 405.1
Dissolved BOD	1690	40.0	mg/L	MCAWW 405.1
COD	3920	50.0	mg/L	MCAWW 410.4
BERS EFF 11/02/04 003 PROCESS WASTE LEAVING OUR WASTEWATER PLANT GOING TO SITE 283				
Total Suspended Solids	435	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	421	40.0	mg/L	MCAWW 405.1
Dissolved BOD	198	40.0	mg/L	MCAWW 405.1
COD	1160	20.0	mg/L	MCAWW 410.4

** This data point is not believable (too low) based on BERS effluent data and historical records. BERS influent and BERS effluent data are well within normal limits.

STL St. Louis
13715 Rider Trail North
Earth City, MO 63045

Tel: 314 298 8566 Fax: 314 298 8757
www.stl-inc.com

EXECUTIVE SUMMARY - Detection Highlights

F4L040107

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
SITE 283 12/03/04 06:30 001				
Total Suspended Solids	6280	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day **	2710	40.0	mg/L	MCAWW 405.1
COD	7120	50.0	mg/L	MCAWW 410.4
BERS INF 12/03/04 06:30 002 PROCESS WASTE ENTERING OUR WASTEWATER PLANT				
Total Suspended Solids	1130	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	2840	40.0	mg/L	MCAWW 405.1
Dissolved BOD	2230	40.0	mg/L	MCAWW 405.1
COD	5200	50.0	mg/L	MCAWW 410.4
BERS EFF 12/03/04 06:30 003 PROCESS WASTE LEAVING OUR WASTEWATER PLANT GOING TO SITE 283				
Total Suspended Solids	514	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	386	40.0	mg/L	MCAWW 405.1
Dissolved BOD	180	40.0	mg/L	MCAWW 405.1
COD	1150	20.0	mg/L	MCAWW 410.4

** This data point is not believable (too high) based on BERS effluent data and historical records. BERS influent and BERS effluent data are well within normal limits.

SEVERN TRENT STL

STL St. Louis
13715 Rider Trail North
Earth City, MO 63045

Tel: 314 298 8566 Fax 314 298 8757
www.stl-inc.com

EXECUTIVE SUMMARY - Detection Highlights

F4K090189

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
SITE 283 11/08/04 10:46 001				
Total Suspended Solids	176	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day **	115 <	40.0	mg/L	MCAWW 405.1
Nitrogen, as Ammonia	2.2	0.20	mg/L	MCAWW 350.1
COD	522	20.0	mg/L	MCAWW 410.4
BERS INF 11/08/04 10:46 002 PROCESS WASTE ENTERING OUR WASTEWATER PLANT				
Total Suspended Solids	734	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	2240	40.0	mg/L	MCAWW 405.1
Dissolved BOD	1520	40.0	mg/L	MCAWW 405.1
COD	3770	50.0	mg/L	MCAWW 410.4
BERS EFF 11/08/04 10:46 003 PROCESS WASTE LEAVING OUR WASTEWATER PLANT GOING TO SITE 283				
Total Suspended Solids	640	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	427	40.0	mg/L	MCAWW 405.1
Dissolved BOD	194	40.0	mg/L	MCAWW 405.1
COD	1540	20.0	mg/L	MCAWW 410.4

** This data point is not believable (too low) based on BERS effluent data and historical records. BERS influent and BERS effluent data are well within normal limits.

SEVERN TRENT STL

STL St. Louis
13715 Rider Trail North
Earth City, MO 63045

Tel: 314 298 8566 Fax: 314 298 8757
www.stl-inc.com

EXECUTIVE SUMMARY - Detection Highlights

F4L300106

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
SITE 283 12/29/04 001				
Total Suspended Solids	3520	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day **	1800	40.0	mg/L	MCAWW 405.1
COD	4320	50.0	mg/L	MCAWW 410.4
BERS INF 12/29/04 002 PROCESS WASTE ENTERING OUR WASTEWATER PLANT				
Total Suspended Solids	1210	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	3330	40.0	mg/L	MCAWW 405.1
Dissolved BOD	2660	40.0	mg/L	MCAWW 405.1
COD	5020	50.0	mg/L	MCAWW 410.4
BERS EFF 12/29/04 003 PROCESS WASTE LEAVING OUR WASTEWATER PLANT GOING TO SITE 283.				
Total Suspended Solids	875	1.0	mg/L	MCAWW 160.2
Biochemical Oxygen Demand, 5 day	618	40.0	mg/L	MCAWW 405.1
Dissolved BOD	259	40.0	mg/L	MCAWW 405.1
COD	1730	20.0	mg/L	MCAWW 410.4

** This data point is not believable (too high) based on BERS effluent data and historical records. BERS influent and BERS effluent data are well within normal limits.

DELIVERY RECEIPT

MSD

Metropolitan St. Louis Sewer District
Department of Environment Compliance
10 East Grand Avenue
St. Louis, Missouri 63147
314-436-8710

SHIP DATE 01-26-05

SHIP VIA Rick Schutt

ORDER NUMBER

Deliver To: Lovie Lewis

Qty. Ordered	Qty. Shipped	√ Description	Received By	
	1	Qtr. Report	Lovie Lewis	Lovie Lewis

4 qtr
0/27/05
Rad SS

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**
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)
H-3	0.119
TOTAL ACTIVITY DISCHARGED:	0.119

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
JAN 27 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Print/type name of signing official: Kevin Ferguson

Title: Health Physicist Telephone: 977-6896

Signature: [signature] Date: 1/20/05

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 41122251-02
Premise Address: 1755 So Grand Zip Code: 63104-
Last Inspection Date: 1/21/03
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Phillip Van Cleve
Title: Dir of Building Services Phone#: 314-577-8072
Inspector: M. Blecha
Others Present: None
Inspection Date: 2/18/04 Time of Inspection: From 01:00 PM To 01:35 PM

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION 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 ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch	Water Used?	Frequency of discharge	Sample pt.
Hospital waste	Batch	Yes	Daily	001
Animal research laboratory	Batch	Yes	Multi x's/day	001
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		
	(None)	N/A		

3. PRETREATMENT (describe):

	Sample pt.
Grease trap, pH adj- lab waste.	001

4. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   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: _____

5. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐
   A. If yes, list reg. & describe (including any discharge):
   40 CFR 460 Sub A. No Stds. Hospital waste: Outpatient Eye Disorders, & Dermatology waste goes to SP 001.

6. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? _____

7. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

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

A. Describe operations & disposal: Animal tissue research, low level sewered, high level waste is hauled.

B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐

C. Date of Authorization: 12/20/00 Annual amt approved: 120 mC

D. Has company exceeded the approved quantity? Yes☐ No☒

E. If yes, explain: _____

9. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒

A. Explain how verified & needed changes: Water usage is normal for hospital operation.

10. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒

A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

11. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

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

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

B. Explain any marked: _____

13. ARE ANY SOLVENTS USED? Yes☒ No☐

A. Which solvents? Toluene, benzene, methyene chloride, & acetone.

B. What used for? Lab reagents.

C. How disposed? Hauled.

14. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Chemicals stored in flammable cabinets.

15. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433	Last Update	Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Chemical Spills	N/A	4/24/95	Yes	No
	N/A		N/A	N/A
	N/A		N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

16. HAZARDOUS WASTES:
   A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐
   B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒
   C. If yes to B, list haz wastes: _____
   D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐
   F. Comments: _____

17. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☒ No☐
   A. Are MSD contacts listed? Yes☒ No☐
   B. If no to either, describe how handled: _____

18. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐
   A. If yes, requirement is 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: _____

19. IF COMPANY SELF-MONITORS (REQ'D OR NOT), DOES IT COLLECT REPRESENTATIVE GRAB/COMP SAMPLES & USE EPA-APPROVED 40CFR136 WASTEWATER TEST METHODS? N/A☐ Yes☒ No☐
   A. If no, explain needed changes: _____

20. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒
   A. If yes, type and date: _____
   B. Have the reports & actions been on-time & complete? Yes☐ No☐
   C. If no, explain: _____

21. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒
   A. Indicate correct categories:
      SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐
      Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
   B. Explain changes: _____

22. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste + Boiler Blowdn + NCCW + P&E Washdn	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

23. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

24. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
   A. If any SPs cannot be located or opened, explain: _____
   B. If any SP descript's need to be changed, explain: _____

25. REVIEW THE SAMPLE POINT MAP! Last map revision date: 11/30/99

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

B. If no, what changes are needed? _____

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

Floors 3,4,5,6, and 7 are offices for doctors use.

5th floor are animal tissue research laboratories.

Floors 1, and 2 is for outpatient care. X-ray film developing equipment is replaced with digital processing printing machines. Film developing equipment is removed from building. No silver on site.

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

INDUSTRY NAME: ANHEUSER-BUSCH INSTITUTE
PRIMARY MSD ACCOUNT NO: 4112225102

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

INDUSTRIAL USER CATEGORIZATIONS

Effective Date	SIU	CIU	Surcharge	High Flow	Pot Toxic Waste	No Proc Flow	Multi User Acct	IIU
3/ 6/97	Y				Y			

Effective Date	SIU Criteria
2/22/94	Reasonable potential for adverse affect on oper

GENERAL INFORMATION

Office Mailing Address
P.O. Box 15250
St Louis, MO 63110 0250

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

Last Routine Inspection
Date: 2/18/04
Inspector Martin Blecha
Next Due: 6/30/05

Last Inspection
Date: 2/18/04 **Type:** RIN
Inspector Martin Blecha

IUQ Recvd Date: 7/ 7/00
Reviewer: Gunter Durdel

Permit Issue Date: 1/ 1/01
Permit Exp.Date: 12/31/05
Extend / Term Date
Permit Writer Fabian Grabski

CONTACTS:

Auth Signature - Primary	Phillip Van Cleve, FMA	Director of Building Services	Office Phone	(314) 577-8072 Ext
Field Contact - Primary	Phillip Van Cleve, FMA	Director of Building Services	Office Phone	(314) 577-8072 Ext
Field Contact 1st Alt	Dave Stricklan	General Maintenance Supervisor	Office Phone	(314) 577-8072 Ext
Office Contact - Primary	Phillip Van Cleve, FMA	Director of Building Services	Office Phone	(314) 577-8072 Ext

OPERATIONAL INFORMATION

Work Days / Week:	5
Employees:	220
Shifts / Day:	2
Hrs. of Operation:	20

Shift No.	No. of Emp.	Shift Start Time	Shift Duration
1	200	06:00 AM	12
2	20	06:00 PM	8

Other Agencies	Permit Number
MDNR - Hazardous Waste Program	026136
Nuclear Regulatory Commission	24-00196-07

NON-SEWERED WASTE **On-Site Storage:** N **On-Site Disposal:** Y **Off-Site Disposal:** Y

COMMENTS Cont-op, SPCCP-yes, Infectious waste hauled, Sewered radioactive waste

PRODUCT & SERVICE INFORMATION

SIC	DESCRIPTION
8011	Offices & Clinics of Doctors of Medicine
8733	Noncommercial Research Organizations

Raw Materials / Processes:
NA

Products / Services:
Eye disorder research, Clinical eye surgery & dermatology

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Sewer Accounts
4112225102

Start Date 2/ 1/03 **End Date =** 3/31/04

Acct No. 4112225102			Consumption CCF's	Consumption Gallons	Wdays	Cdays	Discharge Gal / Wday	Discharge Gal / Cday
	1/25/03	4/22/03	2,488		63	88		
	4/23/03	7/21/03	3,743		64	90		
	7/22/03	10/24/03	3,510		68	95		
RF 1.00	Acct. Total		9,741	7,286,775	195	273	37,368	26,691
	Facility Total		9,741				37,368	26,691

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

INDUSTRY NAME: ANHEUSER-BUSCH INSTITUTE
PRIMARY MSD ACCOUNT NO: 4112225102

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

SEWER CONNECTION INFORMATION

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
01	Sanitary Or Combined	21F2 009C	Bissell Point	Old Mill Creek

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 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

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

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Boiler Blowdown		300	GPD	D	8/ 2/00
Non Contact Cooling Water		1,000	GPD	D	
Plant & Equipment Washdown		100	GPD	D	
Hospital Waste	Sanitary, lab services	25,900	GPD	D	
	TOTAL QNTY:	27,300			

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
02	Sanitary Or Combined	21F2 009C	Bissell Point	Old Mill Creek

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 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

Description 6" vent 5' W of garage oil separator

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Stormwater	From parking garage	1	GPD	D	1/27/94
	TOTAL QNTY:	1			

PRETREATMENT TYPES

SPN	Pretreatment Description	SPN	Pretreatment Description	SPN	Pretreatment Description
001	pH Adjustment / Neutralization	002	Oil Intercepter		

PRIORITY POLLUTANTS

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

EXTRA STRENGTH SURCHARGE INFORMATION

Certification / Recertification Date

ECIMS FACILITY CONTACTS

For Account Number Selecte **4112225102** **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.
Office Mailing Address					
Auth Signature - Primary	Phillip Van Cleve, FMA	Director of Building Services	OFF	(314)577-8072	
Chief Executive Officer	Leona Stoll	CEO	OFF	(314)577-8007	
Office Contact - Primary	Phillip Van Cleve, FMA	Director of Building Services	OFF	(314)577-8072	
Premise Address					
Field Contact - Primary	Phillip Van Cleve, FMA	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	Dave Stricklan	General Maintenance Supervisor	OFF	(314)577-8072	

ECIMS

REPORT OF FIELD SAMPLING REQUIREMENTS

Account No Entered **4112225102** **ANHEUSER-BUSCH INSTITUTE**

SPN	Premise Address	CITY	ST	ZIP
	1755 S. Grand Blvd	St Louis	MO	63104

001 | **Poll Code** | **Pollutant Description** | **Frequency** | **Sample Type** | **IM = IPD - Company - MSD** | **End Date** 06/30/2005

Poll Code	Pollutant Description	Frequency	Sample Type
T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs
T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs
T237000	pH	Once/year	Grab
T247000	Temperature	Once/year	Grab
T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs
T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs
T328000	Carbon Tetrachloride	Once/year	Grab
T332000	Chloroform	Once/year	Grab
T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs
T340000	Cyanide Amenable to Chlorination	Once/year	Grab
T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs
T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs
T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs
T371000	Methylene Chloride	Once/year	Grab
T388000	Phenol	Once/year	Comp-Time 04 Hrs
T397000	Toluene	Once/year	Grab
T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs
T999000	Total Toxic Organics	Once/year	Grab

002 | **Poll Code** | **Pollutant Description** | **Frequency** | **Sample Type** | **IM = IPD - Company - MSD** | **End Date** 06/30/2005

Poll Code	Pollutant Description	Frequency	Sample Type
T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs
T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs
T234000	Oil and Grease (Total)	Once/year	Grab
T237000	pH	Once/year	Grab
T247000	Temperature	Once/year	Grab
T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

ANHEUSER-BUSCH INSTITUTE
P.O. Box 15250

St Louis, MO 63110-0250

MSD ACCOUNT #: W4112225102

INVOICE

Invoice Number: PDP-2858

Invoice Date: 12/23/03

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2003 through September 30, 2004 issued in accordance with the Metropolitan St. Louis Sewer District Ordinance #8660 for the location at 1755 S. Grand Blvd..

Basecharge @ $150.00 per permit		150.00
Volume charge (computed on average daily ccf's)	35.250 ccfs @ $.72 per ccf	25.38
Sample Point Charge 2 points @ $100.00 per sample point.		200.00
	Total Fee Due:	$375.38

Remit to the above address. Mailing payment to any other address or facility of the Metropolitan St. Louis Sewer District could result in a delay in applying payment. If not paid by the due date a late charge of 1.5% will be added to the unpaid balance. For inquiries about this invoice please call (314) 768-6200 Ext.6494.

OEC

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser Busch Institute Account #: 41122251-02
Premise Address: 1755 South Grand Zip Code: 63104-
Last Inspection Date: 2/14/02
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Phillip Van Cleve
Title: Director of Building Services Phone#: 314-577-8072
Inspector: D. Kupke
Others Present: None
Inspection Date: 1/21/03 Time of Inspection: From 08:30 AM To 09:39 AM

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION 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 ACCOUNT NUMBERS? Yes☒ No☐
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Hospital- clinic operations	Cont		Yes	daily	SP001
floor mopping	Batch		Yes	daily	SP001
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		
	(None)		N/A		

3. PRETREATMENT (describe):

	Sample pt.
Silver recovery	SP001
Grease Interceptor	SP001

4. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   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: _____

5. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐
   A. If yes, list reg. & describe (including any discharge):
   40 CFR 460 there are no discharge standards. Hospital waste from its operations Laboratory services, Radiological, and Dietary.

6. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? _____

7. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

8. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Animal Tissue research, low level sewered, high level hauled offsite
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 12/20/00 Annual amt approved: not more than 120mC
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

9. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Water usage is in appropriate volumes for use in clinic operations. Tour revealed no excessive usages.

10. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

11. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☐ Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

13. ARE ANY SOLVENTS USED? Yes☒ No☐
   A. Which solvents? Toluene, Benzene, Methylene Chloride, Acetone
   B. What used for? Lab reagents
   C. How disposed? Hauled offsite

14. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒
   A. If yes, what needs to be done? _____
   B. If no, how are they controlled? Storage chemicals have sufficient secondary containment.

15. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Chemical Spills	N/A		4/24/95		Yes	No
	N/A				N/A	N/A
	N/A				N/A	N/A

B. If no, is one needed? (write company and request) Yes☐ No☐

16. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

F. Comments: _____

17. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☒ No☐

A. Are MSD contacts listed? Yes☒ No☐

B. If no to either, describe how handled: _____

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

A. If yes, requirement is 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: Did not correct certifications and list flow at sample points. Late report 4th quarter 2002.

19. IF COMPANY SELF-MONITORS (REQ'D OR NOT), DOES IT COLLECT REPRESENTATIVE GRAB/COMP SAMPLES & USE EPA-APPROVED 40CFR136 WASTEWATER TEST METHODS? N/A☐ Yes☒ No☐

A. If no, explain needed changes: _____

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

A. If yes, type and date: _____

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

C. If no, explain: _____

21. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒

A. Indicate correct categories:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐

Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐

B. Explain changes: _____

22. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste, Boiler blowdown, NCCW, Plant Equipment washdown	No
SP #	002	Fed.Reg.		Components:	Stormwater from parking garage	Yes
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

23. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

24. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____

25. REVIEW THE SAMPLE POINT MAP! Last map revision date: 11/30/99
A. Is the map correct and accurate in all its details? Yes☒ No☐
B. If no, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
Hospital waste includes Boiler blowdown, NCCW, Dietary, and Laboratory services (Radiological X-ray development).

MSD 020428

ONDEO Nalco

MATERIAL SAFETY DATA SHEET

PRODUCT

STABREX® ST20

EMERGENCY TELEPHONE NUMBER(S)
(800) 424-9300 (24 Hours) CHEMTREC

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME : **STABREX® ST20**

APPLICATION : MICROORGANISM CONTROL CHEMICAL

COMPANY IDENTIFICATION : Ondeo Nalco Company
Ondeo Nalco Center
Naperville, Illinois
60563-1198

EMERGENCY TELEPHONE NUMBER(S) : (800) 424-9300 (24 Hours) CHEMTREC

NFPA 704M/HMIS RATING
HEALTH : 3 / 3 FLAMMABILITY : 0 / 0 REACTIVITY : 0 / 0 OTHER :
0 = Insignificant 1 = Slight 2 = Moderate 3 = High 4 = Extreme

2. COMPOSITION/INFORMATION ON INGREDIENTS

Our hazard evaluation has identified the following chemical substance(s) as hazardous. Consult Section 15 for the nature of the hazard(s).

Hazardous Substance(s)	CAS NO	% (w/w)
Sodium Hydroxide	1310-73-2	1.0 - 5.0

3. HAZARDS IDENTIFICATION

****EMERGENCY OVERVIEW****

DANGER
CORROSIVE. CAUSES SEVERE EYE AND SKIN INJURY. HARMFUL IF INHALED. HARMFUL IF SWALLOWED.
Do not get in eyes, on skin or on clothing. Wear goggles or face shield and rubber gloves when handling. Remove and wash contaminated clothing before reuse. Wash thoroughly after handling.
May evolve hydrogen bromide and bromine under fire conditions. May evolve HCl under fire conditions. May evolve chlorine under fire conditions. May evolve oxides of nitrogen (NOx) under fire conditions. Contact with reactive metals (e.g. aluminum) may result in the generation of flammable hydrogen gas.

PRIMARY ROUTES OF EXPOSURE :
Eye, Skin

HUMAN HEALTH HAZARDS - ACUTE :

EYE CONTACT :
Corrosive. Will cause eye burns and permanent tissue damage.

RECEIVED FEB 07 2003 OFFICE OF ENVIRONMENTAL COMPLIANCE

ONDEO Nalco

MATERIAL SAFETY DATA SHEET

PRODUCT

NALCO 2826

EMERGENCY TELEPHONE NUMBER
(800) 424-9300 (24 Hours) CHEMTREC

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME : **NALCO 2826**

APPLICATION : COOLING TREATMENT

COMPANY IDENTIFICATION : Ondeo Nalco Company
Ondeo Nalco Center
Naperville, Illinois
60563-1198

EMERGENCY TELEPHONE NUMBER : (800) 424-9300 (24 Hours) CHEMTREC

NFPA 704M/HMIS RATING
HEALTH : 1 / 2 FLAMMABILITY : 1 / 1 REACTIVITY : 0 / 0 OTHER :
0 = Insignificant 1 = Slight 2 = Moderate 3 = High 4 = Extreme

2. COMPOSITION/INFORMATION ON INGREDIENTS

Our hazard evaluation has identified the following chemical substance(s) as hazardous. Consult Section 15 for the nature of the hazard(s).

Hazardous Substance(s)	CAS NO	% (w/w)
Potassium Vanadate	14293-78-8	1.0 - 5.0
Sodium Tolyltriazole	64665-57-2	1.0 - 5.0

3. HAZARDS IDENTIFICATION

****EMERGENCY OVERVIEW****

WARNING
Irritating to eyes and skin.
Do not get in eyes, on skin, on clothing. Do not take internally. Keep container tightly closed. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. After contact with skin, wash immediately with plenty of water.
Wear suitable protective clothing, gloves and eye/face protection.
May evolve oxides of carbon (COx) under fire conditions. May evolve oxides of nitrogen (NOx) under fire conditions.

PRIMARY ROUTES OF EXPOSURE :
Eye, Skin

HUMAN HEALTH HAZARDS - ACUTE :

EYE CONTACT :
Can cause moderate to severe irritation. Can cause mild irritation.

FEB 07 2003

ONDEO Nalco

MATERIAL SAFETY DATA SHEET

PRODUCT

NALCO 2828 PLUS

EMERGENCY TELEPHONE NUMBER(S)
(800) 424-9300 (24 Hours) CHEMTREC

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME :	**NALCO 2828 PLUS**
APPLICATION :	MULTIFUNCTIONAL BOILER TREATMENT
COMPANY IDENTIFICATION :	Ondeo Nalco Company Ondeo Nalco Center Naperville, Illinois 60563-1198
EMERGENCY TELEPHONE NUMBER(S) :	(800) 424-9300 (24 Hours) CHEMTREC

NFPA 704M/HMIS RATING
HEALTH : 3 / 3 FLAMMABILITY : 1 / 1 REACTIVITY : 0 / 0 OTHER :
0 = Insignificant 1 = Slight 2 = Moderate 3 = High 4 = Extreme

2. COMPOSITION/INFORMATION ON INGREDIENTS

Our hazard evaluation has identified the following chemical substance(s) as hazardous. Consult Section 15 for the nature of the hazard(s).

Hazardous Substance(s)	CAS NO	% (w/w)
Sodium Sulfite	7757-83-7	5.0 - 10.0
Diethylethanolamine	100-37-8	1.0 - 5.0
Potassium Hydroxide	1310-58-3	1.0 - 5.0

3. HAZARDS IDENTIFICATION

****EMERGENCY OVERVIEW****

DANGER
Corrosive. May cause tissue damage. Contains Sulfite. Causes asthmatic signs and symptoms in hyper-reactive individuals.
Do not get in eyes, on skin, on clothing. Do not take internally. Use with adequate ventilation. Keep container tightly closed and in a well-ventilated place. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. After contact with skin, wash immediately with plenty of water. Protect product from freezing. Wear a face shield. Wear chemical resistant apron, chemical splash goggles, impervious gloves and boots.
Not flammable or combustible. May evolve oxides of carbon (COx) under fire conditions. May evolve oxides of nitrogen (NOx) and sulfur (SOx) under fire conditions. May evolve oxides of phosphorus (POx) under fire conditions.

PRIMARY ROUTES OF EXPOSURE :
Eye, Skin

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

INDUSTRY NAME: ANHEUSER-BUSCH INSTITUTE
PRIMARY MSD ACCOUNT NO: 4112225102

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

INDUSTRIAL USER CATEGORIZATIONS

Effective Date	SIU	CIU	Surcharge	High Flow	Pot Toxic Waste	No Proc Flow	Multi User Acct	IIU
03/06/1997	Y				Y			

Effective Dat	SIU Criteria
02/22/1994	Reasonable potential for adverse affect on oper

GENERAL INFORMATION

Office Mailing Address
P.O. Box 15250
St Louis, MO 63110 0250

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

Last Routine Inspection
Date: 01/21/2003
Inspector David Kupke
Next Due: 06/30/2004

Last Inspection
Date: 01/21/2003 **Type:** RIN
Inspector David Kupke

IUQ Recvd Date: 07/07/2000
Reviewer: Gunter Durdel

Permit Issue Date: 01/01/2001
Permit Exp.Date: 12/31/2005
Extend / Term Date
Permit Writer Fabian Grabski

CONTACTS:

Auth Signature - Primary	Phillip Van Cleve, FMA	Director of Building Services	Office Phone	(314) 577-8072 Ext
Field Contact - Primary	Phillip Van Cleve, FMA	Director of Building Services	Office Phone	(314) 577-8072 Ext
Field Contact 1st Alt	Dave Stricklan	General Maintenance Supervisor	Office Phone	(314) 577-8072 Ext

OPERATIONAL INFORMATION

Work Days / Week:	5
Employees:	240
Shifts / Day:	2
Hrs. of Operation:	20

Shift No.	No. of Emp.	Shift Start Time	Shift Duration
1	220	06:00 AM	12
2	20	06:00 PM	8

Other Agencies	Permit Number
MDNR - Hazardous Waste Program	026136
Nuclear Regulatory Commission	24-00196-07

NON-SEWERED WASTE **On-Site Storage:** N **On-Site Disposal:** Y **Off-Site Disposal:** Y

COMMENTS Cont-op, SPCCP-yes, Infectious waste hauled, Sewered radioactive waste

PRODUCT & SERVICE INFORMATION

SIC	DESCRIPTION
8011	Offices & Clinics of Doctors of Medicine
8733	Noncommercial Research Organizations

Raw Materials / Processes:
NA

Products / Services:
Eye disorder research, Clinicla eye surgery & dermatology

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Sewer Accounts
4112225102

Start Date 10/01/2001 **End Date =** 01/31/2003 **Wdays** **Cdays**

Acct No. 4112225102			Consumption CCF's	Gallons	Wdays	Cdays	Discharge Gal / Wday	Gal / Cday
	07/28/2001	10/29/2001	3,571		67	94		
	10/30/2001	01/28/2002	1,748		65	91		
	01/29/2002	04/23/2002	1,952		61	85		
	04/24/2002	07/23/2002	3,835		65	91		
RF 1.00	Acct. Total		11,106	8,307,866	258	361	32,201	23,013
	Facility Total		11,106				32,201	23,013

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

INDUSTRY NAME: ANHEUSER-BUSCH INSTITUTE
PRIMARY MSD ACCOUNT NO: 4112225102

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

SEWER CONNECTION INFORMATION

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
01	Sanitary Or Combined	21F2 009C	Bissell Point	Old Mill Creek

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 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

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

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Boiler Blowdown		300	GPD	D	08/02/2000
Non Contact Cooling Water		1,000	GPD	D	
Plant & Equipment Washdown		100	GPD	D	
Hospital Waste	Sanitary, lab services	25,900	GPD	D	
	TOTAL QNTY:	27,300			

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
02	Sanitary Or Combined	21F2 009C	Bissell Point	Old Mill Creek

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 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

Description 6" vent 5' W of garage oil separator

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Stormwater	From parking garage	1	GPD	D	01/27/1994
	TOTAL QNTY:	1			

PRETREATMENT TYPES

SPN	Pretreatment Description	SPN	Pretreatment Description	SPN	Pretreatment Description
001	Metallic Replacement	001	pH Adjustment / Neutralization	002	Oil Intercepter

PRIORITY POLLUTANTS

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

EXTRA STRENGTH SURCHARGE INFORMATION

Certification / Recertification Date

ECIMS FACILITY CONTACTS

For Account Number Select 4112225102 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.
Office Mailing Address					
Auth Signature - Primary	Phillip Van Cleve, FMA	Director of Building Services	OFF	(314)577-8072	
Chief Executive Officer	Leona Stoll	CEO	OFF	(314)577-8007	
Premise Address					
Field Contact - Primary	Phillip Van Cleve, FMA	Director of Building Services	OFF	(314)577-8072	
Field Contact 1st Alt	Dave Stricklan	General Maintenance Supervisor	OFF	(314)577-8072	

ECIMS
REPORT OF FIELD SAMPLING REQUIREMENTS

Account No Entered **4112225102** **ANHEUSER-BUSCH INSTITUTE**

SPN	Premise Address	CITY	ST	ZIP
	1755 S. Grand Blvd.	St Louis	MO	63104

001 | **Poll Code** | **Pollutant Description** | **Frequency** | **Sample Type** | **IM = IPD - Company - MSD** | **End Date 06/30/2004**

Poll Code	Pollutant Description	Frequency	Sample Type
T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs
T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs
T237000	pH	Once/year	Grab
T247000	Temperature	Once/year	Grab
T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs
T276000	2-Nitrophenol	Once/year	Comp-Time 04 Hrs
T328000	Carbon Tetrachloride	Once/year	Grab
T332000	Chloroform	Once/year	Grab
T335000	Chromium (Total)	Once/year	Comp-Time 04 Hrs
T340000	Cyanide Amenable to Chlorination	Once/year	Grab
T343000	Di-n-butyl Phthalate	Once/year	Comp-Time 04 Hrs
T348000	Diethyl Phthalate	Once/year	Comp-Time 04 Hrs
T349000	Dimethyl Phthalate	Once/year	Comp-Time 04 Hrs
T371000	Methylene Chloride	Once/year	Grab
T388000	Phenol	Once/year	Comp-Time 04 Hrs
T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs
T397000	Toluene	Once/year	Grab
T403000	Zinc (Total)	Once/year	Comp-Time 04 Hrs
T999000	Total Toxic Organics	Once/year	Grab

002 | **Poll Code** | **Pollutant Description** | **Frequency** | **Sample Type** | **IM = IPD - Company - MSD** | **End Date 06/30/2004**

Poll Code	Pollutant Description	Frequency	Sample Type
T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs
T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs
T234000	Oil and Grease (Total)	Once/year	Grab
T237000	pH	Once/year	Grab
T247000	Temperature	Once/year	Grab
T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: Anheuser-Busch Institute Account #: 4112251-02
Premise Address: 1755 S. Grand Blvd. Zip Code: 63104
Last Inspection Date: 10/31/00
MSD Categories: SIU ✓ CIU ___ Surcharge ___ Potential Toxic Waste ✓
Non-Toxic Waste ___ No Process Flow ___ Multi User ___ IIU ___
Company Representative: Phillip Van Cleve
Title: Director of Building Services Phone #: (314) 577-8072
Others Present: none
Inspector: David Kupke
INSPECTION DATE: 02/14/02 Time of Inspection: From 10:08AM To 11:10AM

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

***** ECIMS ALSO UPDATED WITH APPROPRIATE CHANGES - USING THE ABOVE INSPECTION DATE *****

1. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes__ No ✓
List them, note any changes & reasons: ___

2. PROCESS & CLEANUP/WASHDOWN:

Description	Cont/Batch	Water used?	Frequency of discharge	Sample pt.
Hospital - clinic operations	Cont	yes	daily	SP001
Floor mopping	Cont	yes	daily	SP001

3. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes__ No ✓
A. If yes, list reg. & describe (including any discharge): ___

4. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No ✓
A. At which points? ___
B. Current applied factor: ___ Is it correct? Yes__ No__
C. If no, what is the correct factor & explain change? ___

5. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No ✓
A. At which points? ___
B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
C. If yes, explain? ___

6. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No
A. Describe operations & disposal: Animal Tissue Research low level sewered, High hauled offsite
B. Does company have MSD authorization to disposal to sewer? Yes ✓ No__
C. Date of authorization: 12/20/00 Annual amt approved: not more than 120 mC
D. Has company exceeded the approved quantity? Yes__ No ✓
E. If yes, explain: ___

7. DOES WATER USE APPEAR EXCESSIVE? Yes__ No ✓
A. Explain how verified & needed changes: Tour of facility revealed these water usages Boiler blowdown, NCCW from HVAC, Plant & equipment washdown, Hospital waste from these services - Floor mopping, lab operations - washing.

(08/01)

MSD 020436

8. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No ✓

A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no - describe

B. Comments:

9. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA ✓ Yes__ No__

A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no - describe

B. Comments:

10. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No ✓

A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____

B. Explain any marked:

11. ARE ANY SOLVENTS USED? Yes ✓ No__

A. Which solvents? Toluene, Benzene, methylene chloride, Acetone
B. What used for? lab reagents
C. How disposed? hauled offsite

12. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes ✓ No__

A. If yes:

Title	SMP? 413/433	Last Update	Copy in file? (Only get SMP)	Update needed? Explain if yes
Hazardous Chemical Spills		4/24/95	yes	No

13. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No ✓

A. If yes, what needs to be done?

B. If no, how are they controlled?

14. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes ✓ No__

A. Are MSD contacts listed? Yes ✓ No__
B. If no to either, describe how handled:

15. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__

A. If yes, requirement is contained in permit ✓ or other document_____.
B. If other document, date & description:
C. How frequently are sampling & reports required? Quarterly
D. Have reports been on-time, complete & signed by proper person? Yes__ No ✓
E. If no, explain: did not initial correct certifications, did not report flow 4th Quarter 2001.

16. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
   A. If yes, type and date: _____
   B. Have the reports & actions been on-time & complete? Yes__ No__
   C. If no, explain: _____

17. DOES MSD CATEGORY NEED TO BE REVISED? Yes__ No ✓
   A. Indicate correct categories:
      SIU_____ CIU_____ Surcharge_____ Potential Toxic Waste_____
      Non-Toxic Waste_____ No Process Flow_____ Multi User_____ IIU_____
   B. Explain changes: _____

18. SAMPLE POINTS DJ(y/n)
   SP No. 001 Fed. Reg.____ Components: Boiler Blowdown NCCW-HVAC plant x equipt. washdown Hospital waste - Sanitary Lab sanitizer N
   SP No. 002 Fed. Reg.____ Components: Storm water Y
   SP No.____ Fed. Reg.____ Components: _____
   SP No.____ Fed. Reg.____ Components: _____
   SP No.____ Fed. Reg.____ Components: _____

19. UNSAMPLED DISCHARGES? (list each lateral separately) Yes__ No ✓
   1. _____
   2. _____
   3. _____

20. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
   A. If any SPs cannot be located or opened, explain: _____
   B. If any SP descriptions need to be changed, explain: _____

21. REVIEW THE SAMPLE POINT MAP! Last map revision date: 11/30/99
   A. Are all sample points correctly located & identified? Yes ✓ No__
   B. Is the map correct and accurate in all its details? Yes ✓ No__
   C. If no to A or B, what changes are needed? _____

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

_____

M[redacted]OPOLITAN ST. LOUIS SEWER DISTR[redacted]
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**
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)
H-3	0.00017
TOTAL ACTIVITY DISCHARGED:	0.00017

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: 577-8609

Signature: Kevin Ferguson Date: 1/23/02

RECEIVED

Anheuser-Busch, Inc.
ONE OF THE ANHEUSER-BUSCH COMPANIES

November 13, 2001

RECEIVED

NOV 1 4 A.M.

DEPT. of ENVIRONMENTAL COMPLIANCE

Mr. Bernard Rains
Director, Envir. Compliance
MSD
10 East Grand Ave.
St. Louis, Mo. 63147-2913

Dear Mr. Rains:

Enclosed is a copy of Anheuser-Busch's 2000 Environmental, Health and Safety Report Summary Brochure. This four-page brochure summarizes the company's environmental, health and safety performance through the year 2000. The complete report, with more detail and information, is available on the Internet at http://www.abenvironment.com--click on EHS Report. As an ongoing commitment to resource conservation, our full report is available through the Internet only.

The performance data and featured stories in this year's report reflect the outstanding accomplishments of our employees in protecting the environment and maintaining a safe workplace. In addition, the results attest to our ongoing commitment to integrate quality into all aspects of our business, including environmental, health, and safety.

If you have any comments or questions about Anheuser-Busch's environmental, health and safety programs, feel free to contact us.

Sincerely,

Jeff Pitts
Plant Manager
(314) 577-2500

Peter Kraemer
Brewmaster
(314) 577-7220

Anheuser-Busch, Inc.
One Busch Place
St. Louis, MO U.S.A. 63118-1852

Anheuser-Busch Companies Environmental, Health & Safety Report 2000

Summary Brochure

MSD 020441

Focus on Resource Use

Anheuser-Busch has embarked on a comprehensive effort designed to make the most efficient use of critical resources:

- **Water.** High quality water is an essential ingredient in Anheuser-Busch's brewed products. The company's initiatives to conserve water help protect the quality and supply of this vital resource.

- **Energy.** Reducing electricity purchases and fuel consumption minimizes air emissions from fossil fuel combustion and conserves natural resources.

- **Carbon dioxide (CO_2).** This gas is produced naturally in the fermentation process. Additional CO_2 is purchased for use in other processes. To the extent feasible, Anheuser-Busch closes the loop and reuses CO_2 instead of releasing it to the atmosphere, where it could contribute to global climate change.

Management and employee teams at all Anheuser-Busch breweries, parks, and other facilities are involved in many different types of projects to monitor and reduce the use of natural resources. The breweries, representing the company's primary business, also represent the largest portion of the corporation's environmental footprint. As a result, Anheuser-Busch focuses attention on minimizing water, energy, and CO_2 use at the breweries.

As an example, Anheuser-Busch reduces water and energy consumption by investing in capital projects to recycle steam and reuse water. Information systems and processes help facilitate the sharing of this kind of information among the breweries.

EHS Management System

Based upon corporate policy and internal requirements, the EHS Management System guides program implementation toward the integration of EHS activities throughout Anheuser-Busch's business operations. The requirements set performance expectations in 20 areas across a wide spectrum of EHS issues – including process risk reduction, employee responsibilities, pollution prevention, product stewardship, regulatory compliance, safety and occupational health, and incident response and preparedness.

As part of the company's commitment to continuous improvement, Anheuser-Busch is conducting a comprehensive review in 2001 of its management system requirements to identify opportunities for improvement.

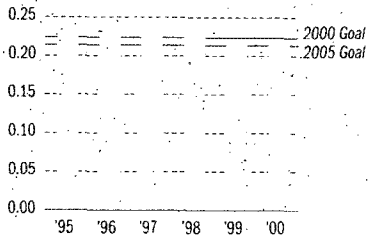
www.abenvironment.com

The data in this summary include the following Anheuser-Busch U.S. operations: beer and beer-related operations, packaging, entertainment, recycling, and transportation.

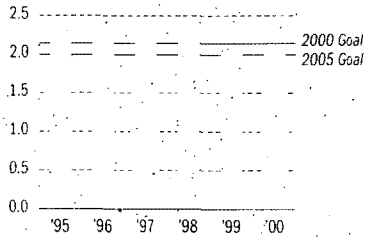
Key Indicators and Highlights

Resource Use. Anheuser-Busch manages natural resource use through capital projects, process changes, utility audits, and conservation awareness efforts throughout the company. These measures have allowed Anheuser-Busch to meet or exceed its goals for reducing electricity purchases, fuel use, and water use.

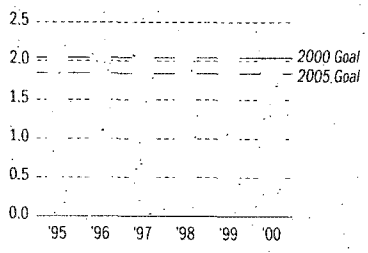
In addition, Bio-Energy Recovery Systems (BERS) installed at 8 of the 12 U.S. breweries and both overseas breweries help minimize the environmental impact of energy use by utilizing methane gas generated during wastewater pretreatment. The use of biogas – a renewable energy source – reduces the company's consumption of fossil fuels.



Electricity Use Including Cogeneration
Million kilowatt-hours per million dollars adjusted net sales



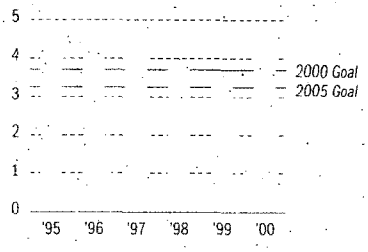
Fuel Use Including Biogas, Excluding Cogeneration
Billion Btus per million dollars adjusted net sales



Purchased Water Use
Million gallons per million dollars adjusted net sales

Waste. Anheuser-Busch has established waste reduction programs and goals across the company and has achieved substantial improvements through the coordinated efforts of employees. The amount of solid waste sent to landfills declined by 11 percent per dollar of sales from 1995 to 2000.

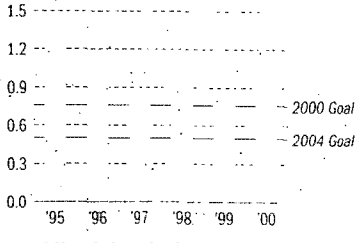
The company's breweries, parks, and other facilities seek ways to recycle and reuse solid waste, from recycling park maps at Busch Gardens to reusing spent grain from breweries as animal feed. Anheuser-Busch Recycling Corporation is the world's largest aluminum can recycler, recycling more than 130 percent of the aluminum used by the breweries for packaging.



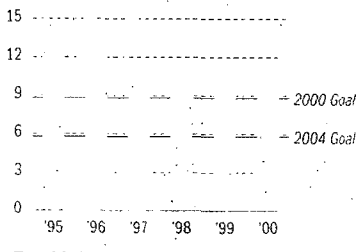
Solid Waste Landfilled
Tons per million dollars adjusted net sales

Health and Safety. Employee awareness and involvement have led to a 25 percent reduction in disabling injuries and a 19 percent reduction in total lost work days from 1995 to 2000. The increase from 1999 to 2000 is being addressed through several strategic initiatives, including increased emphasis on accident investigation and awareness, mandatory safety training, back injury awareness training, and implementation of a new and improved injury tracking system.

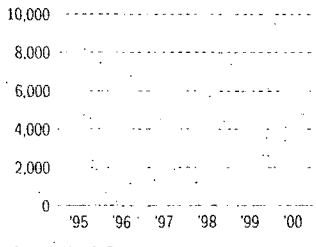
As a result, safety performance improved significantly over the first four months of 2001. The corporation is on track to meet all of its 2001 safety goals.



Disabling Injury Incident Rate
Per 100 employees



Total Injury Incident Rate
Per 100 employees



Lost Work Days
Total number of days

Anheuser-Busch will uphold its position as a global leader by promoting environmental, health, and safety excellence. Through management leadership and employee involvement, Anheuser-Busch pledges to:

Employees

- Create a safe and healthy workplace
- Build a respect for the environment
- Conform to the spirit as well as the letter of applicable laws and regulations and to the company's EHS Requirements
- Set EHS goals and objectives and measure progress toward them
- Integrate EHS considerations into business planning, decision making, and daily activities
- Provide the resources and training to carry out this policy

Community

- Prevent accidents and minimize environmental impacts
- Communicate our EHS performance
- Respond to our neighbors' concerns
- Support EHS public policy development
- Support wildlife and habitat conservation efforts
- Conserve resources and minimize waste by reducing, reusing, and recycling

Contractors/Suppliers/Customers

- Encourage, support, and recognize EHS innovations
- Assist in the integration of EHS excellence into products and services
- Exchange EHS knowledge and technology

Shareholders

- Increase shareholder value through EHS excellence

This commitment builds on our tradition of quality, innovation, continuous improvement, and responsible conduct. Each employee will comply with this policy – neither production goals nor financial objectives shall excuse noncompliance.

Budweiser

This brochure highlights some of Anheuser-Busch's EHS programs and performance. For more details on these and many other topics, please visit ***www.abenvironment.com***.

Anheuser-Busch products are brewed to be enjoyed responsibly by adults.
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PMT FILE

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**
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: 577-8609

Signature: Kevin Ferguson Date: 10/12/01

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY SHORT INSPECTION REPORT

Company: ANHEUSER-BUSCH INSTITUTE (TENET ST. LOUIS)

Premise Address: 1755 S. GRAND Zip Code: 63104

Mailing Address: 3635 VISTA AVE / P.O. BOX 15250 Zip Code: 63110

Account #: 4122251-02 Current MSD category: 49

Inspection Contact Person: PHIL VAN CLEVE

Title: BUILDING SERVICE MANAGER Phone #: 314-577-8072

Others Present: RICH WEISS - LEAD MAN MAINTENANCE

Inspection Date: 10/31/00 Time of inspection: From 9 30 Am To 11 00 Am

Inspector: JOHN SCANGA Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 3/29/99 IDS Date: 10/9/00 Permit Date: 7/1/97

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 11/17/99

1. HAS FIELD CONTACT CHANGED? Yes__ No ✓
   New contact name and title: ____

2. HAS EMPLOYEE NUMBER CHANGED? Yes__ No ✓
   New Number: ____

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? Yes__ No ✓
   New Shifts: ____ New Days per Week: ____

4. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS? Yes ✓ No__
   A. If yes, what? NO OVERNIGHT STAY FOR PATIANTS
   B. Affect which sample points? 001

5. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED? Yes__ No ✓
   A. If yes, what? ____
   B. Comments: ____

6. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? Yes__ No ✓
   A. If yes, what? ____
   B. Affect which sample points? ____
   C. Is surcharge status affected (add, remove or change)? Yes__ No__
   D. Is return factor status affected (add, remove or change)? Yes__ No__
   E. Is SIU status affected (process discharge <> 25000 GPD)? Yes__ No__
   F. If yes to C, D or E explain: ____

7. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS? Yes ✓ No__
   A. Food wastes? ____ Affected sample points: ____
   B. Petroleum wastes? ✓ Affected sample points: 002
   C. Frequency of cleaning: ANNUAL REVIEW BUT NOT NEEDED YET
   D. Are cleaning logs kept? Yes__ No N/A
   E. How is oil/grease disposed? WILL BE HAULED OFF SITE

8. PRETREATMENT:

Description.	New/ exist	Frequency of discharge	How/where is water discharged (& which SP)?
NEUTRALIZATION of LAB DISCHARGE	EXIST	AS NEEDED	LAB SINK SP001

Comments: ____

(01/99)

MSD 020446

9. ARE ANY SOLVENTS USED? Yes ✓ No__
   A. Which solvents? TOLUENE, BENZENE, Methylene Chloride
   B. What used for? LAB REAGENTS
   C. How disposed? Hauled off SITE

10. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER? Yes ✓ No__
   A. If yes, what non-haz. wastes? INFECTIOUS, SILVER
   B. If yes, what hazardous wastes? SOLVENT, RADIOACTIVE WASTE
   C. How disposed? Hauled OFF SITE
   D. MDNR and/or EPA hazardous waste generator No.: 026136
   E. If yes to B and no HW#, explain why:

11. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No ✓
   A. If yes, what needs to be done?

12. HAVE THERE BEEN ANY CHANGES TO SOLVENT MGT, SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? Yes__ No ✓
   A. If yes, explain:

13. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes ✓ No__
   A. Are MSD contacts listed? Yes ✓ No__
   B. If no to 13 or 13A, describe how handled:

14. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No ✓
   A. Upsets?_____ Bypasses of pretreatment facilities?_____
      Spills?_____ Slug discharges?_____ Other?_____
   B. Explain any marked:

15. ARE THERE ANY FEDERALLY REGULATED (CATEGORICAL) OPERATIONS? Yes__ No ✓
   A. If yes, list reg. & describe (including discharge):

16. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No ✓
   A. List the category & its WW components:
   B. List the non-cat. WW components:
   C. At which points?
   D. Is the Combined Wastestream Formula (CWF) applicable? Yes__ No__
   E. If no, explain:
   F. If yes, what is the currently applied factor?
   G. If yes, is the correct factor currently applied? Yes__ No__
   H. If no, explain:

17. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No ✓
   A. List the applicable category:
   B. At which points?
   C. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
   D. If yes, explain:

18. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No ✓
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no - describe

   B. Comments:

(01/99)

MSD 020447

19. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA ✓ Yes__ No__

A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no -	describe

B. Comments:

20. IS COMPANY **REQUIRED** TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__

A. If yes, requirement is contained in permit ✓ or other document____.

B. If other document, date & description:

C. How frequently are sampling & reports required? QUARTERLY

D. Have reports been on-time, complete & signed by proper person? Yes ✓ No__

E. If no, explain:

21. IS COMPANY UNDER **ANY** ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓

A. If yes, type and date:

B. Have the reports & actions been on-time & complete? Yes__ No__

C. If no, explain:

22. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? Yes__ No ✓

DOES COMPANY HAVE ANY HAULED WASTE APPROVALS? Yes__ No ✓

A. If yes, is company in compliance with requirements? Yes__ No__

B. Approval date:_____ Length of approval:

C. Comments:

23. IS MSD CATEGORY CORRECT? Yes ✓ No__

A. If no, explain:

B. What should category be?

24. IS COMPANY AN SIU? Yes ✓ No__

A. If yes, why? REASONABLE POTENTIAL FOR ADVERSE AFFECT ON POTW

25. WERE **ALL** SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__

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

B. If any SP descriptions need to be changed, explain:

26. REVIEW THE SAMPLE POINT MAP! Last map revision date: 11/30/99

A. Are all sample points correctly located & identified? Yes ✓ No__

B. Is the map correct and accurate in **all** its details? Yes ✓ No__

C. If no to A or B, what changes are needed?

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

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**
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)
H-3	0.0083
TOTAL ACTIVITY DISCHARGED:	0.0083

PART III: CERTIFICATION STATEMENTS

RECEIVED
APR 28 2000
Environmental Compliance

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: 577-8609

Signature: Kevin Ferguson Date: 4/26/2000

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 Address: **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)
H-3	0.18
TOTAL ACTIVITY DISCHARGED:	0.18

RECEIVED
JAN 24 2000
Environmental Compliance

PART III: CERTIFICATION STATEMENTS

Place your initials in the boxes under item A which apply to you. **Everyone must complete the information under item B and sign this report.**

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

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

☑ I certify that to the best of my knowledge and belief, all requirements of 10 CFR Part 20.2003 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission 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 or type name of signing official : Kevin Ferguson

Title: Health Physicist Telephone: 577-8609

Signature: Kevin Ferguson Date: 1/20/2000

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: ANHEUSER BUSCH INSTITUTE

Premise Address: 1755 SOUTH GRAND BLVD. Zip Code: 63104

Mailing Address: 3635 VISTA AVE / P.O. BOX 15250 Zip Code: 63110-0250

Account #: 4112-2251-02 Current MSD category: 49

Inspection Contact Person: Phil VAN CLEVE

Title: BUILDING SERVICE MANAGER Phone #: 577-8070

Others Present: Jim Vilbert - MSD

Inspection Date: 11/17/99 Time of inspection: From 8:00 A To 10:00 A

Inspector: J. GOODALL Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 3/29/99 ~~IDS~~ PSIM Date: 11/16/99 Permit Date: 7/1/97

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 9/24/98

1. HAS FIELD CONTACT CHANGED? Yes ✓ No ____
New contact name and title: Phil VAN CLEVE, Bldg. Serv. Mgr.

2. HAS EMPLOYEE NUMBER CHANGED? Yes ✓ No ____
New Number: 300

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? Yes ✓ No ____
New Shifts: 3 New Days per Week: 7

4. ARE THE LISTED SIC's ACCURATE & CORRECT? Yes ✓ No ____
Note any changes & why: ____

5. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes ____ No ✓
List them, note any changes & reasons: ____

6. BATCH PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
NONE				

Comments: ____

7. CONTINUOUS PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
Dermatology & Opthamology Clinics, Offices & Research & Data processing offices	Exist	yes	daily	SEWER SP001

Comments: Eye surgery performed.

8. CLEANUP/WASHDOWN:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
General housekeeping	Exist	yes	daily	SEWER SP001
Research Animal cage clean	Exist	yes	daily	SEWER SP001

Comments: Mice & chickens are housed.

9. PRETREATMENT:

Description	New/ exist	Frequency of discharge	How/where is water discharged(& which SP)?
NEUTRALIZATION IN LABS	EXIST	INFREQUENT	SEWER SP001

Comments: _____

10. FOR ITEMS 6, 7, 8 AND 9:
A. Is water use excessive? Yes__ No ✓
B. If yes to A, what needs to be done? _____
C. Method used to verify A (attach diagrams/records as needed): APPEARS NORMAL FOR OPERATION THIS SIZE.

11. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____

12. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED? Yes__ No ✓
A. If yes, what? _____
B. Comments: _____

13. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____
C. Is surcharge status affected (add,remove or change)? Yes__ No__
D. Is return factor status affected (add, remove or change)? Yes__ No__
E. Is SIU status affected (process discharge <> 25000 GPD)? Yes__ No__
F. If yes to C, D or E explain: _____

14. IS ANY WATER USED FOR COOLING? Yes ✓ No__

What does it cool	Contact or Non-Contact	Once-thru or Recirc	Discharges Where?	Which SP?
HVAC	NCCW	RECIRC	CT	001
DIESEL ENGINE for SPRINKLER SYSTEM	NCCW	O/thru	SEWER	001
SMALL AC UNITS	NCCW	O/thru	SEWER	001

15. ARE THERE ANY COOLING TOWERS? Yes ✓ No__
A. If yes, is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? BIOCIDES
C. How many? 1 Capacity (tons): UNKNOWN
D. Frequency & volume of blowdown: Auto - Vol. UNK Discharge to: SEWER
E. At which sample points? 001
F. Comments: _____

16. IS ANY WATER USED IN BOILERS? Yes ✓ No__
A. Is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? CAUSTIC, O2 SCAVENGER
C. Frequency & volume of blowdown: Auto - 300 gpd Discharge to: SEWER
D. At which sample points? 001
E. Comments: 3 boilers, only 2 RUN AT A time

17. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES? Yes__ No ✓
A. What types of devices? _____
B. How is the water disposed? _____
C. What contaminants may be present? _____
D. Frequency & volume if discharged: _____ Discharge to: _____
E. At which sample points? _____
F. Comments: _____

18. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS THAT DISCHARGE POLLUTANTS? Yes__ No ✓
A. Describe: _____
B. What contaminants may be present? _____
C. List any sample points/storm drain locations that would receive the stormwater: _____
D. Comments: _____

19. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS? Yes ✓ No __
   A. Food wastes? ____ Affected sample points: ____
   B. Petroleum wastes? ✓ Affected sample points: 002
   C. Frequency of cleaning: Not yet NEEDED
   D. Are cleaning logs kept? Yes __ No N/A
   E. How is oil/grease disposed? Will be hauled off

20. ARE ANY SOLVENTS USED? Yes ✓ No __
   A. Which solvents? toluene, benzene, methylene chloride
   B. What used for? lab reagents
   C. How disposed? hauled off site

21. DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN? Yes ✓ No __
   A. If yes, last time updated: 4/24/95
   B. Update needed? Yes __ No ✓
   C. Ifyes to B, why? ____
   D. Is it part of another document? Yes ✓ No __
   E. If yes, list document name: Hazardous Chemical Spills
   F. Is there a copy in MSD file? (Obtain copy) in 1325 Grand file St. L. University Yes ✓ No __

22. ARE ANY INFECTIOUS MATERIALS HANDLED? Yes ✓ No __
   A. If yes, describe operations: Surgical waste tissue
   B. How is waste disposed? hauled off site

23. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No __
   A. Describe operations: Animal tissue research
   B. NRC License No.: 24-00196-07
   C. How is waste disposed? low level liquid is sewered. High level is hauled off.
   D. If to sewer, describe procs: 5th floor has dedicated sink w/ logbook
   E. Does company have authorization per Ord. 8472, Art. V.1.A? Yes ✓ No __
   F. Date of authorization: 7/8/94 Annual amt approved: 120 mCi
   G. Has company exceeded the approved quantity? Yes __ No ✓
   H. If yes, explain: ____

24. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS? Yes ✓ No __
   A. If yes, describe: 1- X RAY processor, 2- photo film processors
   B. Are there silver recovery facilities? Yes ✓ No __
   C. Affecting which sample points? 001
   D. Comments: X-RAY uses bucket, photo uses cartridge (low usage)

25. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER? (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No __
   A. If yes, what non-haz. wastes? Infectious, silver bearing,
   B. If yes, what hazardous wastes? Solvent, radioactive waste
   C. How disposed? hauled off site
   D. MDNR and/or EPA hazardous waste generator No.: 026136
   E. If yes to B and no HW#, explain why: ____

26. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD? Yes __ No ✓
   A. If yes, describe: ____

27. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS? Yes ✓ No __
   A. How many? 1 Capacities: 4,000 gal
   B. What do they contain? #2 diesel fuel
   C. Have there been any known leaks from these tanks? Yes __ No ✓
   D. If yes to C, explain: ____
   E. Are all of the tanks registered with MDNR? Yes ✓ No __
   F. If no to E, explain: ____

28. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS? Yes ✓ No __
   A. How many? 1 Capacities: 250 gal
   B. What do they contain? fuel oil for generator
   C. Are they protected with spill containment facilities? Yes __ No ✓
   D. If no to C, explain: Containment pigs around floor drain - periodic checks
   E. If yes to C, how is accumulated stormwater disposed? ____

29. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No✓
A. If yes, what needs to be done?

30. DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY, POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS? Yes✓ No__
A. If yes, list titles: Hazardous Chemical Spills
B. Last time updated: 4/24/95
C. Is there a copy in MSD file? (Obtain copy) IN 1325 Grand file St. L. University Yes✓ No__
D. If no to 30, is a plan needed? Yes__ No__
E. If yes to D, explain:

31. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN? Yes✓ No__
A. If yes, is it fully contained in another document? Yes__ No✓
B. List plan's title: Chemical Slug Release
C. Last time updated: Feb 1994
D. Is there a copy in MSD file? (Obtain copy) Yes✓ No__
E. If no to 31, Is a plan needed? Yes__ No__
F. If yes to E, explain:

32. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes✓ No__
A. Are MSD contacts listed? Yes✓ No__
B. If no to 32 or 32A, describe how handled:

33. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No✓
A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____
B. Explain any marked:

34. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?
D. If no, what is done with the wastewater?
E. Method used to verify no disch.(attach diagrams/records as needed):
F. What pretreatment is used?
G. Is it adequate? Yes__ No__
H. Explain answer to G:
I. What date did this process begin?
J. Does date agree with PSES/NS? Yes__ No__
K. Comments:

35. IF YES TO ITEM 34, AND IF 34A = 413 or 433: NA✓
A. What metals are plated?
B. Is cyanide used/on-site? Yes__ No__
C. Is facility a job shop (owns ≤50% of material finished annually)? Yes__ No__
D. If yes to C, how was it verified?
E. If 413, what is daily process discharge volume?
F. If 413, how was volume verified?

36. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A BMR? NA✓ Yes__ No__
A. If yes, date BMR received:
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 36 or 36B, explain:

37. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA✓ Yes__ No__
A. If yes, date 90 Day Report received:
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 37 or 37B, explain:

38. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS which would be applicable if process wastewater was produced: _____
B. Explain the absence of process wastewater: _____
C. What date did this process begin? _____
D. Does date agree with PSES/NS? Yes__ No__

39. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS: _____
B. What is done with the process wastewater? _____
C. What date did this process begin? _____
D. Does date agree with PSES/NS? Yes__ No__
E. Comments: _____

40. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No✓
A. List the non-cat. WW components: _____
B. At which points? _____
C. Is the Combined Wastestream Formula (CWF) applicable? Yes__ No__
D. If no, explain: _____
E. If yes, what is the currently applied factor? _____
F. If yes, is the correct factor currently applied? Yes__ No__
G. If no, explain: _____

41. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No✓
A. At which points? _____
B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
C. If yes, explain: _____

42. IS ANY WASTEWATER SUBJECT TO "NON-CATEGORICAL" PRETREATMENT STDS? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS: _____
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points? _____
D. If no, what is done with the wastewater? _____
E. What date did this process begin? _____
F. Does date agree with PSES/NS? Yes__ No__
G. Comments: _____

43. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No✓
A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

B. If unresolved, what is being done? _____
C. Comments: _____

44. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA✓ Yes__ No__
A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

B. If unresolved, what is being done? _____
C. Comments: _____

45. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__
A. If yes, requirement is contained in permit ✓ or other document____.
B. If other document, date & description:____
C. How frequently are sampling & reports required? Quarterly
D. Have reports been on-time, complete & signed by proper person? Yes ✓ No__
E. If no, explain:____

46. DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? Yes__ No ✓
A. If yes, explain:____

47. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED? Yes ✓ No__
A. If no, explain:____

48. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES? Yes ✓ No__
A. If no, explain:____

49. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH? Yes__ No ✓
A. At which sampling points?____
B. Do charts show compliance with the frequency & duration limits? Yes__ No__
C. If no, explain:____
D. If company has a permit, have excursion summaries been submitted? Yes__ No__
E. If no, explain:____

50. IS COMPANY SUBMITTING THE RESULTS OF ALL REPORTABLE MONITORING? Yes ✓ No__
A. If no, explain:____

51. IS COMPANY MAINTAINING ADEQUATE RECORDS? Yes ✓ No__
A. If no, explain:____

52. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
A. If yes, type and date:____
B. Have the reports & actions been on-time & complete? Yes__ No__
C. If no, explain:____

53. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? Yes__ No ✓
DOES COMPANY HAVE ANY HAULED WASTE APPROVALS? Yes__ No ✓
A. If yes, is company in compliance with requirements? Yes__ No__
B. Approval date:____ Length of approval:____
C. Comments:____

54. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING? Yes__ No ✓
A. What is discharged?____
B. Any corresponding MSD sample points:____
C. If yes, does company have a permit? Number____ Yes__ No__
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to C, explain:____

55. IS MSD CATEGORY CORRECT? Yes ✓ No__
A. If no, explain:____
B. What should category be?____

56. IS COMPANY AN SIU? Yes ✓ No
A. If yes, why? Reasonable potential for Adverse Affect on operation

57. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
A. If any SPs cannot be located or opened, explain:____
B. If any SP descriptions need to be changed, explain:____

58. REVIEW THE SAMPLE POINT MAP! Last map revision date: 9/22/97
A. Are all sample points correctly located & identified? Yes ✓ No__
B. Is the map correct and accurate in all its details? Yes__ No ✓
C. If no to A or B, what changes are needed? Facility contact change

59. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:		DJ				
If SP flows to a downstream SP, list it:		Stormwater from GARAGE				
Is discharge Batch (B) or Continuous (C)?	B__C✓	B__C__	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment? Describe:	Y✓N NEUTRALIZATION Ag RECOVERY	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes? Hosp	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Other? Describe:	Y✓N Soft REGEN	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct?	Y__N N/A	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct? If no, list new factor:	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP? If yes, describe below.	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is the SP trapped?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP dry-justified?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process:
SP:____ Specific operation:____
SP:____ Specific operation:____
SP:____ Specific operation:____

B. Describe in detail any sample point problems found:____

C. Are all connection points included in the above table? Yes✓ No__

D. If No, explain:____

USE THE SPACE ON THIS PAGE FOR ANY OTHER COMMENTS OR OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS FACILITY.

FLOOR	Activity
7	Offices
6	Data processing Activity
5	Research labs
4	Offices
3	Offices, Auditorium
2	Surgery & Recovery (post op)
1	Reception, Dermatology & Opthamology Clinics
G	Food Grill, photo lab, maintenance, vivarian lab
BASEMENT	Mechanical Room

Facility no longer operates as a hospital. Clinical surgery done.
Clinic patients & doctors - 5 days/wk until 11^{00} pm
Data processing - 7 days/wk 24 hrs/day

MSD maintenance crew arrived @ 9^{Am}. We used metal detector to locate paved over manhole (SP001). Crew raised MH to street level.
DEC had been notified by MMA that street had been repaved. I phoned MMA following the inspection to tell them sample point is accessible.

Metropolitan
Manufacturers
Association

MEMO

To: Bob Zeman

From: Ron Willbanks

CC: Lee, File

Date: 11/12/99

Re: Anheuser-Busch Institute

On 11/11/99 A-B Eye Institute scheduled the 4th quarter sampling, but because of recent repaving of Shaw the sampling point was covered with asphalt and could not be sampled.

-Permit Number: 41122251-02

-Issued to: Anheuser-Busch Institute
1755 S. Grand Blvd.
St. Louis, MO 63104

-Contact: Phil VanCleave

Please advise on correct procedure for the 4th quarter sampling. Also, be aware that in the 4th quater TTO parameters are collected for this point.

RDW

Ronald D. Willbanks
Metropolitan Manufacturers Asoc.
10733 Big Bend Road
St. Louis, MO 63123
966-1006

11/17/99 I called MSD maintenance. They came out & exposed MH. I phoned MMA that SP is now accessible. JB

METROPOLITAN
MANUFACTURERS'
ASSOCIATION

10733 BIG BEND
KIRKWOOD, MISSOURI 63122-6027
(314) 966-1006
FAX (314) 966-4176

TO: Bob Lemmon MSD FROM: Ron Williams

DATE: 11-12-99 TIME:

PAGE: 1 OF 2 FAX NUMBER: 436-8753

COMMENTS:

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

April 2, 1999

Mark Haenchen
Director of Environmental Safety
ST. LOUIS UNIVERSITY HEALTH SCIENCES CENTER
OFFICE OF ENVIRONMENTAL SAFETY
3556 Caroline Street, C-306
St. Louis, MO 63104-1085

Dear Mr. Haenchen:

We have reviewed your letter dated March 16, 1999 requesting a change in the approved radioactive discharge levels for certain St. Louis University-affiliated facilities. Your letter contained the list of facilities and the requested amounts.

We are approving your request. Please note that for those facilities with Industrial Wastewater Discharge Permits, the permits will be revised to reflect changed discharge approvals. All facilities must submit quarterly radioactivity discharge reports. A copy of the reporting form is enclosed.

Regarding the St. Louis University Storage Building, you will need to complete the attached User Wastewater Survey and return it to us. Once we have reviewed it, we will arrange a visit to the site.

If you have any questions, call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

bv

Enclosures - Radioactive Materials Discharge Report
- Commercial/Industrial User Wastewater Survey

pc Permits Unit

DISCHARGE LOCATIONS OF RADIOACTIVE MATERIALS (Revised March 16, 1999)			
FACILITY NAME	**BUILDING NAME**	**STREET ADDRESS**	**ESTIMATED ANNUAL FACILITY DISCHARGE**
Saint Louis University - Frost Campus	Macelwane Hall	3505 Laclede Avenue, 63103	1.2 mCi
Saint Louis University Medical School	Caroline Building Doisy Hall Medical School	3556 Caroline Mall, 63104 3555 Vista Avenue, 63104 1402 S. Grand Blvd., 63104	60 mCi
Saint Louis University Hospital	Bordley Pavilion & Fermin Desloge Tower	3635 Vista at Grand, P.O. Box 15250, 63104	12 mCi
Cardinal Glennon Hospital	same as facility name	1465 S. Grand Blvd., 63104	1.2 mCi
Anheuser Busch Institute	same as facility name	1755 S. Grand Blvd., 63104	120 mCi
Institute for Molecular Virology	same as facility name	3681 Park Avenue, 63104	12 mCi
Pediatric Research Institute	same as facility name	3662 Park Avenue, 63104	60 mCi
Wohl Memorial Mental Health Institute (SLU Health Sciences Center)	David P. Wohl Memorial Institute	1221 South Grand Blvd., 63104	1.2 mCi
new facility → Saint Louis University Storage Building 41121958-00	Storage Building	1008 S. Spring Avenue, 63110	240 mCi

RECEIVED
MAR 22 1999
Environmental Compliance

SAINT LOUIS UNIVERSITY HOSPITAL

3635 Vista Ave. at Grand Blvd.
P.O. Box 15250
St. Louis, MO 63110-0250
314/577-8000

March 8, 1999

Bob Zeman
Manager of Environmental Compliance
Metropolitan St. Louis Sewer District
10 East Grand Avenue
St. Louis, MO 63147-2913

RE: 41121951-00
1315-1341 S. Grand Blvd.
St. Louis, MO 63104

41122251-02 AB INSTITUTE
1755 S. Grand Blvd.
St. Louis, MO 63104

Dear Mr. Zeman:

This letter is to inform you that at the above listed properties there is no pretreatment system or systems that is microprocessor controlled that would be affected by the Y2K bug.

Sincerely,
St. Louis University Hospital

Gary Rauschenbach
Director Building Services

RECEIVED
MAR 29 1999
Environmental Compliance

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

February 25, 1999

Gary Rauschenbach
Director of Building Services
ANHEUSER-BUSCH INSTITUTE
3635 Vista Ave. at Grand Blvd.
P.O. Box 15250, St. Louis, MO 63110

RE: 41122251-02
1755 S. Grand Blvd.
St. Louis, MO 63104

Dear Mr. Rauschenbach:

As you surely know by now, Y2K is on the way! The Metropolitan St. Louis Sewer District has been working diligently to insure that its operations will not be affected when January 1, 2000 arrives. While we can control the computers that help operate our treatment plants and pump stations, we need your help to control the pollutants in the wastewater that you discharge to the public sewer system.

This letter is being sent to those industrial users which we believe have pretreatment systems with the potential to be affected by the "year 2000 (Y2K) bug." If any part of your wastewater treatment system is controlled by computers, it may be subject to the bug.

If you have not already done so, please have your pretreatment system checked to see if it will be affected by the change to the year 2000. We request that you write back to us and inform us of your findings. If your system will be affected, please provide us with your plans and time schedule to correct the problem and insure your wastewaters will meet discharge requirements.

This is a very important issue for both us and you. Failure of your treatment systems may result in wastewater violations and upsets in our treatment plant that could potentially endanger the environment or human health.

If you have any question concerning this request, please call us at (314) 436-8715.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Bob Zeman
Manager of Environmental Compliance

ldl

Acct #: 4112-2251-02
ANHEUSER BUSCH INSTITUTE
1755 South Grand
St. Louis, MO 63104

OLDER

CORRESPONDENCE

FROM

1993

THRU

1998

DM

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: Anheuser Busch Institute

Premise Address: 1755 S. Grand Blvd Zip Code: 63104

Mailing Address: 3635 Vista Zip Code: 63110

Account #: 4112 2251-02 Current MSD category: 49

Inspection Contact Person: Gary Rauschenbach

Title: Director Building Services Phone #: 577-8070

Others Present: None

Inspection Date: 9/24/98 Time of inspection: From 8 30 A To 9 30 A

Inspector: J. Goodall Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 5/1/98 IDS Date: 9/23/98 Permit Date: 7/1/97

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 9/5/97

1. HAS FIELD CONTACT CHANGED? Yes__ No ✓
New contact name and title: ____

2. HAS EMPLOYEE NUMBER CHANGED? Yes__ No ✓
New Number: ____

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? Yes__ No ✓
New Shifts: ____ New Days per Week: ____

4. ARE THE LISTED SIC's ACCURATE & CORRECT? Yes ✓ No__
Note any changes & why: ____

5. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes__ No ✓
List them, note any changes & reasons: ____

6. BATCH PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
None				

Comments: ____

7. CONTINUOUS PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
Hospital-clinic operations	Exist	yes	daily	Sewer SP001

Comments: ____

8. CLEANUP/WASHDOWN:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
General Housekeeping	Exist	yes	continuous-daily	Sewer SP001

Comments: ____

(11/97)
MSD 020466

9. PRETREATMENT:

Description	New/ exist	Frequency of discharge	How/where is water discharged (& which SP)?
pH Adjustment	EXIST	PERIODIC lAb	SEWER SP001
SILVER RECOVERY SEE Q 24			

Comments:

10. FOR ITEMS 6, 7, 8 AND 9:
A. Is water use excessive? Yes__ No ✓
B. If yes to A, what needs to be done?
C. Method used to verify A (attach diagrams/records as needed): Observed discharge seems normal for the size & type operations.

11. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS? Yes__ No ✓
A. If yes, what?
B. Affect which sample points?

12. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED? Yes__ No ✓
A. If yes, what?
B. Comments:

13. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? Yes__ No ✓
A. If yes, what?
B. Affect which sample points?
C. Is surcharge status affected (add, remove or change)? Yes__ No__
D. Is return factor status affected (add, remove or change)? Yes__ No__
E. Is SIU status affected (process discharge <> 25000 GPD)? Yes__ No__
F. If yes to C, D or E explain:

14. IS ANY WATER USED FOR COOLING? Yes ✓ No__

What does it cool	Contact or Non-Contact	Once-thru or Recirc	Discharges Where?	Which SP?
HVAC	NCCW	RECIRC	CT	001
diesel engine for sprinkler system	NCCW	O/THRU	SEWER	001
Small Room AC units	NCCW	O/THRU	SEWER	001

15. ARE THERE ANY COOLING TOWERS? Yes ✓ No__
A. If yes, is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? biocides
C. How many? 1 Capacity (tons): UNKNOWN
D. Frequency & volume of blowdown: Auto-Volume UNK Discharge to: SEWER
E. At which sample points? 001
F. Comments:

16. IS ANY WATER USED IN BOILERS? Yes ✓ No__
A. Is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? Caustic, O_2 Scavenger
C. Frequency & volume of blowdown: Auto ~300 gpd Discharge to: SEWER
D. At which sample points? 001
E. Comments: 3 boilers, only 2 run at a time

17. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES? Yes__ No ✓
A. What types of devices?
B. How is the water disposed?
C. What contaminants may be present?
D. Frequency & volume if discharged: Discharge to:
E. At which sample points?
F. Comments:

18. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS THAT DISCHARGE POLLUTANTS? Yes__ No ✓
A. Describe:
B. What contaminants may be present?
C. List any sample points/storm drain locations that would receive the stormwater:
D. Comments:

19. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS? Yes ✓ No__
A. Food wastes?____ Affected sample points:____
B. Petroleum wastes? ✓ Affected sample points: 002 (disch. from parking garage)
C. Frequency of cleaning: ANNUAL
D. Are cleaning logs kept? Yes__ No ✓
E. How is oil/grease disposed? hauled off site

20. ARE ANY SOLVENTS USED? Yes ✓ No__
A. Which solvents? toluene, benzene, methylene chloride, others
B. What used for? lab reagents
C. How disposed? hauled off site

21. DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN? Yes ✓ No__
A. If yes, last time updated: 4/24/95
B. Update needed? Yes__ No ✓
C. Ifyes to B, why?____
D. Is it part of another document? Yes ✓ No__
E. If yes, list document name: Hazardous Chemical Spills
F. Is there a copy in MSD file? (Obtain copy) in 1325 Grand File St. Louis Univ. Yes ✓ No__

22. ARE ANY INFECTIOUS MATERIALS HANDLED? Yes ✓ No__
A. If yes, describe operations: surgical waste tissue
B. How is waste disposed? hauled off site

23. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No__
A. Describe operations: Animal tissue research
B. NRC License No.: 24-00196-07
C. How is waste disposed? low level liquid is sewered. High level is hauled off.
D. If to sewer, describe procs: 5th floor dedicated sink. Logbook is kept
E. Does company have authorization per Ord. 8472, Art. V.1.A? Yes ✓ No__
F. Date of authorization: 7/8/94 Annual amt approved: 120 mCi
G. Has company exceeded the approved quantity? Yes__ No ✓
H. If yes, explain:____

24. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS? Yes ✓ No__
A. If yes, describe: 1-x ray processor 2-photo film processors
B. Are there silver recovery facilities? Yes ✓ No__
C. Affecting which sample points? 001
D. Comments: X-ray uses bucket, photo uses cartridge

25. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER? (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
A. If yes, what non-haz. wastes? infectious, silver bearing, kitchen grease
B. If yes, what hazardous wastes? solvent, radioactive waste
C. How disposed? hauled off site
D. MDNR and/or EPA hazardous waste generator No.: 026136
E. If yes to B and no HW#, explain why:____

26. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD? Yes__ No ✓
A. If yes, describe:____

27. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS? Yes ✓ No__
A. How many? 1 Capacities: 4000 gal
B. What do they contain? #2 diesel fuel
C. Have there been any known leaks from these tanks? Yes__ No ✓
D. If yes to C, explain:____
E. Are all of the tanks registered with MDNR? Yes ✓ No__
F. If no to E, explain:____

28. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS? Yes ✓ No__
A. How many? 1 Capacities: 250 gal
B. What do they contain? fuel oil for generator
C. Are they protected with spill containment facilities? Yes__ No ✓
D. If no to C, explain: containment dikes around tank - daily checks
E. If yes to C, how is accumulated stormwater disposed?____

29. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No ✓
A. If yes, what needs to be done?

30. DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY, POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS? Yes ✓ No__
A. If yes, list titles: Hazardous Chemical Spills
B. Last time updated: 4/24/95
C. Is there a copy in MSD file? (Obtain copy) IN 1325 GRAND file ST. LOUIS UNIV. Yes ✓ No__
D. If no to 30, is a plan needed? Yes__ No__
E. If yes to D, explain:

31. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN? Yes ✓ No__
A. If yes, is it fully contained in another document? Yes__ No ✓
B. List plan's title: Chemical Slug Release
C. Last time updated: Feb 1994
D. Is there a copy in MSD file? (Obtain copy) Yes ✓ No__
E. If no to 31, Is a plan needed? Yes__ No__
F. If yes to E, explain:

32. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes ✓ No__
A. Are MSD contacts listed? Yes ✓ No__
B. If no to 32 or 32A, describe how handled:

33. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No ✓
A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____
B. Explain any marked:

34. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? Yes__ No ✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?
D. If no, what is done with the wastewater?
E. Method used to verify no disch.(attach diagrams/records as needed):
F. What pretreatment is used?
G. Is it adequate? Yes__ No__
H. Explain answer to G:
I. What date did this process begin?
J. Does date agree with PSES/NS? Yes__ No__
K. Comments:

35. IF YES TO ITEM 34, AND IF 34A = 413 or 433: NA ✓
A. What metals are plated?
B. Is cyanide used/on-site? Yes__ No__
C. Is facility a job shop (owns ≤50% of material finished annually)? Yes__ No__
D. If yes to C, how was it verified?
E. If 413, what is daily process discharge volume?
F. If 413, how was volume verified?

36. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A BMR? NA ✓ Yes__ No__
A. If yes, date BMR received:
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 36 or 36B, explain:

37. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA ✓ Yes__ No__
A. If yes, date 90 Day Report received:
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 37 or 37B, explain:

38. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER? Yes__ No✓
   A. If yes, identify the CFR Part, Subpart & PSES/NS which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____
   C. What date did this process begin? _____
   D. Does date agree with PSES/NS? Yes__ No__

39. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED? Yes✓ No__
   A. If yes, identify the CFR Part, Subpart & PSES/NS: 40 CFR 460
   B. What is done with the process wastewater? SEWERED
   C. What date did this process begin? Not SURE
   D. Does date agree with PSES/NS? Yes__ No__
   E. Comments: _____

40. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No✓
   A. List the non-cat. WW components: _____
   B. At which points? _____
   C. Is the Combined Wastestream Formula (CWF) applicable? Yes__ No__
   D. If no, explain: _____
   E. If yes, what is the currently applied factor? _____
   F. If yes, is the correct factor currently applied? Yes__ No__
   G. If no, explain: _____

41. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No✓
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
   C. If yes, explain: _____

42. IS ANY WASTEWATER SUBJECT TO "NON-CATEGORICAL" PRETREATMENT STDS? Yes__ No✓
   A. If yes, identify the CFR Part, Subpart & PSES/NS: _____
   B. Is the wastewater discharged to the sewer? Yes__ No__
   C. If yes, which sample points? _____
   D. If no, what is done with the wastewater? _____
   E. What date did this process begin? _____
   F. Does date agree with PSES/NS? Yes__ No__
   G. Comments: _____

43. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No✓
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

   B. If unresolved, what is being done? _____
   C. Comments: _____

44. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA✓ Yes__ No__
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

   B. If unresolved, what is being done? _____
   C. Comments: _____

45. IS COMPANY **REQUIRED** TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__
A. If yes, requirement is contained in permit ✓ or other document_____.
B. If other document, date & description:_____
C. How frequently are sampling & reports required? quarterly
D. Have reports been on-time, complete & signed by proper person? Yes ✓ No__
E. If no, explain:_____

46. DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? Yes__ No ✓
A. If yes, explain:_____

47. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED? Yes ✓ No__
A. If no, explain:_____

48. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES? Yes ✓ No__
A. If no, explain:_____

49. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH? Yes__ No ✓
A. At which sampling points?_____
B. Do charts show compliance with the frequency & duration limits? Yes__ No__
C. If no, explain:_____
D. If company has a permit, have excursion summaries been submitted? Yes__ No__
E. If no, explain:_____

50. IS COMPANY SUBMITTING THE RESULTS OF **ALL** REPORTABLE MONITORING? Yes ✓ No__
A. If no, explain:_____

51. IS COMPANY MAINTAINING ADEQUATE RECORDS? Yes ✓ No__
A. If no, explain:_____

52. IS COMPANY UNDER **ANY** ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
A. If yes, type and date:_____
B. Have the reports & actions been on-time & complete? Yes__ No__
C. If no, explain:_____

53. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? Yes__ No ✓
DOES COMPANY HAVE ANY HAULED WASTE APPROVALS? Yes__ No ✓
A. If yes, is company in compliance with requirements? Yes__ No__
B. Approval date:_____ Length of approval:_____
C. Comments:_____

54. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING? Yes__ No ✓
A. What is discharged?_____
B. Any corresponding MSD sample points:_____
C. If yes, does company have a permit? Number_____ Yes__ No__
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to C, explain:_____

55. IS MSD CATEGORY CORRECT? Yes ✓ No__
A. If no, explain:_____
B. What should category be?_____

56. IS COMPANY AN SIU? Yes ✓ No__
A. If yes, why? Potential for adverse affect to system

57. WERE **ALL** SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
A. If any SPs cannot be located or opened, explain:_____
B. If any SP descriptions need to be changed, explain:_____

58. REVIEW THE SAMPLE POINT MAP! Last map revision date: 9/22/97
A. Are all sample points correctly located & identified? Yes ✓ No__
B. Is the map correct and accurate in **all** its details? Yes ✓ No__
C. If no to A or B, what changes are needed?_____

59. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:		DJ				
If SP flows to a downstream SP, list it:		stormwater from garage				
Is discharge Batch (B) or Continuous (C)?	B__C✓	B__C__	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment? Describe:	Y✓N__ pH adj. Ag Recovery	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes? Hosp	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Other? Describe:	Y✓N__ softener Regen	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct?	Y__N N/A	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct? If no, list new factor:	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP? If yes, describe below.	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is the SP trapped?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP dry-justified?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process:
SP:____ Specific operation:____
SP:____ Specific operation:____
SP:____ Specific operation:____

B. Describe in detail any sample point problems found:____

C. Are **all** connection points included in the above table? Yes ✓ No__

D. If No, explain:____

USE THE SPACE ON THIS PAGE FOR ANY OTHER COMMENTS OR OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS FACILITY.

2 days/wk hospital is open 23 hrs to handle surgical post operation. 2 employees staffed for recovery.

Floor	Activity
7	Empty (vacated this year by Allied Health
6	Empty
5	Research Labs (many unoccupied)
4	Offices
3	Offices, Auditorium
2	Surgery & 23 hr post op
1	Reception, Dermatology & Opthamology Clinics
G	Food grill, photo lab, vivarian lab, maintenance
Basement	Mechanical Room

DAMES & MOORE
A DAMES & MOORE GROUP COMPANY

RECEIVED
MAY 01 1998
Environmental Compliance

721 Emerson Road, Suite 220
Saint Louis, Missouri 63141-6748
314 993 4599 Tel
314 993 4895 Fax

April 29, 1998

Mr. Gunter Durdel
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 631487-2913

Re: MSD Permit Number 41122251-02
Anheuser Busch Institute
1755 S. Grand Blvd.
St. Louis, Missouri 63104

Dear Mr. Durdel:

On February 28, 1998, Tenet HealthSystem SL, Inc. ("Tenet") acquired the above-referenced facility from St. Louis University. However, the facility name, site contact name, facility address and facility operations and equipment have not changed.

Pursuant to Paragraph H of the above-referenced permit, we understand that the permit is non-transferrable and that the new owner is required to submit a new Industrial User Questionnaire (IUQ) to obtain a new permit. Because no changes to the wastewater discharge volume or composition are known or expected to have occurred, we have completed the enclosed IUQ using essentially the same information as was used to complete the IUQ submitted by the previous owner on 6/30/97 that lead to the issuance of the above-referenced permit.

If you have questions or require additional information, please call:

Leona Stoll
Chief Executive Officer
St. Louis University Hospital
3635 Vista Ave. @ Grand Blvd.
P.O. Box 15250
St. Louis, MO 63110-0250
(314) 577-8007

or

Karen S. Rothberg, Esq.
Senior Counsel
Tenet HealthCare Corporation
3820 State Street
Santa Barbara, CA 93105
(805) 563-7077

Sincerely,

for
Daniel J. Price
Associate

P:\045\04-APR98\TENET\CORRSPND\ABIMSD.LTR

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

February 12, 1998

Joletta Golik
DAMES & MOORE
721 Emerson Road
Suite 220
St. Louis, MO 63141

RE MSD Account #41121951-00 St. Louis University Hospital
MSD Account #41122251-02 Anheuser Busch Institute
MSD Account #41123592-00 St. Louis University Health Services - Wohl Hospital

Dear Ms. Golik:

During our February 11, 1998 telephone conversation, you requested 4 sets of blank Industrial User Questionnaire forms and a copy of Ordinance 8472. The forms will be used to revise the above mentioned facility discharge permits.

Enclosed are the forms requested. If you have any questions, please contact me at (314) 436-8716.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Judith A. Kalna
Environmental Engineering Associate

rmk
Enclosures - 4 sets of blank Industrial User Questionnaire forms
1 copy of MSD Ordinance 8472

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

PART I: IDENTIFYING INFORMATION

Company Name: Saint Louis University; Anheuser-Busch Eye Institute

Permit No: 4112225/-02

Premise Address: 1755 S. Grand Blvd. 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)
H^3	0.178
S^{35}	0.1784
TOTAL ACTIVITY DISCHARGED:	0.3564

RECEIVED
OCT 27 1994
Environmental Compliance

PART III: CERTIFICATION STATEMENTS

Place your initials in the boxes under item A which apply to you. **Everyone must complete the information under item B and sign this report.**

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

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

MH I certify that to the best of my knowledge and belief, all requirements of 10 CFR Part 20.2003 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission 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 or type name of signing official: Mark G. Haenchen

Title: Radiation Safety Officer Telephone: 577-8609

Signature: Mark G. Haenchen Date: Oct. 24, 1994

radrpt 6/94

MSD 020476

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

October 27, 1997

Gary Rauschenbach
ST. LOUIS UNIVERSITY HEALTH SERVICES
3635 Vista Ave. at Grand Blvd.
St. Louis, MO 63104

Dear Mr. Rauschenbach:

We have received a "Freedom of Information Act" request for information from our files for the St. Louis University Hospital and other related facilities. The request was from Joletta Golik, Dames & Moore, 721 Emerson Road, Suite 220, St. Louis, MO 63141, (314) 993-4599). The type of information requested was any information on complaints or environmental concerns.

As is our policy we honor such requests and in turn notify the company involved. We have provided the requestor with the following materials:

WOHL MEMORIAL HEALTH INSTITUTE

Memo dated 2/26/97 regarding status and an inspection dated 5/14/97 and permit termination letter dated 2/18/97, report of hazardous waste discharged to MSD dated 9/26/96, an Industrial Data Sheet.

ANHEUSER BUSCH INSTITUTE

Discharge Permit #41122251-02, self monitoring report dated 7/15/97 and the quarterly report of radionuclide discharge, inspection report dated 9/5/97, sample point map dated 9/22/97, industrial data questionnaire received 6/10/97, an Industrial Data Sheet.

ST. LOUIS UNIVERSITY #41121951-00

Self monitoring report dated 7/15/97 and the quarterly report of radionuclide discharge, diesel odor complaint dated 9/3/97, Hazardous Wastes Discharged to MSD dated 7-9-97, inspection reports dated 6/6/95, 5/21/97 and 5/14/96, locator map, medical center A/R division safety policy letter 3.1, solvent management plan, approval letter (radioactivity) dated 2/6/95, request for radioactivity information dated 7/8/94, Industrial User Questionnaire received 7/30/97, memo dated 5/2/89 regarding acid sumps, an Industrial Data Sheet.

If you have any questions, please call me at 436-8716.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Judith A. Kalna
Environmental Engineering Associate

bv

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: Anheuser-Busch Institute

Premise Address: 1755 S. Grand Blvd. Zip Code: 63104

Mailing Address: 3635 Vista Ave Zip Code: 63110

Account #: 4112 2251-02 Current MSD category: 49

Inspection Contact Person: Gary Rauschenbach

Title: Director Building Services Phone #: 577-8070

Others Present: Rich Weiss

Inspection Date: 9/5/97 Time of inspection: From 1:00 p To 3:00 p

Inspector: J. Goodall Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 7/11/97 IDS Date: 9/4/97 Permit Date: 7/1/97

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 11/8/96

1. HAS FIELD CONTACT CHANGED? Yes__ No ✓
   New contact name and title: ____

2. HAS EMPLOYEE NUMBER CHANGED? Yes ✓ No__
   New Number: 200

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? Yes__ No ✓
   New Shifts: ____ New Days per Week: ____

4. ARE THE LISTED SIC's ACCURATE & CORRECT? Yes__ No ✓
   Note any changes & why: ADD 8733 (Noncommercial Research) & 8011 (offices & clinics)
   REMOVE 8731 (commercial research)

5. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes__ No ✓
   List them & note any changes: ____

6. BATCH PROCESSES?

Description	Any disch?	New/ exist	Frequency of cleanup	How is cleanup waste disposed?

Comments: ____

7. CONTINUOUS PROCESSES:

Description	Any disch?	New/ exist	Frequency of cleanup	How is cleanup waste disposed?
hospital clinic operations	yes	Exist	daily	sewered

Comments: infectious & highlevel radioactive wastes are hauled off.

8. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS? Yes__ No ✓
   A. If yes, what? ____
   B. Affect which sample points? ____

9. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED? Yes__ No ✓
   A. If yes, what? ____
   B. Comments: ____

10. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? Yes__ No ✓
A. If yes, what?
B. Affect which sample points?
C. Is surcharge status affected (add,remove or change)? Yes__ No__
D. Is return factor status affected (add, remove or change)? Yes__ No__
E. Is SIU status affected (process discharge <> 25000 GPD)? Yes__ No__
F. If yes to C,D or E explain:

11. IS ANY WATER USED FOR COOLING? Yes ✓ No__

What does it cool	Contact or Non-Contact	Once-thru or Recirculated	Where does it discharge
HVAC	NCCW	RECIRC	CT → 001
diesel engine for sprinkler system	NCCW	O/THRU	001
small room air conditioners	NCCW	O/THRU	001

12. ARE THERE ANY COOLING TOWERS? Yes ✓ No__
A. If yes, is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? biocides
C. How many? 1 Capacity (tons): UNK
D. Frequency & volume of blowdown: Auto- UNK Vol Discharge to: SEWER
E. At which sample points? 001
F. Comments:

13. IS ANY WATER USED IN BOILERS? Yes ✓ No__
A. Is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? CAUSTIC, O_2 SCAVENGERS
C. Frequency & volume of blowdown: Auto ~20 GPD Discharge to: SEWER
D. At which sample points? 001
E. Comments: 3 boilers; Two run at a time.

14. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES? Yes__ No ✓
A. What types of devices?
B. How is the water disposed?
C. What contaminants may be present?
D. Frequency & volume if discharged: Discharge to:
E. At which sample points?
F. Comments:

15. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS THAT DISCHARGE POLLUTANTS? Yes__ No ✓
A. Describe:
B. What contaminants may be present?
C. List any sample points/storm drain locations that would receive the stormwater:
D. Comments:

16. ARE THERE ANY GREASE OR OIL INTERCEPTORS? Yes ✓ No__
A. Food wastes?____ Affected sample points:
B. Petroleum wastes? ✓ Affected sample points: 002 (disch. pt. for garage)
C. Frequency of cleaning: Annually
D. Are cleaning logs kept? Yes__ No ✓
E. How is oil/grease disposed? hauled off site

17. ARE ANY SOLVENTS USED? Yes ✓ No__
A. Which solvents? toluene, benzene, methylene chloride
B. What used for: lab reagents
C. How disposed? hauled off site

18. DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN? Yes ✓ No__
A. If yes, last time updated: 4/24/95
B. Update needed? Yes__ No ✓
C. Why?
D. Is it part of another document? Yes ✓ No__
E. If yes, list document name: Hazardous Chemical Spills
F. Is there a copy in MSD file? (Obtain copy) 1325 Grand file Yes ✓ No__

19. ARE ANY INFECTIOUS MATERIALS HANDLED? Yes ✓ No__
A. If yes, describe operations: Surgical waste tissue
B. How is waste disposed? hauled off site (BFI)

20. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No__
A. Describe operations: Animal tissue research
B. NRC License No.: 24-00196-07
C. How is waste disposed? low level liquid is sewered. Hi level hauled off.
D. If to sewer, describe procs: 5th floor dedicated sink. Logbook kept.
E. Does company have authorization per Ord. 8472, Art. V.1.A? Yes ✓ No__
F. Date of authorization: 7/8/94 Annual amt approved: 120 mCi
G. Has company exceeded the approved quantity? Yes__ No ✓
H. If yes, explain:

21. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS? Yes ✓ No__
A. If yes, describe: 3 photo film processors
B. Are there silver recovery facilities? Yes ✓ No__
C. Affecting which sample points? 001
D. Comments:

22. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER? (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
A. If yes, what non-haz. wastes? grease (kitchen), silver bearing waste, acid, infect. waste
what hazardous wastes? spent solvent, radioactive waste
B. How disposed? hauled off site
C. MDNR and/or EPA hazardous waste generator No.: 026136

23. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD? Yes__ No ✓
A. If yes, describe:

24. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS? Yes ✓ No__
A. How many? 1 Capacities: 4,000 gal
B. What do they contain? #2 diesel fuel
C. Have there been any known leaks from these tanks? Yes__ No ✓
D. If yes to C, explain:
E. Are all of the tanks registered with MDNR? Yes ✓ No__
F. If no to E, explain:

25. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS? Yes ✓ No__
A. How many? 2 Capacities: 250 gal each
B. What do they contain? fuel oil for generators
C. Are they protected with spill containment facilities? Yes__ No ✓
D. If no to C, explain: containment pigs around tank - daily checks
E. If yes to C, how is accumulated stormwater disposed?

26. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No ✓
A. If yes, what needs to be done?

27. DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY, POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS? Yes ✓ No__
A. If yes, list titles: Hazardous Chemical Spills
B. Last times updated: 4/24/95
C. Is there a copy in MSD file? (Obtain copy) 1325 Grand file Yes ✓ No__
D. If No to 27, is a plan needed? Yes__ No__
E. If yes to D, explain:

28. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN? Yes ✓ No__
A. If yes, is it fully contained in another document? Yes__ No ✓
B. List plan's title: Chemical Slug Release
C. Last time updated: Feb 1994
D. Is there a copy in MSD file? (Obtain copy) Yes ✓ No__
E. If no to 28, Is a plan needed? Yes__ No__
F. If yes to E, explain:

29. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes ✓ No__
A. Are MSD contacts listed? Yes ✓ No__
B. If no to 29 or 29B, describe how handled:_____

30. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No ✓
A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____
B. Explain any marked:_____

31. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? Yes__ No ✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:_____
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?_____
D. If no, what is done with the wastewater?_____
E. What date did this process begin?_____
F. Comments:_____

32. IF YES TO ITEM 31, HAS THE COMPANY SUBMITTED A BMR? Yes__ No N/A
A. If yes, date BMR received:_____
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 32 or 32B, explain:_____

33. IF YES TO ITEM 31, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? Yes__ No N/A
A. If yes, date 90 Day Report received:_____
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 33 or 33B, explain:_____

34. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER? Yes__ No ✓
A. If yes, identify the CFR Part, Subpart & PSES/NS which would be applicable if process wastewater was produced:_____
B. Explain the absence of process wastewater:_____
C. What date did this process begin?_____

35. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED? Yes ✓ No__
A. If yes, identify the CFR Part, Subpart & PSES/NS: 40 CFR 460
B. What is done with the process wastewater? SEWERED
C. What date did this process begin? UNKNOWN
D. Comments:_____

36. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No ✓
A. List the non-cat. WW components:_____
B. At which points?_____
C. Is the Combined Wastestream Formula (CWF) applicable? Yes__ No__
D. If yes, what is the current factor?_____
E. If yes, is the correct factor currently applied? Yes__ No__
F. If no, explain:_____

37. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No ✓
A. At which points?_____
B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
C. If yes, explain:_____

38. IS ANY WASTEWATER SUBJECT TO "NON-CATEGORICAL" PRETREATMENT STDS? Yes__ No ✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:_____
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?_____
D. If no, what is done with the wastewater?_____
E. What date did this process begin?_____
F. Comments:_____

39. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes ✓ No__

A. If yes:

Pollutant	When	Sample Points	Has problem been resolved
Ag	11/4/96	001	yes

B. If unresolved, what is being done?

C. Comments: MSD sampling violation was not picked up. No notice sent. Subsequent self monitoring resolved problem.

40. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA ✓ Yes__ No__

A. If yes:

Pollutant	When	Sample Points	Has problem been resolved

B. If unresolved, what is being done?

C. Comments:

41. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__

A. If yes, requirement is contained in permit ✓ or other document____.

B. If other document, date & description:

C. How frequently are reports required? quarterly

D. Have reports been on-time, complete & signed by proper person? Yes ✓ No__

E. If no, explain:

42. DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? Yes__ No ✓

A. If yes, explain:

43. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED? Yes ✓ No__

A. If no, explain:

44. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES? Yes ✓ No__

A. If no, explain:

45. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH? Yes__ No ✓

A. At which sampling points?

B. Do charts show compliance with the frequency & duration limits? Yes__ No__

C. If no, explain:

D. If company has a permit, have pH summaries been submitted? Yes__ No__

E. If no, explain:

46. IS COMPANY SUBMITTING THE RESULTS OF **ALL** REPORTABLE MONITORING? Yes ✓ No__

A. If no, explain:

47. IS COMPANY MAINTAINING ADEQUATE RECORDS? Yes ✓ No__

A. If no, explain:

48. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓

A. If yes, type and date:

B. Have the reports & actions been on-time & complete? Yes__ No__

C. If no, explain:

49. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? Yes__ No ✓

A. If yes, is company in compliance with requirements? Yes__ No__

B. Approval date:_____ Length of approval: _____

C. Comments:

50. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING? Yes__ No✓
   A. What is discharged? ____
   B. Any corresponding MSD sample points: ____
   C. If yes, does company have a permit? Number ____ Yes__ No__
   D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
   E. If no to C, explain: ____

51. IS MSD CATEGORY CORRECT? Yes✓ No__
   A. If no, explain: ____
   B. What should category be? ____

52. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes✓ No__
   A. If any SPs cannot be located or opened, explain: ____
   B. If any SP descriptions need to be changed, explain: ____

53. REVIEW THE SAMPLE POINT MAP! Last map revision date: 3/20/95
   A. Are all sample points correctly located & identified? Yes✓ No__
   B. Is the map correct and accurate in all its details? Yes__ No✓
   C. If no to A or B, what changes are needed? New map format.

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Facility name has been changed. Notification given on 7/11/97 IUQ.
Name on bldg has not been changed yet.

Most of the 5th floor research labs have been shut down.

Small kitchen area. Fry grease is collected & hauled.

Water softener for domestic hot & boiler makeup.
Regeneration every 2 wks. ~300 gal disch. to sewer.

COMPLETE ITEM 54 ON THE NEXT PAGE

54. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:		DJ				
If SP flows to a downstream SP, list it:		stormwater				
Is discharge Batch (B) or Continuous (C)?	B__C✓	B__C__	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y__N✓	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment? Describe:	Y✓N__ pH Adj. Ag Recov.	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes?	Y✓N__ Hosp waste	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW?	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater?	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Other? Describe:	Y✓N__ Soften. Regen	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct?	Y__N N/A	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct? If no, list new factor:	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is the SP trapped?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP dry-justified?	Y__N✓	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process:
SP:____ Specific operation:____
SP:____ Specific operation:____
SP:____ Specific operation:____

B. Describe in detail any sample point problems found:____

C. Are all connection points included in the above table? Yes ✓ No__

D. If No, explain:____

Metropolitan St. Louis Sewer District

MSD

FOR MSD USE ONLY		
ACCOUNT NUMBER: 41122251-02	CATEGORY: 1 2 3 4 5 6 9	
TA: BP		
TS: Old Mill Ck	Reviewer's Initials	7/11/97 Date

RECEIVED
JUL 11 1997
Environmental Compliance

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.

NAME CHANGE
- DMM

SECTION A - GENERAL INFORMATION

EXE

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	

3/96 Revised page 1 rcd 7/11/97 Page 1

MSD 020485

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: Anheuser Busch Eye Institute

Premise Address: 1755 Grand Zip Code: 63104

Account #: 41122251-02 Current MSD category: 49

Inspection Contact Person: Gary Rauschenbach

Title: Director of Building Services Phone # 577-8072

Inspection Date: 11/8/96 Time of inspection: From 9:00 A To 11:30 A

Inspector: J. Goodall Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 12/22/93 IDS Date: 11/4/96 Permit Date: 7/1/94

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 11/14/95

1. HAS FIELD CONTACT CHANGED ? Yes__ No ✓
   New contact name and title ____

2. HAS EMPLOYEE NUMBER CHANGED ? Yes ✓ No__
   New Number 270

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes__ No ✓
   New Shifts ____ New Days per Week ____

4. ARE THE LISTED SIC's CORRECT ? Yes ✓ No__
   Note any changes: ____

5. ARE MAJOR PROCESSES BATCH ? ____ OR CONTINUOUS ? ✓
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ____
   B. Any new batch processes which discharge ? Yes__ No ✓
   C. Comments: ____

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes__ No ✓
   A. If yes, what ? ____
   B. Affect which sample points ? ____

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes__ No ✓
   A. If yes, what ? ____
   B. Comments: ____

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes ✓ No__
   A. If yes, what ? Quantity increase - Dermatology dept moved into bldg.
   B. Affect which sample points ? 001
   C. Is surcharge status affected ? Yes__ No ✓
   D. Is return factor status affected ? Yes__ No ✓
   E. If yes to C or D, explain: ____

MSD 020486

9. IS ANY WATER USED FOR COOLING ? Yes ✓ No__
   A. What does the water cool ? HVAC, chiller for electron microscope, diesel engine for sprinkler power pump
   B. Contact CW ? _____ Non-contact CW ? ✓
   C. Once-through ? diesel engine Recirculated ? ✓
   D. Is the water treated or conditioned before or during use ? Yes ✓ No__
   E. What contaminants may be present ? biocides
   F. Cooling tower(s) 1 Capacity (tons) UNK
   G. Frequency & volume of blowdown Auto-UNK Vol Discharge to SEWER
   H. At which sample points ? 001
   I. Comments: microscope chiller is self contained recirculation unit - no discharge.

10. IS ANY WATER USED IN BOILERS ? 3 Yes ✓ No__
   A. Is the water treated or conditioned before or during use ? Yes ✓ No__
   B. What contaminants may be present ? Caustic - O_2 scavengers
   C. Frequency & volume of blowdown Auto ~20GPD Discharge to SEWER
   D. At which sample points ? 001
   E. Comments: 2 Boilers run at a time, 10 gal each disch. daily

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No ✓
   A. What types of devices ? _____
   B. How is the water disposed ? _____
   C. What contaminants may be present ? _____
   D. Frequency & volume if discharged _____ Discharge to _____
   E. At which sample points ? _____
   F. Comments: _____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes__ No ✓
   A. Describe _____
   B. What contaminants may be present ? _____
   C. At which sample points ? _____
   D. Comments: _____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes ✓ No__
   A. Food wastes ? _____ Petroleum wastes ? stormwater oil intercept.
   B. Frequency of cleaning As needed
   C. Are cleaning logs kept ? Yes ✓ No__
   D. How is oil/grease disposed ? hauled off site

14. ARE ANY SOLVENTS USED ? Yes ✓ No__
   A. Which solvents ? toluene
   B. What used for: lab reagent
   C. How disposed ? hauled off site
   D. Does company have a solvent management plan ? Yes ✓ No__
   E. If yes, last time updated 6/20/95. Update needed ? Yes__ No ✓
   F. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations hospital waste tissue
   B. How is waste disposed ? hauled off site

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes ✓ No__
A. If yes, describe operations RESEARCH lab
B. NRC License No.: 24-00196-07
C. How is waste disposed ? liquid is SEWERED, Solids hauled off site
D. If disposed to sewer, describe procedures: dedicated SINK ON 5th floor. RADIOACTIVE discharges monitored & Reported.
E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes ✓ No__

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes ✓ No__
A. If yes, describe 3 photo PROCESSORS
B. At which sample points ? 001
C. Silver recovery facilities at these points ? Yes ✓ No__
D. Comments: X-RAY film developer ON SITE, NO longer IN USE.

18. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER ? (INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
A. If yes, what types of wastes ? Infectious waste, Acid, SPENT SOLVENT GREASE, RADIOACTIVE WASTE, SILVER BEARING WASTE
B. How disposed ? hauled off site
C. Are any of these wastes RCRA hazardous ? Yes ✓ No__
D. MDNR and/or EPA hazardous waste generator No.: 026136

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No ✓
A. If yes, describe:
Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 1 Capacities: 4000 gal
B. What do they contain ? #2 diesel fuel
C. Have there been any known leaks from these tanks ? Yes__ No ✓
D. If yes to C, explain:
E. Are all of the tanks registered with MDNR ? Yes ✓ No__
F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 2 Capacities: 250 gal EACH
B. What do they contain ? fuel oil for GENERATORS
C. Are they protected with spill containment facilities ? Yes__ No ✓
D. If no, explain: CONTAINMENT pigs AROUND TANK
E. If yes to C, how is accumulated stormwater disposed ? NONE - located INDOORS

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes__ No ✓
A. If yes, what needs to be done ?

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes ✓ No__
A. If yes, last time updated 6/20/95
B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
C. If No to 23, is a plan needed ? Yes__ No__
D. If yes to C, explain:

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 6/20/95
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. Is a plan needed ? Yes__ No ✓
   D. If yes, explain: _____

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes ✓ No__
   A. Are MSD contacts listed ? Yes ✓ No__

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No ✓
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No ✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ No__ N/A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ No__ N/A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No ✓
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes ✓ No__
   A. If yes, identify the CFR Part & Subpart: 40 CFR 460
   B. What is done with the process wastewater ? sewered
   C. Comments: Hospital wastes

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No ✓
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No ✓
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No✓
A. If yes, identify the CFR Part & Subpart: _____
B. Is the wastewater discharged to the sewer ? Yes__ No__
C. If yes, which sample points ? _____
D. If no, what is done with the wastewater ? _____
E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes✓ No__
A. If yes, what pollutants ? pH How often ? once
At which sample points ? 001
B. Has the problem been resolved ? Yes✓ No__
C. If no, what is being done ? _____
D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA✓
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

37. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes✓ No__
A. If yes, requirement is contained in permit ✓ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes✓ No__
D. If no, explain: _____

38. IF NO TO ITEM 37, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ No__ N/A
A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes✓ No__
A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes✓ No__
A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No✓
A. At which sampling points ? _____
B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
C. If no, explain: _____

42. IS COMPANY SUBMITTING THE RESULTS OF ALL REPORTABLE MONITORING ? Yes✓ No__
A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes✓ No__
A. If no, explain: _____

44. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS ? Yes__ No✓
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No✓
A. If yes, is company in compliance with requirements ? Yes__ No__
B. Comments: _____

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No✓
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes✓ No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 3/20/95
A. Are all sample points correctly located & identified ? Yes✓ No__
B. Is the map correct and accurate in all its details ? Yes✓ No__
C. If no to A or B, what changes are needed ? _____

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

JEB

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Rodent cage washer used daily (2 to 3 hrs)
Frog Room has continuous discharge for humidity (1 gal/min)

4 surgery rooms on 2nd floor - scrub sinks & sterilizers.

NCCW for diesel engine is once-thru (10 gpm, once/wk, for 30 min)

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:		DJ-Storm				
Is discharge Batch (B) or Continuous (C) ?	B__C✓	B✓C__	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y__N✓	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ? Describe:	Y✓N__ pH Adj. Ag Recov.	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes ?	Y✓N__ Hosp Waste	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ? If no, list new factor:	Y__N/A	Y__N/A	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct ? If no, list new factor:	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample ?	Y✓N__	DJ Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes✓ No__

D. If No, explain: _____

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

February 13, 1996

Gary Rauschenbach
Director of Building Services
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. Grand Blvd.
St. Louis, MO 63104

Re: 1755 S. Grand Blvd.
St. Louis, MO 63104

Dear Mr. Rauschenbach:

We have received a "Freedom of Information Act" request for information from our industrial user files. The request was from Tom Leigh, 19 Barberry Lane, Kirkwood, MO 63122. Mr. Leigh requested a list of companies not in compliance with permit discharge parameters for 1995, and a list of companies that paid sewer surcharge fees in excess of $20,000 in 1995 including the dollar amount paid.

As is our policy we honor such requests and in turn notify the company involved. We have provided the requestor with the lists. Your company was included on one or both of these lists.

If you have any questions, please call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

ldl

file-industry

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: Anheuser Busch Eye Institute

Premise Address: 1755 Grand Zip Code: 63104

Account #: 4112 2251-02 Current MSD category: 49

Inspection Contact Person: Gary Rauschenbach

Title: Dir. of Bldg. Services Phone # 577-8072

Inspection Date: 11/14/95 Time of inspection: From 9:00 A To 10:45 A

Inspector: J. Goodall Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 12/22/93 IDS Date: 11/7/95 Permit Date: 7/1/94

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 3/16/95

1. HAS FIELD CONTACT CHANGED ? Yes__ No ✓
   New contact name and title ____

2. HAS EMPLOYEE NUMBER CHANGED ? Yes ✓ No__
   New Number 250

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes__ No ✓
   New Shifts ____ New Days per Week ____

4. ARE THE LISTED SIC's CORRECT ? Yes ✓ No__
   Note any changes: ____

5. ARE MAJOR PROCESSES BATCH ? ____ OR CONTINUOUS ? ✓
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ____
   B. Any new batch processes which discharge ? Yes__ No ✓
   C. Comments: ____

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes__ No ✓
   A. If yes, what ? ____
   B. Affect which sample points ? ____

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes__ No ✓
   A. If yes, what ? ____
   B. Comments: ____

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes__ No ✓
   A. If yes, what ? ____
   B. Affect which sample points ? ____
   C. Is surcharge status affected ? Yes__ No__
   D. Is return factor status affected ? Yes__ No__
   E. If yes to C or D, explain: ____

9. IS ANY WATER USED FOR COOLING ? Yes ✓ No__
   A. What does the water cool ? HVAC, chiller for electron microscope
   B. Contact CW ? ____ Non-contact CW ? ✓
   C. Once-through ? ____ Recirculated ? ✓
   D. Is the water treated or conditioned before or during use ? Yes ✓ No__
   E. What contaminants may be present ? biocides
   F. Cooling tower(s) 1 Capacity (tons) UNK
   G. Frequency & volume of blowdown Auto - unk vol. Discharge to combined sewer
   H. At which sample points ? 001
   I. Comments: microscope chiller is self contained recirculation unit - no discharge

10. IS ANY WATER USED IN BOILERS ? 3 Yes ✓ No__
   A. Is the water treated or conditioned before or during use ? Yes ✓ No__
   B. What contaminants may be present ? boiler treatment - O_2 scavenger
   C. Frequency & volume of blowdown Auto - 20 gal/day Discharge to San Sewer
   D. At which sample points ? 001
   E. Comments: 2 Boilers run at a time, 10 gal/day disch. each

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No ✓
   A. What types of devices ? ____
   B. How is the water disposed ? ____
   C. What contaminants may be present ? ____
   D. Frequency & volume if discharged ____ Discharge to ____
   E. At which sample points ? ____
   F. Comments: ____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes__ No ✓
   A. Describe ____
   B. What contaminants may be present ? ____
   C. At which sample points ? ____
   D. Comments: ____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes ✓ No__
   A. Food wastes ? ____ Petroleum wastes ? stormwater oil intercept
   B. Frequency of cleaning As needed
   C. Are cleaning logs kept ? Yes ✓ No__
   D. How is oil/grease disposed ? hauled off site

14. ARE ANY SOLVENTS USED ? Yes ✓ No__
   A. Which solvents ? toluene
   B. What used for: lab reagent
   C. How disposed ? hauled off site
   D. Does company have a solvent management plan ? Yes ✓ No__
   E. If yes, last time updated 6/20/95. Update needed ? Yes__ No ✓
   F. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations hospital waste tissue
   B. How is waste disposed ? Hauled off site - MEDIX

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations Research lab
   B. NRC License No.: 24-00196-07
   C. How is waste disposed ? liquid to SAN SEWER, Solids hauled off site.
   D. If disposed to sewer, describe procedures: Dedicated sink on fifth floor. Radioactive discharges monitored on clip board.
   E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes ✓ No__

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes ✓ No__
   A. If yes, describe 3 photo processors; one has Ag recov., two don't
   B. At which sample points ? 001
   C. Silver recovery facilities at these points ? Yes ✓ No__
   D. Comments: X-Ray developer on site, no longer used

18. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER ? (INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
   A. If yes, what types of wastes ? Grease, Infectious waste, Acids, spent solvents, silver bearing waste
   B. How disposed ? hauled off site
   C. Are any of these wastes RCRA hazardous ? Yes ✓ No__
   D. MDNR and/or EPA hazardous waste generator No.: 026136

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No ✓
   A. If yes, describe:
   Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes ✓ No__
   A. How many ? 1 Capacities: 4,000 gal
   B. What do they contain ? #2 diesel fuel
   C. Have there been any known leaks from these tanks ? Yes__ No ✓
   D. If yes to C, explain:
   E. Are all of the tanks registered with MDNR ? Yes ✓ No__
   F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes ✓ No__
   A. How many ? 2 Capacities: 250 gal each
   B. What do they contain ? fuel oil for generators
   C. Are they protected with spill containment facilities ? Yes__ No ✓
   D. If no, explain: containment pigs around tank
   E. If yes to C, how is accumulated stormwater disposed ? None - located indoors

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes__ No ✓
   A. If yes, what needs to be done ?

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 6/20/95
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. If No to 23, is a plan needed ? Yes__ No__
   D. If yes to C, explain:

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 6/20/95
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. Is a plan needed ? Yes__ No ✓
   D. If yes, explain: _____

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes ✓ No__
   A. Are MSD contacts listed ? Yes ✓ No__

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No ✓
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No ✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ N/A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ N/A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No ✓
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes ✓ No__
   A. If yes, identify the CFR Part & Subpart: 40 CFR 460 (No PT STDS)
   B. What is done with the process wastewater ? SEWERED
   C. Comments: hospital wastes

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No ✓
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No ✓
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No✓
   A. If yes, what pollutants ? _____ How often ? _____
      At which sample points ? _____
   B. Has the problem been resolved ? Yes__ No__
   C. If no, what is being done ? _____
   D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA✓
   A. If yes, what pollutants ? _____ How often ? _____
      At which sample points ? _____
   B. Has the problem been resolved ? Yes__ No__
   C. If no, what is being done ? _____
   D. Comments: _____

37. IS COMPANY <u>REQUIRED</u> TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes✓ No__
   A. If yes, requirement is contained in permit ✓ or other document ____.
   B. If other document, date & description: _____
   C. Have the reports been on-time and complete ? Yes✓ No__
   D. If no, explain: _____

38. IF NO TO ITEM 37, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ No~~ø~~ NA
   A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes✓ No__
   A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes✓ No__
   A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No✓
   A. At which sampling points ? _____
   B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
   C. If no, explain: _____

42. IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING ? Yes✓ No__
   A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes✓ No__
   A. If no, explain: _____

44. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS ? Yes__ No✓
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No✓
A. If yes, is company in compliance with requirements ? Yes__ No__
B. Comments: _____

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No✓
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes✓ No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 3/20/95
A. Are all sample points correctly located & identified ? Yes✓ No__
B. Is the map correct and accurate in all its details ? Yes✓ No__
C. If no to A or B, what changes are needed ? _____

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

JEB

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Rich Weiss accompanied me on facility inspection.
Three film processors - one has Ag Rec. - two don't
Advised Rich Weiss and film process staff to check
into Ag recovery units.
Kitchen is no longer in use. Space is being converted
to offices. Grill area has been made on lower level.
Grease gets captured & hauled off site.
Dermatology dept. new to facility. Only sanitary discharge.

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:		DJ- storm				
Is discharge Batch (B) or Continuous (C) ?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ? Describe:	Y✓N__ pH Adj Ag RECOV.	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y__N✓	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ? If no, list new factor:	Y__N/A	Y__N/A	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct ? If no, list new factor:	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample ?	Y✓N__	DJ Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes✓ No__

D. If No, explain: _____

MEMO

File Ind file

DATE June 20, 1995

TO Facility Files - St. Louis University Hospital (Desloge), St. Louis University - Health Sciences (Wohl Memorial Hospital) and Anheuser Busch Eye Institute

FROM Judy Kalna

SUBJECT Hazardous Chemical Spills & Hazardous Chemical Waste Disposal Plans for St. Louis University buildings

The original of this document has been placed in the St. Louis University Hospital (Desloge) file. However, the document addresses all buildings listed on the attached letter.

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

March 27, 1995

Gary Rauschenbach
ANHEUSER BUSCH EYE INSTITUTE
1755 South Grand Avenue
St. Louis, Missouri 63104

Dear Mr. Rauschenbach:

Thank you and Mr. Strickland for the assistance given to John Scanga during the facility inspection. Please note the following items that need to be addressed:

1. Mr. Scanga advised that a new St. Louis University version of the solvent management plan has been completed. For all St. Louis University-managed facilities, please provide our office with a copy of this plan. Also, please identify the St. Louis University buildings covered in the plan.

2. Please advise what actions have been taken to provide proper spill containment for the two (250 gallon) above ground fuel oil tanks. These tanks supply fuel oil for the generators.

Please submit the information requested to our office by April 17, 1995. If you have any questions, please contact me at 436-8716.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Judith A. Kalna

Judith A. Kalna
Engineering Associate

ymw

pc: Suspense file

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: ANHEUSER BUSCH EYE INSTITUTE

Premise Address: 1755 GRAND Zip Code: 63104

Account #: 4112 2251-02 Current MSD category: 49

Inspection Contact Person: GARY RAUSCHENBACH / DAVE STRICKLAND - MAINT SUPR.

Title: DIRECTOR of BLDG. SERVICES Phone # 314-5778072

Inspection Date: 3-16-95 Time of inspection: From 8 30 Am To 10 30 Am

Inspector: JOHN SCANGA Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 12-22-93 IDS Date: 3-15-95 Permit Date: 7-1-94

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 1-27-94

1. HAS FIELD CONTACT CHANGED ? Yes ✓ No ____
   New contact name and title GARY RAUSCHENBACH - DIR of BUILDING SERVICES

2. HAS EMPLOYEE NUMBER CHANGED ? Yes ____ No ✓
   New Number ____

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes ____ No ✓
   New Shifts ____ New Days per Week ____

4. ARE THE LISTED SIC's CORRECT ? Yes ✓ No ____
   Note any changes: ____

5. ARE MAJOR PROCESSES BATCH ? ____ OR CONTINUOUS ? ✓
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ____
   B. Any new batch processes which discharge ? Yes ____ No ✓
   C. Comments: HOSPITAL ENVIRONMENT

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes ____ No ✓
   A. If yes, what ? ____
   B. Affect which sample points ? ____

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes ____ No ✓
   A. If yes, what ? ____
   B. Comments: ____

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes ____ No ✓
   A. If yes, what ? ____
   B. Affect which sample points ? ____
   C. Is surcharge status affected ? Yes ____ No ____
   D. Is return factor status affected ? Yes ____ No ____
   E. If yes to C or D, explain: ____

MSD 020503

9. IS ANY WATER USED FOR COOLING ? Yes ✓ No__
   A. What does the water cool ? HVAC, AIR HANDLERS
   B. Contact CW ? _____ Non-contact CW ? ✓
   C. Once-through ? _____ Recirculated ? ✓
   D. Is the water treated or conditioned before or during use ? Yes ✓ No__
   E. What contaminants may be present ? Cooling TOWER TREATMENT
   F. Cooling tower(s) CT-1 Capacity (tons) UNK
   G. Frequency & volume of blowdown DAILY - UNK Discharge to SAN SEWER & EVAP
   H. At which sample points ? 001
   I. Comments: Automatic Blowdown

10. IS ANY WATER USED IN BOILERS ? Yes ✓ No__
   A. Is the water treated or conditioned before or during use ? Yes ✓ No__
   B. What contaminants may be present ? BOILER TREATMENT
   C. Frequency & volume of blowdown DAILY - 20 gal Discharge to SAN SEWER
   D. At which sample points ? 001
   E. Comments: Automatic Blowdown, 2 Boilers, Approx 10 gal each

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No ✓
   A. What types of devices ? _____
   B. How is the water disposed ? _____
   C. What contaminants may be present ? _____
   D. Frequency & volume if discharged _____ Discharge to _____
   E. At which sample points ? _____
   F. Comments: _____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes__ No ✓
   A. Describe _____
   B. What contaminants may be present ? _____
   C. At which sample points ? _____
   D. Comments: _____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes ✓ No__
   A. Food wastes ? Kitchen Grill Grease TRAP Petroleum wastes ? STORM WATER OIL INTERCEPTOR
   B. Frequency of cleaning GREASE TRAP IS CLEANED EACH QUARTER
   C. Are cleaning logs kept ? Yes ✓ No__
   D. How is oil/grease disposed ? Hauled off SITE

14. ARE ANY SOLVENTS USED ? Yes ✓ No__
   A. Which solvents ? TOLUENE
   B. What used for: REAGENTS for LAB.
   C. How disposed ? HAULED OFF SITE
   D. Does company have a solvent management plan ? Yes ✓ No__
   E. If yes, last time updated 1994. Update needed ? Yes__ No ✓ SEE PAGE 6
   F. Is there a copy in MSD file ? (Obtain copy) REQUEST COMPANY TO SEND SLU VERSION Yes ✓ No__

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes__ No ✓
   A. If yes, describe operations HOSPITAL WASTE
   B. How is waste disposed ? HAULED OFF SITE - MEDIX

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations RESEARCH LAB
   B. NRC License No.: 24-00196-07
   C. How is waste disposed ? LIQUID DISCHARGED IN SANITARY SEWER - SOLIDS HAULED OFF SITE
   D. If disposed to sewer, describe procedures: FACILITY HAS ONE SINK TO DISCHARGE (ON 5TH FLOOR HALL, BEHIND LOCKED DOOR) RADIOACTIVE MATERIALS. THE EMPLOYEES SELF MONITOR EACH DISCHARGE AND WRITE THE AMOUNT OF CURIES DISCH.
   E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes ✓ No__

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes ✓ No__
   A. If yes, describe X-RAY DEVELOPING
   B. At which sample points ? 001
   C. Silver recovery facilities at these points ? Yes ✓ No__
   D. Comments: MOST DEVELOPING IS CONCENTRATED AT LABS 5B & 5C

18. ARE ANY WASTES (OTHER THAN ANY INCLUDED ABOVE) GENERATED WHICH ARE NOT DISPOSED TO THE SEWERS ? Yes ✓ No__
   A. If yes, what types of wastes ? GREASE, INFECTIOUS WASTE, ACIDS, SPENT SOLVENTS
   B. How disposed ? HAULED OFF SITE
   C. Are any of these wastes RCRA hazardous ? Yes ✓ No__
   D. MDNR and/or EPA hazardous waste generator No.: #026136

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No ✓
   A. If yes, describe:
   Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes ✓ No__
   A. How many ? 1 Capacities: 4000 GAL
   B. What do they contain ? #2 DIESEL FUEL
   C. Have there been any known leaks from these tanks ? Yes__ No ✓
   D. If yes to C, explain:
   E. Are all of the tanks registered with MDNR ? Yes ✓ No__
   F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes ✓ No__
   A. How many ? 2 Capacities: 250 GALLONS EACH
   B. What do they contain ? FUEL OIL FOR GENERATORS
   C. Are they protected with spill containment facilities ? Yes__ No ✓
   D. If no, explain: SEE PAGE #6
   E. If yes to C, how is accumulated stormwater disposed ? NONE - INSIDE TANKS

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes ✓ No__
   A. If yes, what needs to be done ? SEE PAGE #6

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 3-21-94
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. If No to 23, is a plan needed ? Yes__ No__
   D. If yes to C, explain:

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 3-21-94
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. Is a plan needed ? Yes ✓ No__
   D. If yes, explain: THE POTENTIAL FOR AN IMPROPER OR HAZARDOUS DISCHARGE IS PRESENT AT THIS FACILITY.

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes ✓ No__
   A. Are MSD contacts listed ? Yes ✓ No__

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes ✓ No__
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ? ✓ SEE PAGE #6
   B. Explain any marked: JAN OF 1995 - CUT A FUEL LINE DURING CONSTRUCTION AND FUEL WAS DISCHARGED ONTO THE SURFACE. CORRECTION WAS MADE.

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No ✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ No__ N/A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ No__ N/A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No ✓
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes__ No__ N/A
   A. If yes, identify the CFR Part & Subpart: _____
   B. What is done with the process wastewater ? _____
   C. Comments: _____

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No ✓
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No ✓
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No✓
A. If yes, identify the CFR Part & Subpart: _____
B. Is the wastewater discharged to the sewer ? Yes__ No__
C. If yes, which sample points ? _____
D. If no, what is done with the wastewater ? _____
E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No✓
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA✓
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

37. IS COMPANY <u>REQUIRED</u> TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes✓ No__
A. If yes, requirement is contained in permit ✓ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes✓ No__
D. If no, explain: _____

38. IF NO TO ITEM 38, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ No__ N/A
A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes✓ No__
A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes✓ No__
A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No✓
A. At which sampling points ? _____
B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
C. If no, explain: SEE Page #6

42. IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING ? Yes✓ No__
A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes✓ No__
A. If no, explain: _____

MSD 020507

44. IS COMPANY UNDER ANY ENFORCEMENT ORDERS ? Yes__ No✓
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No✓
A. If yes, is company in compliance with requirements ? Yes__ No__
B. Comments: _____

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No✓
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes✓ No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 4-12-94
A. Are all sample points correctly located & identified ? Yes✓ No__
B. Is the map correct and accurate in all its details ? Yes__ No✓
C. If no to A or B, what changes are needed ? Change in Facility Contacts and transfer to new form.

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Company continues to use limestone tablets to neutralize the acid discharge. There has not been a problem with PH at this writing.
SLU has taken complete responsibility for the facility. Different contact responsibility has made compliance, from last years inspection request, difficult. SLU still needs to put proper spill containment for the above tanks. (Q21) I spoke to Rich Weiss about the containment and he stated he will comply. The tank near the trough should have absorbant pig containment at minimum.
SLU has taken management responsibility of facility and should send the SLU version of (SMP). Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	DJ - STORM 002				
Applicable Cat. Std.:						
Is discharge Batch (B) or Continuous (C) ?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Describe:	PH ADJ.					
Process wastes ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y__N✓	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ?	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:	N/A	N/A				
Disch. Fact. Correct ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:						
Is it possible to obtain representative sample ?	Y✓N__	DJ Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes✓ No__

D. If No, explain: _____

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

File - Ind - A B Eye

February 6, 1995

Mark Haenchen
Radiation Safety Officer
ST. LOUIS UNIVERSITY HEALTH SCIENCES CENTER
3556 Caroline Street
St. Louis, MO 63104-1085

Dear Mr. Haenchen:

Recently, the Metropolitan St. Louis Sewer District granted you approval to discharge certain levels of radioactivity to the District's sewers. This approval was given for an annual level of discharge. However, the starting basis for annual was not made explicit.

The approval for annual radioactive discharge levels is based on a calendar year. All approved discharges prior to January 1, 1995 will be considered part of the 1994 annual discharge level.

Please note that you must continue to limit your levels of radioactivity discharged to the District's sewers to the approved amount. The total discharge levels for each watershed were allocated based in part on your estimated needs.

If you have any questions, please call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

ph

pc: Tom Rawson - Anheuser Busch Eye Institute
1755 S. Grand Blvd, St. Louis, MO 63104
Al Wittrock - Cardinal Glennon Hospital
1465 S. Grand Blvd, St. Louis, MO 63104
Gary Rauschenbach - St. Louis U Health Sciences Center
- St. Louis U Hospital
P. O. Box 15250, St. Louis, MO 63110

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

July 8, 1994

Mark Haenchen
Radiation Safety Officer
ST. LOUIS UNIVERSITY HEALTH SCIENCES CENTER
3556 Caroline Street
St. Louis, MO 63104-1085

Dear Mr. Haenchen:

We have reviewed your letters dated April 14, 1994 and June 27, 1994 requesting approval to discharge small quantities of radioactive material to the District for treatment. You indicated that St. Louis University Health Sciences Center anticipates a need to discharge approximately 500 millicuries per year from the facilities listed below.

As you were previously informed, District Ordinance 8472 limits the aggregate of all radioactive materials discharged from all users to the sewers tributary to each of the District's treatment plants to one curie per year. The facilities listed below all discharge wastewater to the District's Bissell Point Treatment Plant.

Based on the total level of requests received for discharges to this treatment plant, we can approve discharges of radioactive material in the quantities listed below.

Facility Name & Address	Wastewater Permit?	Amount Approved
Anheuser-Busch Eye Institute 1755 S. Grand Blvd. 63104	yes	120 mCi
Cardinal Glennon Hospital 1465 S. Grand Blvd. 63104	yes	5 mCi
Institute for Molecular Virology 3681 Park Ave. 63104	no	60 mCi
Pediatric Research Institute 3662 Park Ave. 63104	no	60 mCi
St. Louis University Health Sciences Center (Wohl) 1221 S. Grand Blvd. 63104	yes	5 mCi

Facility Name & Address	Wastewater Permit?	Amount Approved
St. Louis University Hospital 3635 Vista @ Grand 63104	yes	15 mCi
St. Louis University-Frost Campus 3505 Laclede Avenue 63103	no	15 mCi
St. Louis University Med. School 3556 Caroline St. 63104 3555 Vista Ave. 63104 1402 S. Grand Blvd. 63104	no	240 mCi

In your June 27, 1994 letter, you indicated that the requested values were estimates only, and wished to have all values totaled as an aggregate limit for all facilities. However, the District regulates facilities separately when they are distinct operations, as are those listed above. Therefore, the limits must apply separately for each individual facility.

Please note that all radioactive material discharged to the sewer system must be readily soluble, or readily dispersible biological material, in water. Should additional requests for discharge of radioactive material be received from users in the future, the level of radioactive material approved for discharge from the facilities listed above may be modified.

Under 10 CFR 20.2108, each Nuclear Regulatory Commission licensee is required to maintain records of the disposal of NRC licensed radioactive materials. Under 19 CSR 20-10.060, each Missouri Department of Health licensee is required to maintain records of the disposal of MDH licensed radioactive materials. District Ordinance 8472, Article VIII, Section Twelve provides for the District to require the submittal of reports to ensure compliance with the provisions of the Ordinance and with applicable State and Federal regulations.

As a condition of the District's approval of your request for discharge of radioactive material to the sewer system, a completed copy of the attached report must be submitted to the District on a quarterly basis from each facility. The quarters shall be January through March, April through June, July through September, and October through December. The reports shall be due by the 28th day of the month following the end of the quarter. You are required to certify compliance with both state and federal regulations. The first reports due shall cover the period July 1, 1994 through September 30, 1994 and are due by October 28, 1994.

For those facilities listed above with Industrial Wastewater Discharge Permits, they will be modified to incorporate this approval and the reporting requirements. The reports are to be submitted at the same time as the required wastewater self-monitoring reports. For those facilities listed above without

permits, you must mail the reports to the following address:

METROPOLITAN ST. LOUIS SEWER DISTRICT
DEPARTMENT OF ENVIRONMENTAL COMPLIANCE
10 East Grand Avenue
St. Louis, MO 63147

All previous approvals to Saint Louis University Health Sciences Center or any of the facilities listed above to discharge radioactive material to the District are superseded. This approval is not intended to relieve St. Louis University Health Sciences Center or any of the facilities listed above of any requirements set forth under applicable state or federal regulations. In addition, all provisions of District Ordinance 8472 must continue to be met.

If you have any questions, please call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

Enclosure

pc Gunter Durdel - MSD
Tom Rawson - Anheuser Busch Eye Institute
1755 S. Grand Blvd, St. Louis, MO 63104
Al Wittrock - Cardinal Glennon Hospital
1465 S. Grand Blvd, St. Louis, MO 63104
Gary Rauschenbach - St. Louis U Health Sciences Center
- St. Louis U Hospital
P.O. Box 15250, St. Louis, MO 63110

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

PART I: IDENTIFYING INFORMATION

Company Name: _____

Permit No: _____

Premise Address: _____

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)
TOTAL ACTIVITY DISCHARGED:	

PART III: CERTIFICATION STATEMENTS

Place your initials in the boxes under item A which apply to you. **Everyone must complete the information under item B and sign this report.**

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

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

☐ I certify that to the best of my knowledge and belief, all requirements of 10 CFR Part 20.2003 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission 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 or type name of signing official: _____

Title: _____ Telephone: _____

Signature: _____ Date: _____

radrpt 6/94

ANHEUSER-BUSCH
EYE INSTITUTE

3/17/94

Judith A.Kalna
Metropolitan St.Louis Sewer District
Department of Environmental Compliance
10 East Grand Ave.
St.Louis, Mo 63147-2913

Dear Ms.Kalna,

In reference to your letter dated March 4, 1994 the following information is forwarded for your review and approval:

1. Copy of our chemical slug release policy dated February 1994. This also contains other required information.

2. The in line acid neutralization equipment system utilizes a Town and Country Plastics, Inc model NT-15 tank charged with approximately 100 pounds of limestone with a high calcium carbonate content.
   The calcium carbonate compound actually reacts with acids to form harmless neutral salts, carbon dioxide and water.
   This system is maintained by the in house maintenance staff.
   This system was installed as part of new construction during 1993.

I hope the above information satisfies your request.

Tom Rawson

Sincerely,
Tom Rawson
Director of Facility Management

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Environmental Compliance

jp;TR

Policy #S052

EFFECTIVE DATE: February, 1994

SUBJECT: Chemical Slug Release

40 CFR403.8 (f)(2)(v) requires a plan to control slug discharge. A slug discharge is any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or a non-customary batch discharge. The results of such activities shall be available to the approved authority upon request.
Our established operating procedures of chemical disposal greatly minimize the potential of a slug release due to the minimal amounts of chemicals being disposed of at any one time and our on going training provides procedures which should also preclude a large batch release.

Main Areas of Potential Problems Include:

1. Breakage during handling or transfer of materials.
   a. All materials shall be transported by trained individuals.
   b. Clean up kits sufficient to handle the amounts of chemicals being transported will be available and the person involved will be trained in the proper use of these kits, including notification of the Safety Officer and disposal of the chemical.
   c. Purchase of chemicals will be in minimal quantities. Therefore, transportation of chemical throughout the facility will minimize the potential leakage should an accident occur.
   d. No unusual large quantity of material shall be transported or disposed of without prior notification to the Safety Officer.

2. Receipt of Leaking or Damage Containers
   a. No leaking containers of chemicals will be received. All shipments containing any leaking containers will be refused and the Safety Officer notified.

3. Housecleaning by Any Using Area
   a. Disposal of day to day small quantities of chemicals will be in accordance with established safety policies.
   b. Bulk disposal of all chemicals will be under the direction of the Safety Officer following the established inventory and chemical review process.

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MAR 2 1 1994
Environmental Compliance

MSD 020516

c. All bulk hazardous chemical disposal will be transported off site in accordance with our hazardous chemical plan and will be under the direction of the Safety Officer. Only approved transporters will be used and the appropriated manifest will be completed.

4. Stopped Up Sewer Line.
   a. Any slow running or stopped up sewer line will be immediately reported to maintenance and tagged out of service. This information will include types and amounts of chemicals that have potentially been disposed of in the effected drain.
   b. Maintenance will contact the Safety Officer prior to working on the drain. Situation evaluation will include what chemicals could be involved; potential slug release of chemicals; protective equipment to be used; safety clean up equipment to be ready on standby; and amounts of water to flush after drain opening.
   c. All equipment will be properly cleaned after use. Any safety equipment, including clean up kits, expended during the process should be reported to the Safety Officer to allow timely replacement.

In the event of a potential slug release of chemicals the following emergency notification list should be notified.

1. Tom Rawson Ex:8419 Home: 789-3430
2. Wendle Davis 577-8127
3. MSD Dispatch 768-6260
4. If any radioactive material is suspected or possible also notify Mark Haenchen 577-8609.

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MAR 2 1 1994
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Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

March 11, 1994

Tom Rawson
Director of Facility Management
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. Grand Blvd.
St. Louis, MO 63104

Dear Mr. Rawson:

It is the District's policy to notify our customers when someone has requested information on the quality of their wastewater discharge or seeks other information in our files. We have received a request for such information from a reporter for the Riverfront Times.

The reporter has requested that we make available for him an electronic copy of all information stored in the District's computerized industrial pretreatment database for Significant Industrial Users. Such information includes the nature of manufacturing or service activities conducted, names of responsible parties, raw materials and products, volume and quality of wastewaters discharged and other non-confidential information obtained by the District pursuant to the Federal Pretreatment Regulations in 40 CFR 403. Under existing laws the District is required to comply with this request.

Should you have any questions or if you need additional information, please do not hesitate to contact us at 436-8717.

Sincerely,

METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

ldl

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

March 4, 1994

Tom Rawson
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. Grand
St. Louis, Missouri 63104

Dear Mr. Rawson:

Thank you for your assistance to John Scanga during his facility inspection on January 27, 1994. Please note the following items:

1. Please submit the following plans: the written solvent management plan, the spill prevention/control plan and a slug discharge control plan. An informational sheet for slug discharge has been enclosed for your information.

2. Post emergency notification numbers including the MSD Dispatcher's number - 768-6260.

3. Your facility is considered a significant industrial user. You will be contacted in the near future by our Permit Department.

The above items requested must be submitted to our office by March 28, 1994. If you have any questions, please contact me at 436-8716.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Judith A. Kalna

Judith A. Kalna
Engineering Associate

tp

Enclosure

pc Suspense file

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

File And

February 14, 1994

Tom Rawson
Director, Facility Management
ANHEUSER-BUSCH EYE INSTITUTE
1755 S. Grand Avenue
St. Louis, MO 63104

RE: Account Number 41122251-02

Dear Mr. Rawson:

Thank you for the facility tour given to John Scanga during his inspection on January 27, 1994. The items discussed during this inspection are listed below:

1. An informational sheet on slug discharges is enclosed. Please submit a written slug discharge control plan to our office.

2. The photo processing area was discussed. Additional treatment may be needed to meet the silver limits in our MSD Ordinance 8472. Additional silver recovery units can be installed or all the photo processing wastewater could be combined and treated at the 2nd floor clinical area silver recovery units.

3. Prepare and post an emergency notification list. The list should include plant personnel to be notified and our MSD dispatcher's telephone number 768-6260.

4. Submit in writing a description of the process of the inline acid neutralization equipment that uses the limestone tablets.

The above requested items should be submitted to our office by March 7, 1994. If you have any questions, please call me at 436-8716 or John Scanga at 436-8758.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Judith A. Kalna

Judith A. Kalna
Engineering Associate

rv
Enclosure
pc: Suspense File

SLUG DISCHARGE CONTROL PLANS

40 CFR 403.8(f)(2)(v) requires a POTW to:

...Evaluate, at least once every two years, whether each such Significant Industrial User needs a plan to control slug discharges. For purposes of this subsection, **a slug discharge is any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or non-customary batch discharge.** The results of such activities shall be available to the Approval Authority upon request. If the POTW decides that a slug control plan is needed, the plan shall contain, at a minimum, the following elements:

(A) Description of discharge practices, including non-routine batch discharges;

(B) Description of stored chemicals;

(C) Procedures for immediately notifying the POTW of slug discharges, including any discharge that would violate a prohibition under 40 CFR 403.5(b) [prohibited pollutants], with procedures for follow-up written notification within five days;

(D) If necessary, procedures to prevent adverse impact from accidental spills, including inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site run-off, worker training, building of containment structures or equipment, measures for containing toxic organic pollutants (including solvents), and/or measures and equipment necessary for emergency response;

See also MSD Ordinance 8472, Art. VII, Sections 5 & 9, and Art. VIII, Section 8.

The EPA's guidance manual for Control of Slug Loadings to POTWs states that the general elements of a slug control plan are as follows:

1. GENERAL INFORMATION: user name and address, user contact, discharge practices, security provisions and employee training

2. FACILITY LAYOUT FLOW DIAGRAMS: general layout including mapping of manufacturing, storage, transportation, and disposal areas

3. MATERIAL INVENTORY: types, volumes, containers, etc.

4. SPILL LEAK PREVENTION EQUIPMENT AND OPERATIONS AND MAINTENANCE PROCEDURES: definition of available equipment, plans to obtain equipment

5. EMERGENCY RESPONSE EQUIPMENT AND PROCEDURES: inventory and location of equipment; and procedures

6. SLUG REPORTING: description of procedures for notifying POTW

7. TRAINING PROGRAM: assurances that the Plan is implemented by providing for employee training

8. CERTIFICATION: a certification by a professional that the Plan is adequate to prevent and control slugs

NOTE: For some industrial users an existing spill control plan will be sufficient.

dmm 8/93 slugplan

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: ANHEUSER - BUSCH EYE INSTITUTE

Premise Address: 1755 S. GRAND Zip Code: 63104

Account #: 41122251-02 Current MSD category: INITIAL INSP.

Inspection Contact Person: MR. TOM RAWSON @ RICH WEIS

Title: DIRECTOR of FACILITIES @ MAINT. MANAGER Phone # 314-771-0300 EXT. 8419

Inspection Date: 1-27-94 Time of inspection: From 9:00 AM To 2:00 PM

Inspector: JOHN SCANGA Reinspection ____ Initial Inspection ✓

References used: IUQ Date: 12-22-93 IDS Date: NONE Permit Date: NONE

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: INITIAL

1. HAS FIELD CONTACT CHANGED ? Yes__ No ✓
   New contact name and title ____

2. HAS EMPLOYEE NUMBER CHANGED ? Yes__ No ✓
   New Number ____

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes ✓ No__
   New Shifts 1 New Days per Week 5

4. ARE THE LISTED SIC's CORRECT ? Yes ✓ No__
   Note any changes: ____

5. ARE MAJOR PROCESSES BATCH ? ____ OR CONTINUOUS ? ✓
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ____
   B. Any new batch processes which discharge ? Yes__ No__
   C. Comments: ____

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes ✓ No__
   A. If yes, what ? Closing of Clinical Labs and Reduced X-Ray.
   B. Affect which sample points ? SP001

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes__ No ✓
   A. If yes, what ? ____
   B. Comments: ____

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes ✓ No__
   A. If yes, what ? Lower Quantity
   B. Affect which sample points ? SP001
   C. Is surcharge status affected ? Yes__ No ✓
   D. Is return factor status affected ? Yes__ No ✓
   E. If yes to C or D, explain: ____

10/92

MSD 020522

9. IS ANY WATER USED FOR COOLING ? Yes ✓ No__
   A. What does the water cool ? Cooling Towers and Air Handlers.
   B. Contact CW ? ____ Non-contact CW ? ✓
   C. Once-through ? ____ Recirculated ? ✓
   D. Is the water treated or conditioned before or during use ? Yes ✓ No__
   E. What contaminants may be present ? Softener
   F. Cooling tower(s) YES Capacity (tons) 1-
   G. Frequency & volume of blowdown DAILY - UNK Discharge to DRAIN
   H. At which sample points ? SP001
   I. Comments: Automatic Blowdown

10. IS ANY WATER USED IN BOILERS ? Yes ✓ No__
   A. Is the water treated or conditioned before or during use ? Yes ✓ No__
   B. What contaminants may be present ? Algeciders, Biociders, Softeners
   C. Frequency & volume of blowdown Daily - 16 gal. Discharge to DRAIN
   D. At which sample points ? SP001
   E. Comments: Automatic Blowdown, 2-Boilers, 8 gal each

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No ✓
   A. What types of devices ? ____
   B. How is the water disposed ? ____
   C. What contaminants may be present ? ____
   D. Frequency & volume if discharged ____ Discharge to ____
   E. At which sample points ? ____
   F. Comments: ____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes__ No ✓
   A. Describe ____
   B. What contaminants may be present ? ____
   C. At which sample points ? ____
   D. Comments: ____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes ✓ No__
   A. Food wastes ? ✓ Petroleum wastes ? ✓
   B. Frequency of cleaning ONCE A YEAR for oil Interceptor, Grease traps being removed due to cafeteria closing.
   C. Are cleaning logs kept ? Yes ✓ No__
   D. How is oil/grease disposed ? Hauled off site

14. ARE ANY SOLVENTS USED ? Yes ✓ No__
   A. Which solvents ? Toluene
   B. What used for: Lab quantities for research labs.
   C. How disposed ? Collected as hazardous waste and hauled off site.
   D. Does company have a solvent management plan ? Yes ✓ No__
   E. If yes, last time updated 1993. Update needed ? Yes__ No ✓
   F. Is there a copy in MSD file ? (Obtain copy) Yes__ No ✓
      They were advised to send

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations During surgery & research
   B. How is waste disposed ? Collected as infectious waste and hauled off site.

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes ✓ No__
A. If yes, describe operations RESEARCH LAB
B. NRC License No.: 24-00196-07
C. How is waste disposed ? LIQUID IN THE DRAIN - SOLIDS TRANSFERRED to SLU
D. If disposed to sewer, describe procedures: FACILITY HAS ONE SINK TO DISCHARGE. RADIOACTIVE MATERIALS - RESTRICTED LIMIT . 120 CURIES PER YEAR. SELF MONITORING EACH DISCHARGE
E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes ✓ No__

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes ✓ No__
A. If yes, describe X-RAY DEVELOPING
B. At which sample points ? SP001
C. Silver recovery facilities at these points ? Yes ✓ No__
D. Comments: SILVER RECOVERY UNIT IS IN CLINICAL, BUT MORE DEVELOPING IS DONE IN THE RESEARCH LABS - 7TH FLOOR LAB B+C

18. ARE ANY WASTES (OTHER THAN ANY INCLUDED ABOVE) GENERATED WHICH ARE NOT DISPOSED TO THE SEWERS ? Yes__ No ✓
A. If yes, what types of wastes ?
B. How disposed ?
C. Are any of these wastes RCRA hazardous ? Yes__ No__
D. MDNR and/or EPA hazardous waste generator No.:

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No ✓
A. If yes, describe:
Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 1 Capacities: 4000 GAL
B. What do they contain ? #2 DIESEL FUEL
C. Have there been any known leaks from these tanks ? Yes__ No ✓
D. If yes to C, explain:
E. Are all of the tanks registered with MDNR ? Yes ✓ No__
F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 1 Capacities: 250 GAL
B. What do they contain ? #2 DIESEL FUEL
C. Are they protected with spill containment facilities ? Yes__ No ✓
D. If no, explain: ELEVATED with PROPER fittings BUT IS DIRECTLY ABOVE MAIN DRAIN.
E. If yes to C, how is accumulated stormwater disposed ?

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes ✓ No__
A. If yes, what needs to be done ? RICH WEISS AGREED THAT SOME CONTAINMENT IS NEED AND THEY WILL COMPLY.

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes ✓ No__
A. If yes, last time updated 1993
B. Is there a copy in MSD file ? (Obtain copy) TO BE SENT Yes__ No ✓
C. If No to 23, is a plan needed ? Yes ✓ No__
D. If yes to C, explain: DUE to THE VARIOUS MATERIALS THAT ARE DISCHARGED THROUGH THE SEWER.

10/92

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes__ No✓
   A. If yes, last time updated _____
   B. Is there a copy in MSD file ? (Obtain copy) Yes__ No✓
   C. Is a plan needed ? Yes✓ No__
   D. If yes, explain: If a LARGE Amount of Discharge, it Could BE HAZARDOUS.

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes__ No✓
   A. Are MSD contacts listed ? Yes__ No✓

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No✓
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ No__ N/A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ No__ N/A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No✓
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes__ No✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. What is done with the process wastewater ? _____
   C. Comments: _____

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No✓
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No✓
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No✓
A. If yes, identify the CFR Part & Subpart: _____
B. Is the wastewater discharged to the sewer ? Yes__ No__
C. If yes, which sample points ? _____
D. If no, what is done with the wastewater ? _____
E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No✓
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA✓
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

37. IS COMPANY <u>REQUIRED</u> TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

38. IF NO TO ITEM 38, DOES COMPANY SELF MONITOR ANYWAY ? Yes✓ No__
A. If yes, explain: PH IS MONITORED at the ACID DISCHARGE SINK.

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes__ No__ N/A
A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes__ No__ N/A
A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No✓
A. At which sampling points ? _____
B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
C. If no, explain: PH IS CHECKED PERIODICALLY AT the ACID DISCHARGE SINK. ALSO LIMESTONE TABLETS ARE IN the ACID INLINE CONTAINER.

42. IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING ? Yes__ No__ N/A
A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes✓ No__
A. If no, explain: _____

44. IS COMPANY UNDER ANY ENFORCEMENT ORDERS ? Yes__ No✓
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No✓
A. If yes, is company in compliance with requirements ? Yes__ No✓
B. Comments: THROUGH MARK HEUNCHER OF SLU - RADIOACTIVE MATERIALS TO A MAXIMUM OF .120 CURIES PER YEAR.

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No✓
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes__ No✓
A. If no, explain: INITIAL INSPECTION
B. What should category be ? 4, 9

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: TO BE DRAWN
A. Are all sample points correctly located & identified ? Yes✓ No__
B. Is the map correct and accurate in all its details ? Yes✓ No__
C. If no to A or B, what changes are needed ? _____

✓ 50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

THERE IS A DESIGNATED SINK FOR ALL ACIDS TO BE DISPOSED. ALL ACIDS FLOW TO AN 8 GAL, INLINE CONTAINER THAT NEUTRILIZES THE ACIDS WITH LIMESTONE TABLETS. THE TABLETS ARE REPLACED EVERY MONTH.

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	SP001	SP002				
Applicable Cat. Std.:						
Is discharge Batch (B) or Continuous (C) ?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ? Describe:	Y✓N__ PH ADJUST. SILVER REC.	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y__N✓	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ? If no, list new factor:	Y__N__ N/A	Y__N__ N/A	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct ? If no, list new factor:	Y__N SET AT 1.00	Y__N SET AT .01	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample ?	Y✓N__	Y✓N DJ.	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y✓N__ MUST BLOCK STREET AT SP	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes✓ No__

D. If No, explain: _____

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WASTEWATER DISCHARGE MONITORING

FOR

ANHEUSER BUSCH EYE INSTITUTE

LOCATED AT

1755 SOUTH GRAND

ST. LOUIS, MISSOURI 63104

PREPARED FOR

TOM RAWSON
DIRECTOR OF FACILITY MANAGEMENT

PROJECT NO. 7798

DECEMBER 15, 1993

SITEX
Environmental, Inc.

11905 Borman Drive
St. Louis, MO 63146

(314) 569-1119

SITEX

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APPENDIX. LABORATORY REPORTS
CHAIN-OF-CUSTODY FORM

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SITEX

INTRODUCTION

SITEX Environmental, Inc. (SITEX) was retained by Anheuser Busch Eye Institute to conduct the wastewater monitoring as required by the Metropolitan St. Louis Sewer District's Industrial User permit application. One location is identified by Anheuser Busch Eye Institute as the sampling point for wastewater sampling.

The location and description of the sampling point is as follows:

- Sampling Point 001 - Manhole located in the northern lane of Shaw Boulevard, 20 feet south of curb line.

SAMPLING AND FLOW MEASUREMENT

Sampling was conducted on December 1, 1993 over an eight-hour time span with four grab samples being collected at the sampling point, each sample being at least two hours apart. The four samples were combined to constitute a composite sample. The sample was kept cold and immediately transported to the laboratory at the end of the sampling period with appropriate chain-of-custody forms.

The actual time that each grab sample was taken on December 1, 1993 is as follows:

- Sampling Point 001 - 8:15 a.m., 10:15 a.m., 11:55 a.m., 2:10 p.m.

The laboratory analysis of the composite sample indicate a biological oxygen demand (BOD) level of 78 milligrams per liter (mg/l), chemical oxygen demand (COD) level of 198 mg/l, total suspended solids (TSS) level of 99 mg/l and a level of 500 mg/l for total solids. These results are below the discharge limitations of 300 mg/l BOD, 600 mg/l COD and 350 mg/l TSS that MSD established for "normal wastewater" in the MSD ordiance No. 8472.

Flow volume was measured by estimating the volume during each sample period and by using the facility's water meter readings. The flow volume results obtained with the facility's water meter indicate that during normal daily operations the facility uses 100 cubic feet of water per hour. This flow volume translates into a facility discharge of approximately 12.5 gallons per minute (gpm).

The estimated flow volumes recorded during the sampling period were: 10-15 gpm at 8:15 am., 15-20 gpm at 10:15 am., 15-20 gpm at 11:55 am. and 10-15 gpm at 2:10 pm.. The average volume during the sampling period is therefore in the range of 12.5 to 17.5 gpm. This estimated flow range is consistant with the flow determined using the facility water meter.

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SITEX

RESULTS

A copy of this report should be included with the MSD industrial user questionaire. The laboratory report along with a copy of the chain-of custody form are presented in the Appendix.

Marvin F. Kessler
Wastewater Monitoring Supervisor

12-15-93
Date

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Environmental Department

KIESEL ENVIRONMENTAL LABORATORIES
4801 Fyler Avenue • St. Louis, Missouri 63116 • 314/351-5500 • FAX 314/351-0894

Laboratory Report No.: **93-12-4306** December 7, 1993

Mr. Marvin Kessler
Sitex Environmental, Inc.
11905 Borman Drive
St. Louis, Mo. 63146

Project: 7798-001
Total number of samples submitted: 1
Date sample collected: December 1, 1993
Date sample submitted: December 1, 1993
Date of sample analysis: December 1, 1993-December 7, 1993

ANALYTICAL RESULTS

Sample Identification: Site Loc - 001
Lab No.: 8213
Sample Matrix: Wastewater

Total Suspended Solids, mg/l:	99
Total Solids, mg/l:	500
C.O.D., mg/l:	198
$B.O.D._5$, mg/l:	78

METHODS REFERENCE:
-"USEPA Methods for the Analysis of Water and Wastes," EPA-600/4-79-020, Revised March 1983, Technical Addition, EPA-600/4-84-017, March 1984
-"Standard Methods for the Examination of Water and Wastewater," 18th Ed.

KIESEL ENVIRONMENTAL LABORATORIES

Robert J. Winkler
Laboratory Supervisor

Lab No(s).: 8213
RB/fc

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Sitex

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Environmental Comp'l 2-93

SITEX ENVIRONMENTAL, INC.
11905 Borman Drive
St. Louis, MO 63146

CUSTODY TRANSFER RECORD/LABORATORY WORK REQUEST

PROJECT NUMBER: 7798 DATE WORK IN: 12-1-93 REPORT TO: M. Kessler Page 1 of 1

REQUESTED BY: M. Kessler RECEIVED BY: Kiesel DATE REQUIRED: _____

SPECIAL INSTRUCTIONS: _____

SAMPLE IDENTIFICATION						ANALYSES REQUESTED										
ITEM	LAB NO.	SITE CODE/ SAMPLE DESCRIPTION	DATE COLLECTED	PRESERV.	CONTAINER	B.O.D.	C.O.D.	TOTAL SOLIDS	TOTAL SOLIDS	SOLIDS						COMMENTS
1	7798-001	Site Location 001	12-1-93	Cold	1 gal Jug	X	X	X	X							L-1213
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																

ITEMS TRANSFERRED	RELINQUISHED BY	Date	Time	RECEIVED BY	Date	Time	REASON for TRANSFER
1 Sample	[signature]	12/4/93	4:00 pm				
				[signature]	12-1-93	4:15 pm	Analysis

MSD 020534

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

File - Ind.

August 17, 1993

Mr. James C. Poehling
Administrator
EYE INSTITUTE
1755 South Grand
St. Louis, MO 63104

Dear Mr. Poehling:

As an industrial user of the Metropolitan St. Louis Sewer District, you are required to comply with the Federal Pretreatment Regulations in 40 CFR Part 403. These regulations have been promulgated by the United States Environmental Protection Agency to control the discharge of wastewater from industrial sources into publicly owned treatment works and to ensure the protection of our natural resources.

The District has incorporated the federal requirements into MSD Sewer Use Ordinance No. 8472. A copy of the ordinance is enclosed. All discharges from your property to the District's sewers must comply with the provisions of this ordinance.

Under the federal regulations the District is required to identify the character and volume of pollutants contributed by industrial users. Article VI, Section One of Ordinance No. 8472 provides for a questionnaire to be completed by industrial users to obtain this information.

A copy of our Industrial User Questionnaire with instructions is enclosed. Please complete and return the questionnaire to us within 30 days of receipt if no sampling is required. If you are required to sample (see Section G of the questionnaire), please return the questionnaire within 60 days. Please retain the pink copy for your files.

We appreciate your cooperation and support in helping us comply with the federal regulations. If you have any questions or need assistance in completing the questionnaire, please call me at 436-8758.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

John A. Scanga

John A. Scanga
Industrial Waste Investigator

ph

Enclosures

pc: Suspense file

B8

METROPOLITAN ST LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET

INDUSTRIAL WASTE PROGRAM JARO10.01 PAGE 1
RUN 3/30/01 TIME 0859
MSD ACCOUNT NUMBER = 41122251-02

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ¢ANHEUSER-BUSCH INSTITUTE
QUESTIONNAIRE RECEIVED DATE = 6/10/97 REVIEWER = GHD
USER MAILING ADDRESS = 1755 S GRAND
ST LOUIS MO 63104
PREMISE ADDRESS = 1755 S GRAND S
ST LOUIS MO 63104

ACCOUNT NAME = SAINT LOUIS UNIVERSITY HOSPITAL
ACCOUNT MAILING ADDRESS = 3635 VISTA AV
P.O. BOX 15250
ST LOUIS MO 63110-0250

FIELD CONTACT = GARY RAUSCHENBACH
TITLE = DIR OF BLDG SERVICES
TELEPHONE = 314-577-8070
SICS = 8011 8011

OFFICE CONTACT =
TITLE =
TELEPHONE =

DAILY SHIFTS = 1
DAYS PER WEEK = 5
EMPLOYEES = 200

RAW MATERIALS = NONE
PRODUCTS = EYE DISORDER RESEARCH

INDUSTRIAL CATEGORY = 4 9 PRETREATMENT = F N I WASTE DISPOSAL = X Y Z INSP. DATE = 9/ 5/97 REINSP. DATE = 9/ 5/98 JEG
COMMENTS = CONT-OP, HW#026136, INF-WST HAULED OFF SITE, PERMIT ISSUE DATE = 7/ 1/94 REISSUE DATE = 7/ 1/97
RADIO-WST-YES, SPCCP-YES

SEWER ACCOUNT NUMBERS =

WATER CONSUMPTION (GPD) = 47,786 RETURN FACTOR = 1.00 WASTEWATER DISCHARGE (GPD) = 47,786 NPDES PERMIT NUMBER =

SURCHARGE BILLING VALUES (MG/L) RECERTIFICATION DATE =
SUSPENDED SOLIDS = BIOCHEMICAL OXYGEN DEMAND = CHEMICAL OXYGEN DEMAND = GREASE =

SEWER ROUTE = LAT TO SHAW DR TO OLD MILL CREEK TRUNK TO BPSTP ADJUSTED CATEGORICAL STANDARD INDICATORS =

POTENTIAL POLLUTANTS LBS/YR COMMENTS
GENERAL POLLUTANTS
NONE
PRIORITY POLLUTANTS
NONE
PROHIBITED POLLUTANTS
NONE

---------- SEWER REFERENCE NUMBER 001 ----------

DESCRIPTION = MH ON SHAW 41'S, 3'E OF GARAGE STAIRS, FLOW FROM N NPDES OUTFALL NUMBER =

AVERAGE WASTEWATER DISCHARGE (GPD) = 47,786 DISCHARGE FACTOR = 1.00 SPLIT SAMPLE WITH COMPANY =
ALTERNATIVE CONCENTRATION LIMIT COMMENTS = SAN+NCCW+PLNT&EQUIP WASHDN+BOILER BLOWDN

INDUSTRIAL WASTE PROGRAM JAR010.01
RUN 3/30/01 TIME 0859
MSD ACCOUNT NUMBER = 41122251-02

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ¢ANHEUSER-BUSCH INSTITUTE

LABORATORY ANALYSIS OF WASTEWATER

GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	MSD-01 10/14/98 1138 02417	IND-02 10/ 5/98	IND-03 8/ 6/98	IND-04 4/16/98
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300	LOG	LOG 76	LOG 34	LOG 58
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300				
011 CHEMICAL OXYGEN DEMAND =	Q _	AVG	600	156	141	219	172
011 CHEMICAL OXYGEN DEMAND =	Q _	M/I	600				
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200		14	4	6
030 PH ACIDIC (S.U.) LESS THAN 7 =	Q _	M/I	5.5	6.3	6		6
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	Q _	M/I	11.5			7	
040 TEMPERATURE (DEGREES C) =	Q _	M/I	60	28	23.88	31.11	15.5
049 TOTAL SUSPENDED SOLIDS =	Q _	AVG	350	85	60	42	116
049 TOTAL SUSPENDED SOLIDS =	Q _	M/I	350				
PRIORITY POLLUTANTS (MG/L)							
013 SILVER (TOTAL) =	Q _	AVG	.5	.01	L .01	.077	L .01
013 SILVER (TOTAL) =	Q _	M/I	1.5				
126 TRICHLOROETHENE =	_ A	M/I	.0019				
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52		L .025		
PROHIBITED POLLUTANTS							
NONE							

METROPOLITAN ST LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET

INDUSTRIAL WASTE PROGRAM JAR010.01
RUN 10/ 9/98 TIME 1628
MSD ACCOUNT NUMBER = 41122251-02

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER-BUSCH INSTITUTE QUESTIONNAIRE RECEIVED DATE = 6/10/97 REVIEWER = GHD
USER MAILING ADDRESS = 1755 S GRAND PREMISE ADDRESS = 1755 S GRAND S
ST LOUIS MO 63104 ST LOUIS MO 63104

ACCOUNT NAME = SAINT LOUIS UNIVERSITY HOSPITAL
ACCOUNT MAILING ADDRESS = 3635 VISTA AV
P.O. BOX 15250
ST LOUIS MO 63110-0250

FIELD CONTACT = GARY RAUSCHENBACH OFFICE CONTACT =
TITLE = DIR OF BLDG SERVICES TITLE = DAILY SHIFTS = 1
TELEPHONE = 314-577-8070 TELEPHONE = DAYS PER WEEK = 5
SICS = 8011 8011 EMPLOYEES = 200

RAW MATERIALS = NONE PRODUCTS = EYE DISORDER RESEARCH

INDUSTRIAL CATEGORY = 4 9 PRETREATMENT = F N I WASTE DISPOSAL = X Y Z INSP. DATE = 9/ 5/97 REINSP. DATE = 9/ 5/98 JEG
COMMENTS = CONT-OP, HW#026136, INF-WST HAULED OFF SITE, PERMIT ISSUE DATE = 7/ 1/94 REISSUE DATE = 7/ 1/97
RADIO-WST-YES, SPCCP-YES

SEWER ACCOUNT NUMBERS =

WATER CONSUMPTION (GPD) = 36,364 RETURN FACTOR = 1.00 WASTEWATER DISCHARGE (GPD) = 36,364 NPDES PERMIT NUMBER =

SURCHARGE BILLING VALUES (MG/L) RECERTIFICATION DATE =
SUSPENDED SOLIDS = BIOCHEMICAL OXYGEN DEMAND = CHEMICAL OXYGEN DEMAND = GREASE =

SEWER ROUTE = LAT TO SHAW DR TO OLD MILL CREEK TRUNK TO BPSTP ADJUSTED CATEGORICAL STANDARD INDICATORS =

POTENTIAL POLLUTANTS LBS/YR COMMENTS
GENERAL POLLUTANTS
NONE
PRIORITY POLLUTANTS
NONE
PROHIBITED POLLUTANTS
NONE

---------- SEWER REFERENCE NUMBER 001 ----------

DESCRIPTION = MH ON SHAW 41'S, 3'E OF GARAGE STAIRS, FLOW FROM N NPDES OUTFALL NUMBER =

AVERAGE WASTEWATER DISCHARGE (GPD) = 36,364 DISCHARGE FACTOR = 1.00 SPLIT SAMPLE WITH COMPANY =
ALTERNATIVE CONCENTRATION LIMIT COMMENTS = SAN+NCCW+PLNT&EQUIP WASHDN+BOILER BLOWDN

RUN 10/ 9/98 TIME 1628
MSD ACCOUNT NUMBER = 41122251-02

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER-BUSCH INSTITUTE

LABORATORY ANALYSIS OF WASTEWATER

				IND-01 4/16/98	MSD-02 4/ 6/98 1225	IND-03 1/ 7/98	IND-04 10/ 9/97
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG	LOG 01373	LOG	LOG
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300	58		211	36
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300				
011 CHEMICAL OXYGEN DEMAND =	Q _	AVG	600	172	775	V 484	75
011 CHEMICAL OXYGEN DEMAND =	Q _	M/I	600				
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200	6		11	3
030 PH ACIDIC (S.U.) LESS THAN 7 =	Q _	M/I	5.5	6		6	6
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	Q _	M/I	11.5		8.7		
040 TEMPERATURE (DEGREES C) =	Q _	M/I	60	15.5	25	15.5	22.7
049 TOTAL SUSPENDED SOLIDS =	Q _	AVG	350	116	272	84	41
049 TOTAL SUSPENDED SOLIDS =	Q _	M/I	350				
PRIORITY POLLUTANTS (MG/L)							
013 SILVER (TOTAL) =	Q _	AVG	.5	L .01	L .01	L .015	L .01
013 SILVER (TOTAL) =	Q _	M/I	1.5				
126 TRICHLOROETHENE =	_ A	M/I	.0019		L .01 A		
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52				L .04
PROHIBITED POLLUTANTS							
NONE							

LABORATORY ANALYSIS OF WASTEWATER

				MSD-05 8/22/97 1150	IND-06 7/15/97
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG 03028	LOG
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300		14
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300		
011 CHEMICAL OXYGEN DEMAND =	Q _	AVG	600	139	136
011 CHEMICAL OXYGEN DEMAND =	Q _	M/I	600		
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200		8
030 PH ACIDIC (S.U.) LESS THAN 7 =	Q _	M/I	5.5		6
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	Q _	M/I	11.5	8.5	
040 TEMPERATURE (DEGREES C) =	Q _	M/I	60	32	26.6
049 TOTAL SUSPENDED SOLIDS =	Q _	AVG	350	49	48
049 TOTAL SUSPENDED SOLIDS =	Q _	M/I	350		
PRIORITY POLLUTANTS (MG/L)					
013 SILVER (TOTAL) =	Q _	AVG	.5	.01	L .01
013 SILVER (TOTAL) =	Q _	M/I	1.5		
126 TRICHLOROETHENE =	_ A	M/I	.0019	L .01 A	
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52		
PROHIBITED POLLUTANTS					
NONE					

SAVE NEW PERMIT 7/1/97

METROPOLITAN ST LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET

INDUSTRIAL WASTE PROGRAM JAR010.01
RUN 9/ 4/97 TIME 1111
MSD ACCOUNT NUMBER = 41122251-02

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER BUSCH EYE INSTITUTE QUESTIONNAIRE RECEIVED DATE = 12/22/93 REVIEWER = JAS
USER MAILING ADDRESS = 1755 S GRAND PREMISE ADDRESS = 1755 S GRAND S
ST LOUIS MO 63104 ST LOUIS MO 63104

ACCOUNT NAME = ANHEUSER-BUSCH EYE INST.
ACCOUNT MAILING ADDRESS = 3635 VISTA AV BLVD.
ST LOUIS MO 63110-2539

FIELD CONTACT = GARY RAUSCHENBACH OFFICE CONTACT =
TITLE = DIR OF BLDG SERVICES TITLE = DAILY SHIFTS = 1
TELEPHONE = 314-577-8072 TELEPHONE = DAYS PER WEEK = 5
SICS = 8069 8731 EMPLOYEES = 270

RAW MATERIALS = NONE PRODUCTS = EYE DISORDER RESEARCH

INDUSTRIAL CATEGORY = 4 9 PRETREATMENT = F N I WASTE DISPOSAL = X Z INSP. DATE = 11/ 8/96 REINSP. DATE = 11/ 8/97 JEG
COMMENTS = CONT-OP, HW#026136, INF-WST HAULED OFF SITE, PERMIT ISSUE DATE = 7/ 1/94 REISSUE DATE = 7/ 1/97
RADIO-WST-YES, SPCCP-YES

SEWER ACCOUNT NUMBERS =

WATER CONSUMPTION (GPD) = 26,583 RETURN FACTOR = 1.00 WASTEWATER DISCHARGE (GPD) = 26,583 NPDES PERMIT NUMBER =

SURCHARGE BILLING VALUES (MG/L) RECERTIFICATION DATE =
SUSPENDED SOLIDS = BIOCHEMICAL OXYGEN DEMAND = CHEMICAL OXYGEN DEMAND = GREASE =

SEWER ROUTE = LAT TO SHAW DR TO OLD MILL CREEK TRUNK TO BPSTP ADJUSTED CATEGORICAL STANDARD INDICATORS =

POTENTIAL POLLUTANTS LBS/YR COMMENTS
GENERAL POLLUTANTS
NONE
PRIORITY POLLUTANTS
NONE
PROHIBITED POLLUTANTS
NONE

---------- SEWER REFERENCE NUMBER 001 ----------

DESCRIPTION = MH, ON SHAW DR, 41'S, 3'E OF GARAGE STAIRS NPDES OUTFALL NUMBER =

AVERAGE WASTEWATER DISCHARGE (GPD) = 26,583 DISCHARGE FACTOR = 1.00 SPLIT SAMPLE WITH COMPANY =
ALTERNATIVE CONCENTRATION LIMIT COMMENTS = HOSPITAL WST+NCCW+PLT&EQP WASHDOWN+BOILER BLOWDOWN

RUN 9/ 4/97 TIME 1111
MSD ACCOUNT NUMBER = 41122251-02

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER BUSCH EYE INSTITUTE

LABORATORY ANALYSIS OF WASTEWATER				IND-01 5/ 1/97	IND-02 2/25/97	MSD-03 11/ 4/96 1225	IND-04 10/28/96
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG	LOG	LOG 01644	LOG
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300	23	68		75
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300				
011 CHEMICAL OXYGEN DEMAND =	_ _	AVG	600	181	199	528	210
011 CHEMICAL OXYGEN DEMAND =	_ _	M/I	600				
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200	5	3		L 1
030 PH ACIDIC (S.U.) LESS THAN 7 =	_ _	M/I	5.5	6	6		
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	_ _	M/I	11.5			8.7	7
040 TEMPERATURE (DEGREES C) =	_ _	M/I	60	28.3	14.4	22	25.6
049 TOTAL SUSPENDED SOLIDS =	_ _	AVG	350	105	91	144	44
049 TOTAL SUSPENDED SOLIDS =	_ _	M/I	350				
PRIORITY POLLUTANTS (MG/L)							
013 SILVER (TOTAL) =	_ _	AVG	.5	.02	.03	3.9	V L .01
013 SILVER (TOTAL) =	_ _	M/I	1.5				
126 TRICHLOROETHENE =	A _	M/I	.0019			L .01	A
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52				L .39

PROHIBITED POLLUTANTS
NONE

LABORATORY ANALYSIS OF WASTEWATER				IND-05 7/11/96
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300	341 V
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300	
011 CHEMICAL OXYGEN DEMAND =	_ _	AVG	600	378
011 CHEMICAL OXYGEN DEMAND =	_ _	M/I	600	
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200	11
030 PH ACIDIC (S.U.) LESS THAN 7 =	_ _	M/I	5.5	6
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	_ _	M/I	11.5	
040 TEMPERATURE (DEGREES C) =	_ _	M/I	60	29.4
049 TOTAL SUSPENDED SOLIDS =	_ _	AVG	350	810 V
049 TOTAL SUSPENDED SOLIDS =	_ _	M/I	350	
PRIORITY POLLUTANTS (MG/L)				
013 SILVER (TOTAL) =	_ _	AVG	.5	.009
013 SILVER (TOTAL) =	_ _	M/I	1.5	
126 TRICHLOROETHENE =	A _	M/I	.0019	
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52	

PROHIBITED POLLUTANTS
NONE

METROPOLITAN ST LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET

INDUSTRIAL WASTE PROGRAM JAR010.01

RUN 11/27/96 TIME 1413 WATERSHED DESIGNATION = BOM
MSD ACCOUNT NUMBER = 41122251 02 TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER BUSCH EYE INSTITUTE QUESTIONNAIRE RECEIVED DATE = 12/22/93 REVIEWER = JAS
USER MAILING ADDRESS = 1755 S GRAND PREMISE ADDRESS = 1755 S GRAND S
ST LOUIS MO 63104 ST LOUIS MO 63104

ACCOUNT NAME = ANHEUSER-BUSCH EYE INST.
ACCOUNT MAILING ADDRESS = 3635 VISTA AV BLVD.
ST LOUIS MO 63110-2539

FIELD CONTACT = GARY RAUSCHENBACH OFFICE CONTACT =
TITLE = DIR OF BLDG SERVICES TITLE = DAILY SHIFTS = 1
TELEPHONE = 314-577-8072 TELEPHONE = DAYS PER WEEK = 5
SICS = 8069 8731 EMPLOYEES = 250

RAW MATERIALS = NONE PRODUCTS = EYE DISORDER RESEARCH

INDUSTRIAL CATEGORY = 4 9 PRETREATMENT = F N I WASTE DISPOSAL = X Z INSP. DATE = 11/14/95 REINSP. DATE = 11/14/96 JEG
COMMENTS = CONT-OP, HW#026136, INF-WST HAULED OFF SITE, PERMIT ISSUE DATE = 7/ 1/94 REISSUE DATE = 7/ 1/97
RADIO-WST-YES, SPCCP-YES

SEWER ACCOUNT NUMBERS =

WATER CONSUMPTION (GPD) = 35,271 RETURN FACTOR = 1.00 WASTEWATER DISCHARGE (GPD) = 35,271 NPDES PERMIT NUMBER =

SURCHARGE BILLING VALUES (MG/L) RECERTIFICATION DATE =
SUSPENDED SOLIDS = BIOCHEMICAL OXYGEN DEMAND = CHEMICAL OXYGEN DEMAND = GREASE =

SEWER ROUTE = LAT TO SHAW DR TO OLD MILL CREEK TRUNK TO BPSTP ADJUSTED CATEGORICAL STANDARD INDICATORS =

POTENTIAL POLLUTANTS LBS/YR COMMENTS
GENERAL POLLUTANTS
NONE
PRIORITY POLLUTANTS
NONE
PROHIBITED POLLUTANTS
NONE

---------- SEWER REFERENCE NUMBER 001 ----------

DESCRIPTION = MH, ON SHAW DR, 41'S, 3'E OF GARAGE STAIRS NPDES OUTFALL NUMBER =

AVERAGE WASTEWATER DISCHARGE (GPD) = 35,271 DISCHARGE FACTOR = 1.00 SPLIT SAMPLE WITH COMPANY =
ALTERNATIVE CONCENTRATION LIMIT COMMENTS = HOSPITAL WST+NCCW+PLT&EQP WASHDOWN+BOILER BLOWDOWN

RUN 11/27/96 TIME 1413
MSD ACCOUNT NUMBER = 41122251-02

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER BUSCH EYE INSTITUTE

LABORATORY ANALYSIS OF WASTEWATER				IND-01 7/11/96		IND-02 4/18/96		IND-03 2/ 8/96		IND-04 12/12/95
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG		LOG		LOG		LOG
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300	341	V	97		72		34
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300							
011 CHEMICAL OXYGEN DEMAND =	_ _	AVG	600	378		456		282		299
011 CHEMICAL OXYGEN DEMAND =	_ _	M/I	600							
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200	11		15.5		3		3
030 PH ACIDIC (S.U.) LESS THAN 7 =	_ _	M/I	5.5	6		6		6.5		2.94
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	_ _	M/I	11.5							
040 TEMPERATURE (DEGREES C) =	_ _	M/I	60	29.4		17.3		16.8		15.6
049 TOTAL SUSPENDED SOLIDS =	_ _	AVG	350	810	V	87		166		48
049 TOTAL SUSPENDED SOLIDS =	_ _	M/I	350							
PRIORITY POLLUTANTS (MG/L)										
013 SILVER (TOTAL) =	_ _	AVG	.5	.009	L	.005	L	.01	L	.01
013 SILVER (TOTAL) =	_ _	M/I	1.5							
126 TRICHLOROETHENE =	A _	M/I	.0019							
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52							.133
PROHIBITED POLLUTANTS										
NONE										

METROPOLITAN ST LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET

INDUSTRIAL WASTE PROGRAM JAR010.01
RUN 3/15/95 TIME 1545 WATERSHED DESIGNATION = BOM

MSD ACCOUNT NUMBER = 41122251-02 TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER BUSCH EYE INSTITUTE QUESTIONNAIRE RECEIVED DATE = 12/22/93 REVIEWER = JAS
USER MAILING ADDRESS = 1755 S GRAND PREMISE ADDRESS = 1755 S GRAND S
ST LOUIS MO 63104 ST LOUIS MO 63104

ACCOUNT NAME = ST LOUIS UNIVERSITY HOSPITAL
ACCOUNT MAILING ADDRESS = P.O. BOX 15250
3635 VISTA AVE
ST LOUIS MO 63110-2539

FIELD CONTACT = TOM RAWSON OFFICE CONTACT =
TITLE = DIRECTOR FACILITY MNGT TITLE = DAILY SHIFTS = 1
TELEPHONE = 314-771-0300 EXT 8419 TELEPHONE = DAYS PER WEEK = 5
SICS = 8069 8731 EMPLOYEES = 190

RAW MATERIALS = NONE PRODUCTS = EYE DISORDER RESEARCH

INDUSTRIAL CATEGORY = 4 9 PRETREATMENT = F N P I WASTE DISPOSAL = X Y Z INSP. DATE = 1/27/94 REINSP. DATE = 1/27/95
COMMENTS = CONT-OP, HW#026136, INF-WST HAULED OFF SITE, PERMIT ISSUE DATE = 7/ 1/94 REISSUE DATE = 7/ 1/97 GHD
RADIO-WST-YES, SPCCP-YES

SEWER ACCOUNT NUMBERS =

WATER CONSUMPTION (GPD) = 51,439 RETURN FACTOR = 1.00 WASTEWATER DISCHARGE (GPD) = 51,439 NPDES PERMIT NUMBER =

SURCHARGE BILLING VALUES (MG/L) RECERTIFICATION DATE =
SUSPENDED SOLIDS = BIOCHEMICAL OXYGEN DEMAND = CHEMICAL OXYGEN DEMAND = GREASE =

SEWER ROUTE = LAT TO SHAW DR TO OLD MILL CREEK TRUNK TO BPSTP ADJUSTED CATEGORICAL STANDARD INDICATORS =

POTENTIAL POLLUTANTS LBS/YR COMMENTS
GENERAL POLLUTANTS
NONE
PRIORITY POLLUTANTS
NONE
PROHIBITED POLLUTANTS
NONE

---------- SEWER REFERENCE NUMBER 001 ----------

DESCRIPTION = MH, ON SHAW DR, 41'S, 3'E OF GARAGE STAIRS NPDES OUTFALL NUMBER =

AVERAGE WASTEWATER DISCHARGE (GPD) = 51,439 DISCHARGE FACTOR = 1.00 SPLIT SAMPLE WITH COMPANY =
ALTERNATIVE CONCENTRATION LIMIT COMMENTS = HOSPITAL WST+NCCW+PLT&EQP WASHDOWN+BOILER BLOWDOWN

RUN 3/15/95 TIME 1545 WATERSHED DESIGNATION = BOM

MSD ACCOUNT NUMBER = 41122251-02 TREATMENT AREA = BISSELL POINT

TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER BUSCH EYE INSTITUTE

LABORATORY ANALYSIS OF WASTEWATER				MSD-01 12/20/94 1340	IND-02 10/14/94	IND-03 10/ 6/94	IND-04 8/26/94
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG 02150	LOG	LOG	LOG
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300	292		47	79
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300				
011 CHEMICAL OXYGEN DEMAND =	_ _	AVG	600	761	V	180	200
011 CHEMICAL OXYGEN DEMAND =	_ _	M/I	600				
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200			12	17
030 PH ACIDIC (S.U.) LESS THAN 7 =	_ _	M/I	5.5				63
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	_ _	M/I	11.5	8.8	9.1	8.5	
039 SURFACTANTS =	_ _	AVG		L .1			
040 TEMPERATURE (DEGREES C) =	_ _	M/I	60	30	28.1	24.3	32.3
049 TOTAL SUSPENDED SOLIDS =	_ _	AVG	350	61		49	150
049 TOTAL SUSPENDED SOLIDS =	_ _	M/I	350				
PRIORITY POLLUTANTS (MG/L)							
013 SILVER (TOTAL) =	_ _	AVG	.5	L .01		L .01	L .01
013 SILVER (TOTAL) =	_ _	M/I	1.5				
126 TRICHLOROETHENE =	A _	M/I	.0019	L .001			
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52		.16		

PROHIBITED POLLUTANTS

NONE

LABORATORY ANALYSIS OF WASTEWATER				MSD-05 6/ 9/94 1330	IND-06 12/ 1/93
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG 05332	LOG
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300		
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300		78
011 CHEMICAL OXYGEN DEMAND =	_ _	AVG	600	155	
011 CHEMICAL OXYGEN DEMAND =	_ _	M/I	600		198
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200		
030 PH ACIDIC (S.U.) LESS THAN 7 =	_ _	M/I	5.5		
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	_ _	M/I	11.5	8.7	
040 TEMPERATURE (DEGREES C) =	_ _	M/I	60	32	
049 TOTAL SUSPENDED SOLIDS =	_ _	AVG	350	110	
049 TOTAL SUSPENDED SOLIDS =	_ _	M/I	350		99
PRIORITY POLLUTANTS (MG/L)					
013 SILVER (TOTAL) =	_ _	AVG	.5	L .01	
013 SILVER (TOTAL) =	_ _	M/I	1.5		
126 TRICHLOROETHENE =	A _	M/I	.0019	L .001	
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52		

PROHIBITED POLLUTANTS

NONE

METROPOLITAN ST LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET

INDUSTRIAL WASTE PROGRAM [illegible]
RUN 11/ 7/95 TIME 1621
MSD ACCOUNT NUMBER = [illegible]

WATERSHED DESIGNATION = BOM
TREATMENT AREA = BISSELL POINT
TRUNK SEWER = OLD MILL CREEK

USER NAME = ANHEUSER BUSCH EYE INSTITUTE QUESTIONNAIRE RECEIVED DATE = 12/22/93 REVIEWER = JAS

USER MAILING ADDRESS = 1755 S GRAND PREMISE ADDRESS = 1755 S GRAND S
ST LOUIS MO 63104 ST LOUIS MO 63104

ACCOUNT NAME = ST LOUIS UNIVERSITY HOSPITAL
ACCOUNT MAILING ADDRESS = P.O. BOX 15250
3635 VISTA AVE
ST LOUIS MO 63110-2539

FIELD CONTACT = GARY RAUSCHENBACH OFFICE CONTACT =
TITLE = DIRECTOR OF BUSINESS SERV TITLE = DAILY SHIFTS = 1
TELEPHONE = 314-577-8072 TELEPHONE = DAYS PER WEEK = 5
SICS = 8069 8731 EMPLOYEES = 190

RAW MATERIALS = NONE PRODUCTS = EYE DISORDER RESEARCH

INDUSTRIAL CATEGORY = 4 9 PRETREATMENT = F N P I WASTE DISPOSAL = X Y Z INSP. DATE = 3/16/95 REINSP. DATE = 3/16/96 JAS
COMMENTS = CONT-OP, HW#026136, INF-WST HAULED OFF SITE, PERMIT ISSUE DATE = 7/ 1/94 REISSUE DATE = 7/ 1/97
RADIO-WST-YES, SPCCP-YES

SEWER ACCOUNT NUMBERS =

WATER CONSUMPTION (GPD) = 40,507 RETURN FACTOR = 1.00 WASTEWATER DISCHARGE (GPD) = 40,507 NPDES PERMIT NUMBER =

SURCHARGE BILLING VALUES (MG/L) RECERTIFICATION DATE =
SUSPENDED SOLIDS = BIOCHEMICAL OXYGEN DEMAND = CHEMICAL OXYGEN DEMAND = GREASE =

SEWER ROUTE = LAT TO SHAW DR TO OLD MILL CREEK TRUNK TO BPSTP ADJUSTED CATEGORICAL STANDARD INDICATORS =

POTENTIAL POLLUTANTS LBS/YR COMMENTS
GENERAL POLLUTANTS
NONE
PRIORITY POLLUTANTS
NONE
PROHIBITED POLLUTANTS
NONE

---------- SEWER REFERENCE NUMBER 001 ----------

DESCRIPTION = MH, ON SHAW DR, 41'S, 3'E OF GARAGE STAIRS NPDES OUTFALL NUMBER =

AVERAGE WASTEWATER DISCHARGE (GPD) = 40,507 DISCHARGE FACTOR = 1.00 SPLIT SAMPLE WITH COMPANY =
ALTERNATIVE CONCENTRATION LIMIT COMMENTS = HOSPITAL WST+NCCW+PLT&EQP WASHDOWN+BOILER BLOWDOWN

USER NAME = ANHEUSER BUSCH EYE INSTITUTE

LABORATORY ANALYSIS OF WASTEWATER				MSD-01 8/29/95 1310		IND-02 8/22/95		IND-03 4/25/95		IND-04 4/ 3/95
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG 00768	LOG		LOG		LOG	
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300			9				112
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300							
011 CHEMICAL OXYGEN DEMAND =	_ _	AVG	600	117		91				350
011 CHEMICAL OXYGEN DEMAND =	_ _	M/I	600							
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200			13		13		13
030 PH ACIDIC (S.U.) LESS THAN 7 =	_ _	M/I	5.5							
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	_ _	M/I	11.5	8.7		7		7.5		7.6
040 TEMPERATURE (DEGREES C) =	_ _	M/I	60	32		37.8		22		2
049 TOTAL SUSPENDED SOLIDS =	_ _	AVG	350	48		34				279
049 TOTAL SUSPENDED SOLIDS =	_ _	M/I	350							
PRIORITY POLLUTANTS (MG/L)										
013 SILVER (TOTAL) =	_ _	AVG	.5	L .01		L .01				.46
013 SILVER (TOTAL) =	_ _	M/I	1.5							
126 TRICHLOROETHENE =	A _	M/I	.0019	L .001						
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52							
PROHIBITED POLLUTANTS										
NONE										

LABORATORY ANALYSIS OF WASTEWATER				IND-05 3/ 8/95		IND-06 2/15/95		MSD-07 12/20/94 1340	
GENERAL POLLUTANTS (MG/L EXCEPT AS NOTED)			STANDARD-A	LOG		LOG		LOG 02150	
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	AVG	300			138		292	
006 BIOCHEMICAL OXYGEN DEMAND (5 DAY) =	_ _	M/I	300						
011 CHEMICAL OXYGEN DEMAND =	_ _	AVG	600			300		761	V
011 CHEMICAL OXYGEN DEMAND =	_ _	M/I	600						
028 OIL AND GREASE (TOTAL) =	_ _	M/I	200	10		316	V		
030 PH ACIDIC (S.U.) LESS THAN 7 =	_ _	M/I	5.5						
031 PH BASIC (S.U.) GREATER THAN OR EQUAL TO 7 =	_ _	M/I	11.5	8.5		7		8.8	
039 SURFACTANTS =	_ _	AVG						L .1	
040 TEMPERATURE (DEGREES C) =	_ _	M/I	60			21.1		30	
049 TOTAL SUSPENDED SOLIDS =	_ _	AVG	350			57		61	
049 TOTAL SUSPENDED SOLIDS =	_ _	M/I	350						
PRIORITY POLLUTANTS (MG/L)									
013 SILVER (TOTAL) =	_ _	AVG	.5			.048		L .01	
013 SILVER (TOTAL) =	_ _	M/I	1.5						
126 TRICHLOROETHENE =	A _	M/I	.0019					L .001	
131 TOTAL TOXIC ORGANICS =	A _	M/I	5.52						
PROHIBITED POLLUTANTS									
NONE									

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: GARY RAUSCHENBACH

Secondary Contact: DAVE STRICKLAND

Must contact prior to sampling: Yes ____ No X

Reason: ____

Company wants to split samples: Yes ____ No X

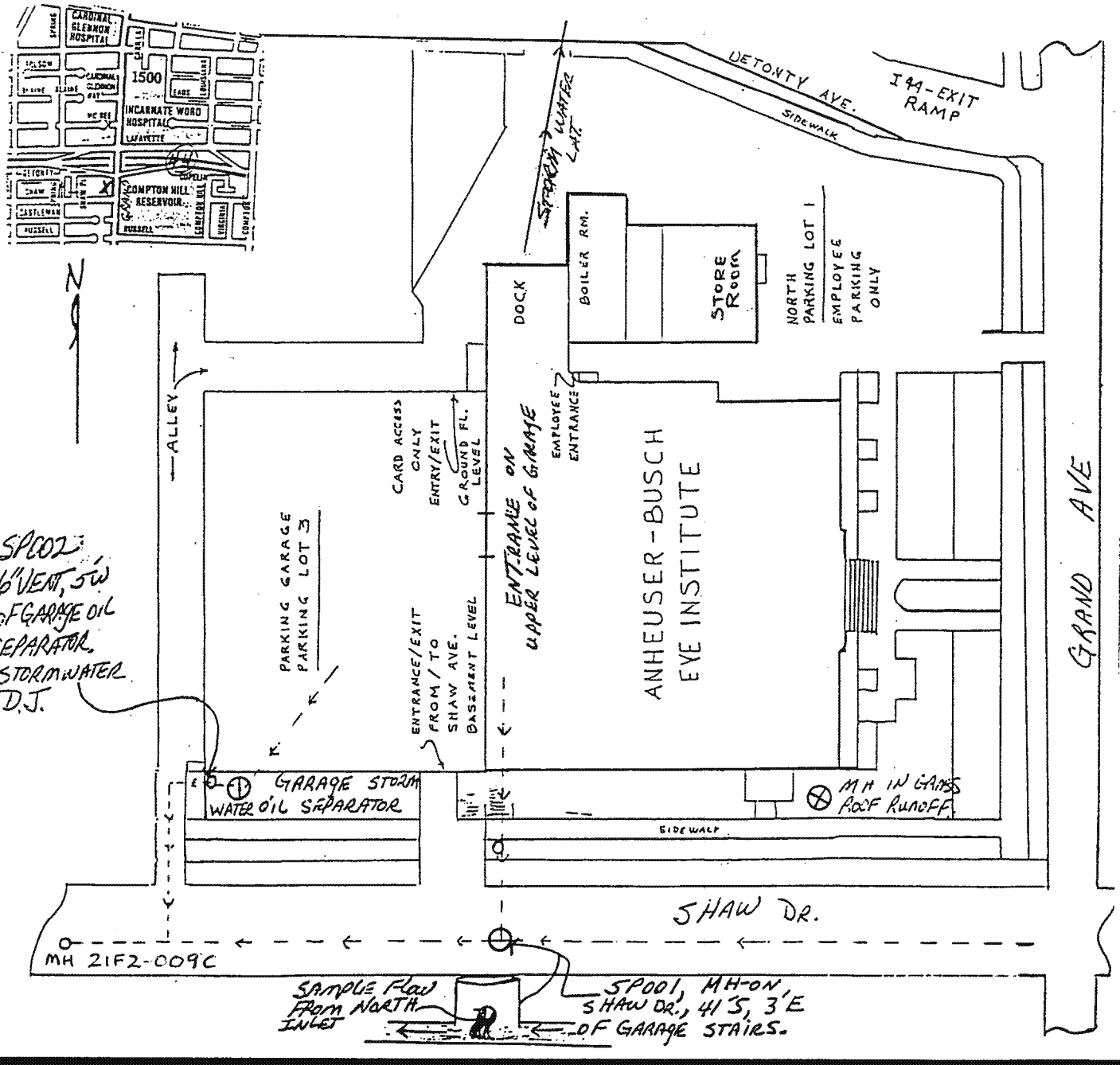
Special Sampling Requirements or Instructions: ____

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

Map Revision Date: ____ By: ____

Map Revision Date: ____ By: ____

Map Void Date: 11/30/99 By: JEG



SP MAP DMM-1/95-1

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

MSD 020548

MSD-DEC INDUSTRY SAMPLING MAP

Company Name: ANHEUSER BUSCH EYE INSTITUTE

Premise Address: 1755 GRAND

Zip Code: 63104

Nearest Intersection: SHAW DR.

Wunnenberg: 38-N22 Base Map: 21-F1

MSD Account No.: 41122251-02

Total No. of Active Sample Points: 1

Active SP Nos: 001

Facility Contact: GARY RAUSCHENBACH

Secondary Contact: DAVE STRICKLAND

Must contact prior to sampling: Yes ____ No ✓

Reason: ____

Company wants to split samples: Yes ____ No ✓

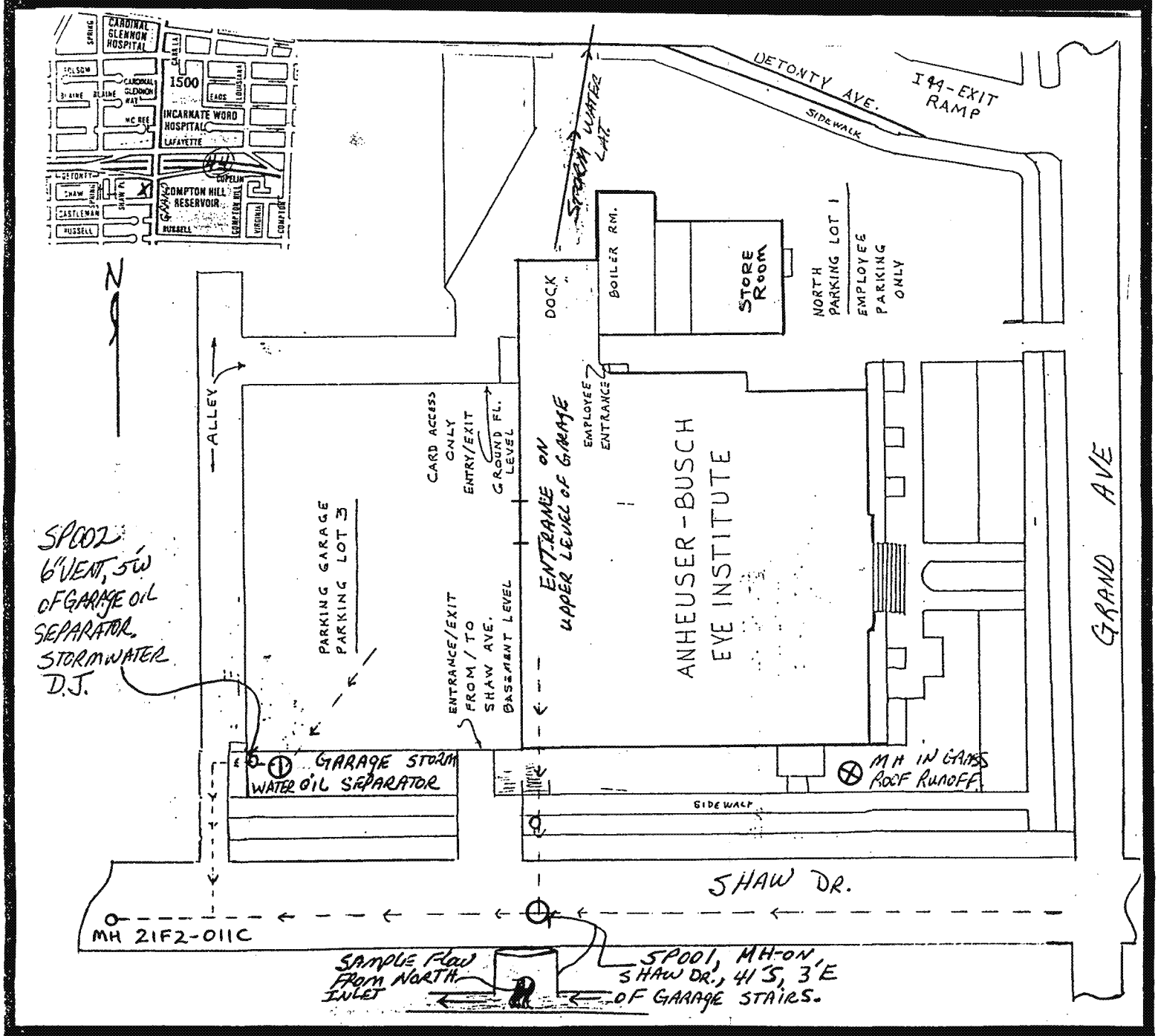
Special Sampling Requirements or Instructions: ____

Map Effective Date: 3-20-95 By: JAB DMM 3-21-95

Map Revision Date: ____ By: ____

Map Revision Date: ____ By: ____

Map Void Date: 9/22/97 By: JEG



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 EYE INSTITUTE

Premise Address: 1755 S. GRAND

Zip Code: 63104

Nearest Intersection: SHAW AVE

Wunnenberg: 38-H22 Base Map: 21-F1

MSD Account No.: 4112 2251-02

Total No. of Active Sample Points: 1

Active Sample Point Numbers: 001

Facility Contact: TOM RAWSON

Secondary Contact: RICH WEISS 771-0300

Must contact prior to sampling: Yes ___ No ✓

Company wants to split samples: Yes ___ No ✓

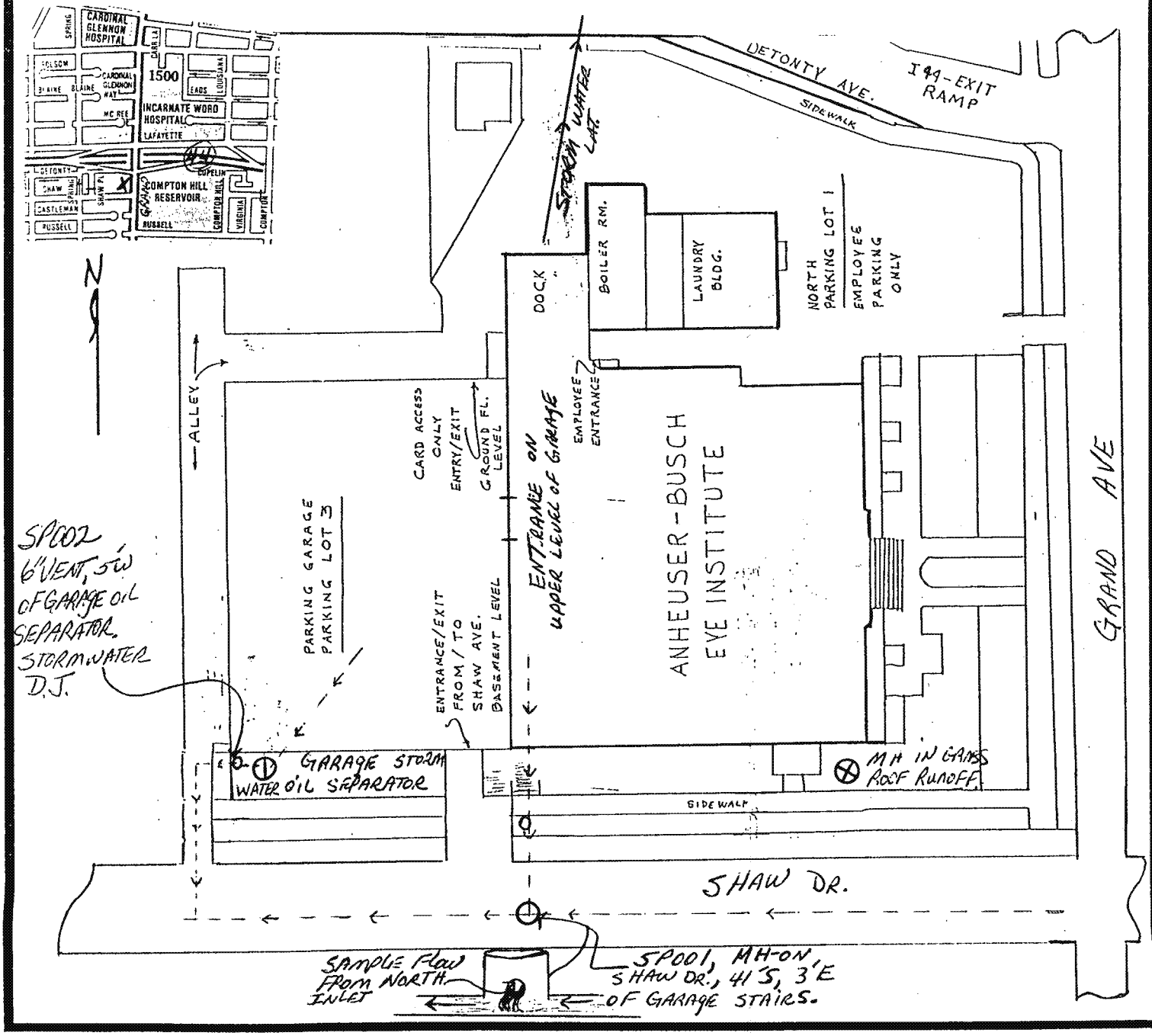
Special Sampling Requirements or Instructions:

Map Effective Date: 1-31-94 By: JAS DMM 2-17-94

Map Revision Date: 4-12-94 By: JAS DMM 4-13-94

Map Revision Date: ___ By: ___

Map Void Date: 3-20-95 By: JAS



SPMAP DMM-5/93-1 MAP IS INVALID IF NOT DATED AND INITIALED OR IF VOID DATE IS FILLED IN.

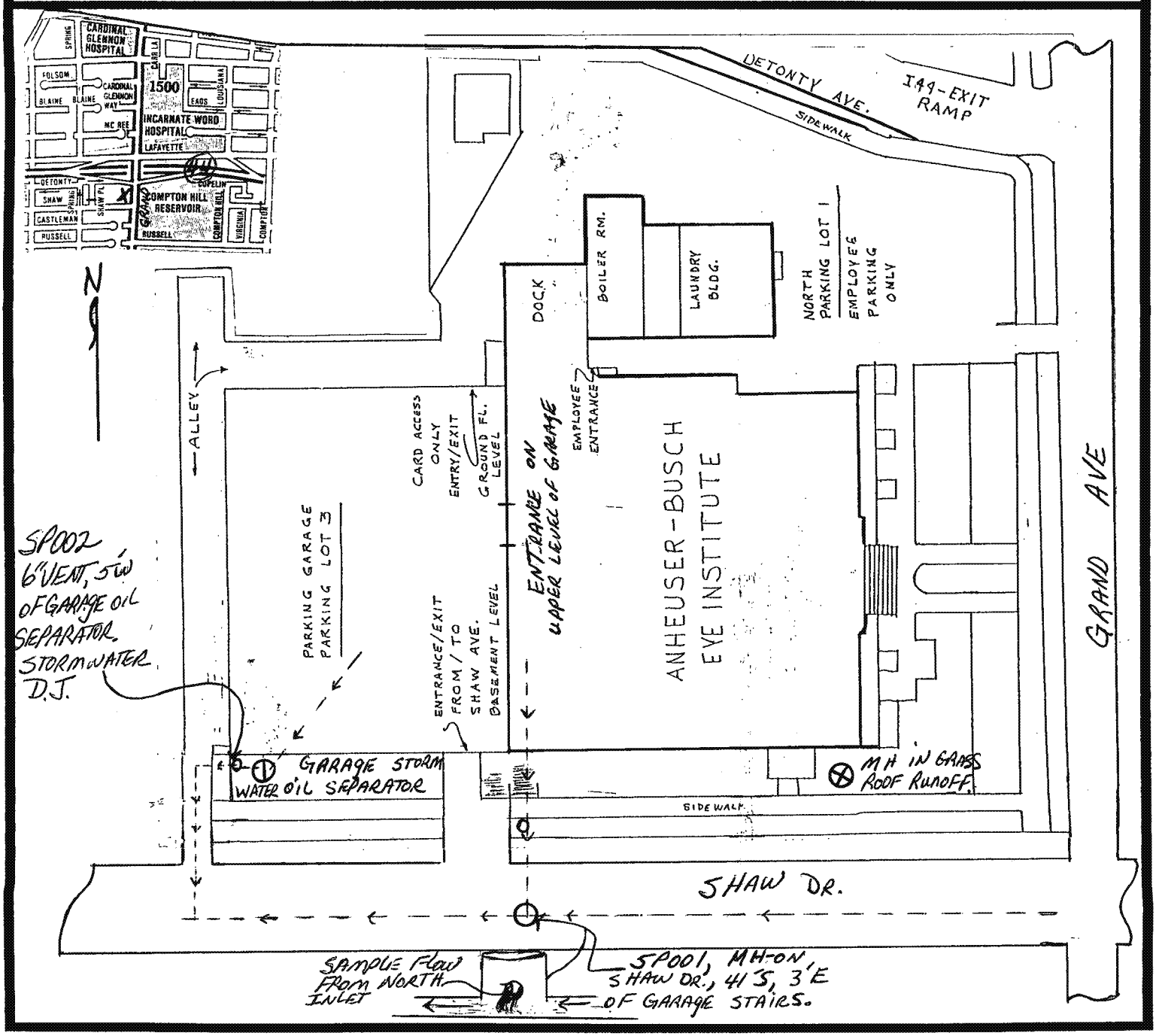
MSD-DEC INDUSTRY SAMPLING MAP

Company Name: ANHEUSER-BUSCH EYE INSTITUTE
Premise Address: 1755 S. GRAND
Zip Code: 63104
Nearest Intersection: SHAW AVE
Wunnenberg: 38-H22 Base Map: 21-F1
MSD Account No.: 4112251-02
Total No. of Active Sample Points: 2
Active Sample Point Numbers: 001, 002

Facility Contact: TOM RAWSON
Secondary Contact: RICH WEISS 771-0300
Must contact prior to sampling: Yes ___ No ✓
Company wants to split samples: Yes ___ No ✓

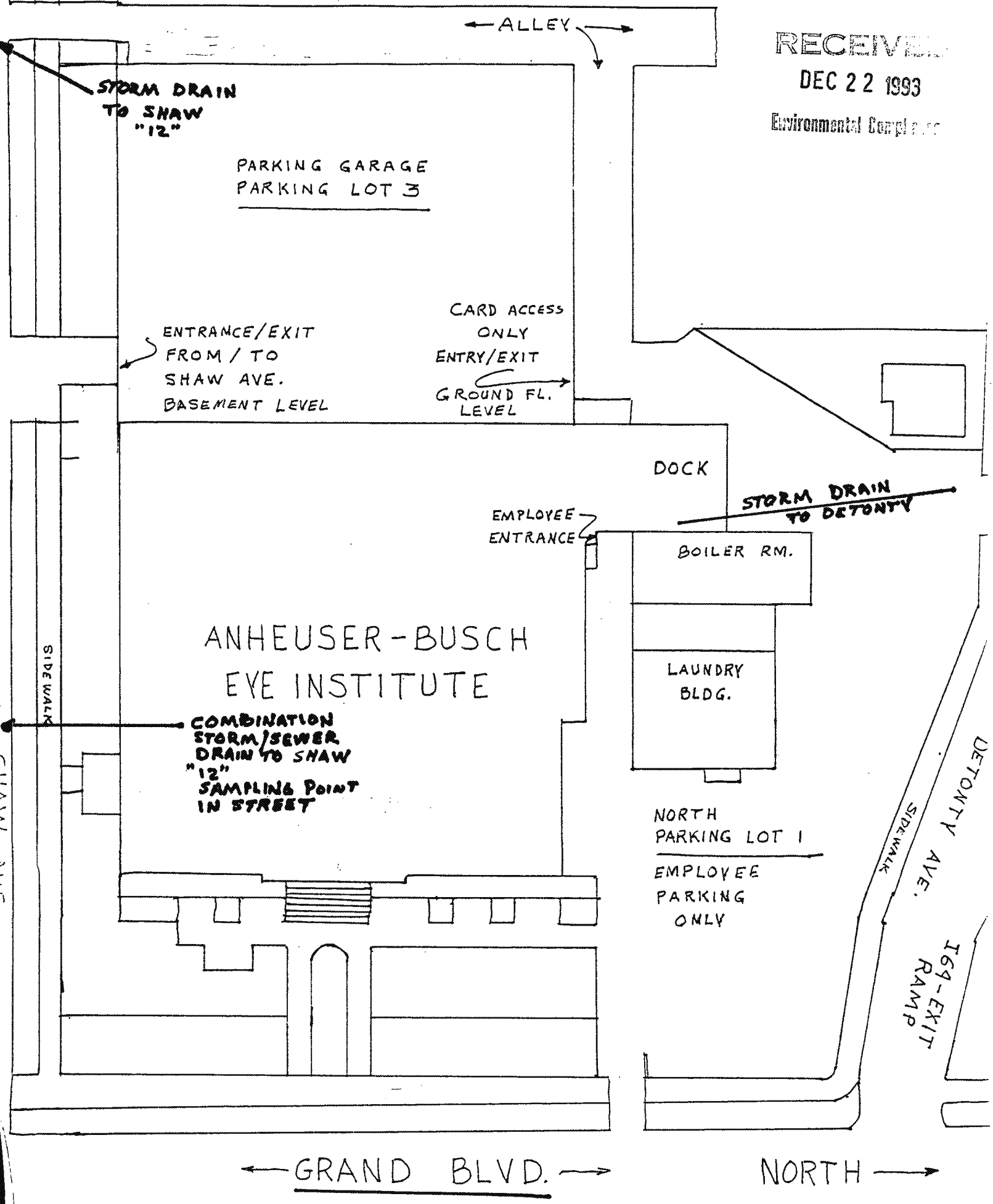
Special Sampling Requirements or Instructions:

Map Effective Date: 1-31-94 By: JAS DMM 2-17-94
Map Revision Date: ___ By: ___
Map Revision Date: ___ By: ___
Map Void Date: 4-12-94 By: JAS



SPMAP DMM-5/93-1 MAP IS INVALID IF NOT DATED AND INITIALED OR IF VOID DATE IS FILLED IN.

ANHEUSER-BUSCH EYE INSTITUTE PARKING

10-1-93

RECEIVED
DEC 22 1993
Environmental Compliance