

SHORT FORM SURVEY - NON-RESIDENTIAL ESTABLISHMENTS

1. Company Name: _____ 2. Telephone Number: (____) _____
 3. Mailing Address: _____ 4. Facility Address: _____

5. Does this Company have a facility connected to the City of Spokane sewer system? Yes No
(If "NO", Get Authorized Signature Below, Stop Here, and Return Form In Envelope Provided)

6. Name of environmental contact person: _____
(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)

7. Primary type of business: _____

NAICS/SIC Code(s) assigned if known: _____

Description of processes, products, services: _____

8. Does this facility have floor drains in the production or process area? Yes No

9. This facility uses water from the following sources: *(check all that apply)*

<input type="checkbox"/> Reclaimed Water _____ Gallons Per Day (GPD)	<input type="checkbox"/> Public Water _____ GPD
<input type="checkbox"/> Private Well _____ Gallons Per Day (GPD)	<input type="checkbox"/> Surface Water _____ GPD

10. This facility uses water for the following purposes:

<input type="checkbox"/> Domestic uses (<i>restrooms, showers, kitchens, laundry rooms</i>).....	_____ GPD
<input type="checkbox"/> Boilers, cooling, or other unpolluted waste waters	_____ GPD
<input type="checkbox"/> Non-Domestic activities (<i>describe the activities</i>):	
_____	_____ GPD
_____	_____ GPD

11. Waste water from this facility goes to the following: *(check all that apply)*

Sanitary Sewer Storm Sewer Ground(drain fields, wet well) Open Waters Waste Haulers Evaporation
 Other means of disposal - Please list: _____

12. Does process water from this facility undergo any treatment prior to discharge into sanitary sewer?

Oil/water separator or grease trap:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type _____
Filtration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type _____
pH adjustment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type _____
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type _____

13. This facility generates dangerous waste (as defined in WAC 173-303-090)

Yes (If Assigned, WAD# _____) No

14. Materials, products, equipment, or wastes (are; are not) stored in uncovered areas.

15. Vehicles and/or equipment are washed at this facility: Yes No

If "Yes", wash water goes to: _____

16. On the back, list any chemicals used or stored on the premises and indicate how they are stored. Then sign, date and return the survey. Chemicals of interest include:

- Solvents such as benzene, paint thinner, and acetone
- Lubricants such as mineral, machine, and motor oil
- Cleaning agents such as detergents, bleach and ammonia
- Fertilizers, pesticides and herbicides
- Caustic or corrosive agents such as acids, bases and drain cleaners,
- Miscellaneous items such as paints and dyes

• Chemical: _____ Number of Containers _____ Container Volume _____
 Storage site: Indoors or Outdoors Covered or Uncovered
 Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
 Storage site: Indoors or Outdoors Covered or Uncovered
 Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
 Storage site: Indoors or Outdoors Covered or Uncovered
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• Chemical: _____ Number of Containers _____ Container Volume _____
 Storage site: Indoors or Outdoors Covered or Uncovered
 Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
 Storage site: Indoors or Outdoors Covered or Uncovered
 Secondary Containment? Yes No Type _____

If necessary, please continue listing chemicals on a separate piece of paper.

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

 Printed name of Authorized Representative*

 Signature

 Date

 Job Title*

 Telephone Number

*Surveys must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

Disclosure: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to 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 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions or comments?

For further information, please contact the Pretreatment Program at the City of Spokane Riverside Park Water Reclamation Facility at (509) 625-4639.

Internal Use: Form sent on _____ Received on _____ Follow Up Required Yes No
City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939
PHONE: 625-4639 FAX: 625-4605