

General Information

1. Company Name: _____
2. Parent Company or Owning Entity: _____
3. Facility Street Address: _____
4. City, State, Zip: _____
5. Mailing Address (if different): _____
6. City, State, Zip: _____
7. Contact Name: _____ Title: _____
8. Phone Number: (____) _____ 9. Fax Number: (____) _____
10. Property Owner: _____ 11. Contact: _____
(if Property Owner is a company)
12. Phone Number: (____) _____ 13. Fax Number: (____) _____
14. Describe the type of business activity conducted at this site. Include primary products or services:

15. North America Industry Classification System (NAICS) Code(s): _____
(Please refer to: <https://www.naics.com/search/>), or
16. Standard Industrial Classification (SIC) Code(s): _____
(Please refer to: <http://www.osha.gov/pls/imis/sicsearch.html>)
17. Is your business: New to the area Relocating Remaining in same location
Starting date for new business or at new location: _____
18. Is the building: Being Constructed Being Remodeled (skip to question 21)
19. If you are constructing a new building, will it be connected to the public sewer system? Yes No
20. Completion date(s) of newly constructed building(s) at this site (if known): _____ (skip to question 24)
21. If remodeling or expanding is the building presently connected to the public sewer system? Yes No
22. If yes, sewer account number ("Customer Number" on Water billing statement): _____
23. If remodeling or expanding, please describe project: _____

24. Will you or are you planning to change your business process? (increasing size or production) Yes No
25. Average number of employees per shift: Day: _____ Swing: _____ Graveyard: _____ Total: _____
26. Normal operating schedule: Actual times: _____ Hours/Day: _____ Days/Week: _____

Waste Discharge

27. Quantity of wastewater discharged in gallons per day? _____
If not know, an estimate may be obtained from your monthly water bill: 100 units per month = 10,000 gallons.
- Less than 10,000 10,000 to 25,000 25,000 to 100,000 More than 100,000

28. Do you or will you discharge wastewater containing commercial/industrial waste Yes No
(other than restrooms, lunchrooms, etc.) If no, skip to question 32.

If yes, the discharge goes to the: Sanitary sewer Storm drain Onsite disposal system
(e.g. drainfield, drywell, septic tank)

29. Identify processes that generate wastes, and the type of wastes generated (e.g. equipment or floor washing, cooling, metal finishing, x-ray/photo waste, utility blowdown, etc.). Attach additional sheet(s) if needed.

30. List types and concentration of pollutants in your commercial/industrial waste discharge (if known). Attach additional sheet(s) if needed:

31. If onsite disposal is performed, describe the onsite disposal system. Include the content removal frequency, the removal agency, and the ultimate disposal location. Attach additional sheet(s) if needed.

32. Do you or will you use oils, fats, or grease (cooking or petroleum) in your business? Yes No

33. Is your business subject to any National Categorical Industrial Pretreatment Standards promulgated by the EPA [40 CFR 400-475]? Yes No

If yes, list the standard(s): _____

34. Check any of the following on-site pretreatment device(s) that are or will be installed (check all that apply). If none, skip to question 37:

- | | | |
|--|---|---|
| <input type="checkbox"/> Amalgam separator | <input type="checkbox"/> Hair trap | <input type="checkbox"/> Sediment trap |
| <input type="checkbox"/> Amalgam trap | <input type="checkbox"/> Lint trap | <input type="checkbox"/> Silver recoverer |
| <input type="checkbox"/> Grease interceptor, outside | <input type="checkbox"/> Oil/water separator | <input type="checkbox"/> pH neutralizer |
| <input type="checkbox"/> Grease trap, under sink | <input type="checkbox"/> Other (please list): _____ | |

35. What is your normal frequency of cleaning the trap or separator? _____

36. Where do you dispose of materials removed from your trap or separator during cleaning? _____

37. Have you ever been issued a local, state, or federal environmental permit? Yes No

If yes, list the permit(s): _____

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

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

Are you required to report under Oregon State Fire Marshall requirements? Yes No

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

39. Identify the chemicals used at this site (e.g. acids, caustics, detergents, metal salts, solvents, etc.). Attach a list on a separate sheet of paper if necessary:

40. Is there or will there be, any substance discharged in the wastewater, which, if otherwise disposed of, would be considered a hazardous waste under Resource Conservation Recovery Act (RCRA) requirements? (40 CFR 261) Yes No

If yes, list these substances and quantities discharged: _____

41. If you have processing or chemical storage area, do you or will you have floor drains? Yes No N/A

42. Is there or will there be, any liquid/gaseous waste or sludge generated but not discharged to the public sewer system? If no, skip to question 43. If yes, complete the following: Yes No

Estimated gallons or pounds per year: _____

These wastes may be described as: _____

Describe the method(s) of storage or disposal for the wastes described above, including names of waste haulers:

43. Do you or will you have chemical storage containers, tanks, bins, or ponds at your facility? (e.g. hot tank, plating booth, rinse tank, stripping tank). If no, skip to question 44. Yes No

If yes, attach a description of their location, contents, size, type, and frequency and method of cleaning. Indicate if buried metal containers have cathodic protection.

If you have a chemical storage container, tank, bin, pond, or floor drain, an accidental spill could discharge to:

- Onsite disposal system Storm drain
 Ground surface Public sewer system (e.g. through a floor drain)
 Other - Specify: _____

44. Do you or will you have a cooling water discharge? Yes No (skip to question 45)

If yes, cooling water is discharge to: Sanitary sewer Storm drain Volume: _____

If yes, is or will the discharge be chemically treated? Yes No

45. Do you or will you have a boiler blowdown discharge? Yes No (skip to next section)

If yes, boiler blowdown is discharge to: Sanitary sewer Storm drain Volume: _____

If yes, is or will the discharge be chemically treated? Yes No

Signature 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. [40 CFR 403.6(a)(2)(ii)]

Printed Name

Title

Signature

Date

(____)_____
Phone