

# Survey of Nonresidential Establishments – *Completion Required for Service*

## SECTION A - GENERAL INFORMATION (Required for all customers)

1. Company Name: \_\_\_\_\_ 2. Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
3. Full Mailing Address \_\_\_\_\_ 4. Facility address \_\_\_\_\_  
of Business Offices: \_\_\_\_\_ (If different) \_\_\_\_\_  
\_\_\_\_\_

5. Name of environmental contact \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Person empowered by the authorized representative to represent the Company in dealings with the Sewer Authority and/or City, or responsible for the proper completion of this survey form.)

6. Primary business category: \_\_\_\_\_ Narrative description of the types of operations conducted. (Include any activities from which waste water is produced.)  
\_\_\_\_\_  
\_\_\_\_\_

7. Unified Business Identification Number (UBI#) \_\_\_\_\_

8. Applicable Standard Industrial Classification (SIC) Code(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

9. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, a storm drain, or the ground?  Yes  No

10. IF THE ANSWER TO QUESTION 9 (ABOVE) IS NO, SIGN THE BELOW STATEMENT AND STOP HERE, otherwise complete the rest of the survey and then sign below. The survey cannot be accepted as complete until properly signed.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon 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.

Signature of Authorized Representative\* \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

\* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(l))

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.

**INTERNAL USE:** Form Sent on \_\_\_\_\_ Received on \_\_\_\_\_ Reviewed by \_\_\_\_\_

**SECTION B - WATER USE AND DISCHARGE VOLUME INFORMATION**

1. This facility uses \_\_\_\_\_ gallons /day\* of water from the following sources:

- |                     |           |                                   |                                   |                                  |
|---------------------|-----------|-----------------------------------|-----------------------------------|----------------------------------|
| Public Water Supply | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Private Well        | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Reclaimed Water     | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Surface Water       | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |

\* Calculation for gallons/day: **cubic feet x 7.48 / 30 days** (Your monthly cubic feet of water is found on your monthly utility bill)

If applicable: Water Right Permit Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4S, \_\_\_\_\_ 1/4S, \_\_\_\_\_ Section, \_\_\_\_\_ TWN, \_\_\_\_\_ R

2. This facility uses this water for the following purposes:

- |                                     | Gallons/day: |                                   |                                   |
|-------------------------------------|--------------|-----------------------------------|-----------------------------------|
| A. Non-Commercial Domestic Uses     | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| B. Non-Contact Cooling water        | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| C. Boiler or Cooling Tower Blowdown | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| D. Contact Cooling Water            | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| E. Process Water                    | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| F. Equipment or Facility Washdown   | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| G. Air Pollution Control Unit       | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| H. Stormwater Runoff to Sewer       | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| I. Other: _____                     | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |

3. The wastewater generated is disposed of in the following ways:

- |  | Gallons/day: |                                   |                                   |
|--|--------------|-----------------------------------|-----------------------------------|
| A. Total of all flows to the sanitary sewer:                                 | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| B. Total of all flows to ground (drain fields, wet well)                     | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| C. Total of all flows to storm sewers<br>(other than non-contact stormwater) | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| D. Total of all flows to open waters, rivers, ocean                          | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| E. Total of all flows taken by waste haulers                                 | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| F. Volume lost by evaporation on-site  | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| G. Other means of disposal: (list in Section H)                              | _____        | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |

4. List all environmental permits held for this facility (i.e. Air, Hazardous Waste, Shoreline, NPDES) except for water supply (see question #1 of this page), and DW Identification number (see section H).

Permit for: \_\_\_\_\_ Issued by: \_\_\_\_\_ Permit Number: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Is there an accidental spill prevention plan prepared for this facility:  YES  NO

6. Number of employee shifts worked per 24-hour day: \_\_\_\_\_

7. If more than one shift: List average number of employees per shift: \_\_\_\_\_

8. Starting times of each shift: 1st \_\_\_\_\_ am/pm, 2nd \_\_\_\_\_ am/pm, 3rd \_\_\_\_\_ am/pm

**SECTION C - PRODUCTION DATA**

\*\*\* ATTACH ADDITIONAL COPIES OF THIS PAGE FOR EACH SEPARATE WASTE STREAM \*\*\*

1. List the principal products produced:

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2. List all raw materials used (attach Material Safety Data Sheets if uncertain of technical names).

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3. List the incidental materials used or stored on site: (i.e. paints, solvents, cleaners, release agents, lubricants, greases, pigments, boiler additives, etc.)

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4. Production type:  Batch  Continuous  Both: \_\_\_\_\_% Batch / \_\_\_\_\_ % Continuous

5. Wastewater Discharge type:  Batch (frequency: \_\_\_\_\_/ \_\_\_\_\_)  Continuous  Both

6. Hours of operation: \_\_\_\_\_ Days of operation per 30 day month: \_\_\_\_\_

7. Is product subject to seasonal variation  YES  NO If yes, describe the seasonal production cycle to include the months of highest and lowest production and the rate of production during those months, and the projected average yearly rate of production:

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8. Are any process changes or expansions planned during the next three years?  YES  NO

(If yes, describe below or on attached sheets the nature of planned changes or expansions.)

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**SECTION D: CATEGORICAL PROCESS INFORMATION** -- If your facility conducts activities or employs processes which fall into any of the below categories, place a check beside the category or business activity (check all the apply). You may call Ecology or the POTW for assistance or consult the listed Regulations for guidance.

<u>Industrial Category</u>	<u>40 CFR part</u>
<input type="checkbox"/> _____ Aluminum Forming (Pr: 10/83) . . . . .	467
<input type="checkbox"/> _____ Asbestos Manufacturing (Pr: 2/74) . . . . .	427
<input type="checkbox"/> _____ Battery Manufacturing (Pr: 3/83) . . . . .	461
<input type="checkbox"/> _____ Builder's Paper and Board Mills (Pr: 12/86) . . . . .	431
<input type="checkbox"/> _____ Carbon Black Manufacturing (Pr: 1/78) . . . . .	458
<input type="checkbox"/> _____ Centralized Waste Treatment (to be final 6/96) . . . . .	437
<input type="checkbox"/> _____ Coil Coating and Canmaking (Pr: 12/82 & 11/83) . . . . .	465
<input type="checkbox"/> _____ Copper Forming(Pr: 8/83) . . . . .	468
<input type="checkbox"/> _____ Electrical and Electronic Components (Pr: 4/83) . . . . .	469
<input type="checkbox"/> _____ Electroplating (Pr: 1/81) . . . . .	413
<input type="checkbox"/> _____ Feedlots (Pr: 2/74) . . . . .	412
<input type="checkbox"/> _____ Ferroalloy Manufacturing (Pr: 7/86) . . . . .	424
<input type="checkbox"/> _____ Fertilizer Manufacturing (Pr: 8/79) . . . . .	418
<input type="checkbox"/> _____ Glass Manufacturing (Pr: 7/86) . . . . .	426
<input type="checkbox"/> _____ Grain Mills (Pr: 7/86) . . . . .	406
<input type="checkbox"/> _____ Ink Formulation (7/75) . . . . .	447
<input type="checkbox"/> _____ Industrial Laundries** (NPRM 12/96, final 12/98) . . . . .	441
<input type="checkbox"/> _____ Inorganic Chemicals (Pr: 6/82) . . . . .	415
<input type="checkbox"/> _____ Iron and Steel Manufacturing (Pr: 5/82) . . . . .	420
<input type="checkbox"/> _____ Landfills and Incinerators** (NPRM 3/97, Final 3/99) . . . . .	437
<input type="checkbox"/> _____ Leather Tanning and Finishing (Pr: 11/82) . . . . .	425
<input type="checkbox"/> _____ Metal Finishing (Pr: 7/83) . . . . .	433
<input type="checkbox"/> _____ Metal Molding and Casting (Pr: 10/85) . . . . .	464
<input type="checkbox"/> _____ Metal Products & Machinery Phase 1 . . . . .	438
<input type="checkbox"/> _____ Metal Products and Machinery Phase 2 (NPRM 1/98) . . . . .	438
<input type="checkbox"/> _____ Nonferrous Metals Forming and Metal Powders (Pr: 8/85) . . . . .	471
<input type="checkbox"/> _____ Nonferrous metals Manufacturing (Pr: 6/84) . . . . .	421
<input type="checkbox"/> _____ Organic Chemicals, Plastics, & Synthetic Fibers (Pr:11/87) . . . . .	414
<input type="checkbox"/> _____ Paint Formulation (Pr: 7/75) . . . . .	446
<input type="checkbox"/> _____ Paving and Roofing Materials (Pr: 7/75) . . . . .	443
<input type="checkbox"/> _____ Pesticide Formulation, Packaging, & Repackaging (NEW) . . . . .	455
<input type="checkbox"/> _____ Petroleum Refining (Pr: 10/82) . . . . .	419
<input type="checkbox"/> _____ Pharmaceutical Manufacturing (Pr: 10/83 REVISED 2/96) . . . . .	439
<input type="checkbox"/> _____ Porcelain Enameling (Pr: 11/82) . . . . .	466
<input type="checkbox"/> _____ Pulp, Paper, and Paperboard (NEW - 11/95?) . . . . .	430/431
<input type="checkbox"/> _____ Rubber Manufacturing (Pr: 2/74) . . . . .	428
<input type="checkbox"/> _____ Soap and Detergent Manufacturing (Pr: 4/74) . . . . .	417
<input type="checkbox"/> _____ Steam Electric Power Generating (Pr: 11/82, study 12/95 ) . . . . .	423
<input type="checkbox"/> _____ Sugar Processing (Pr: 7/86) . . . . .	409
<input type="checkbox"/> _____ Timber Products Processing (Pr: 1/81) . . . . .	429
<input type="checkbox"/> _____ Transportation Equipment Cleaning (NPRM 12/96) . . . . .	442

**OTHER TYPICALLY SIGNIFICANT NON-CATEGORICAL BUSINESS ACTIVITIES:**

- \_\_\_\_\_ Dairy Products
- \_\_\_\_\_ Slaughter / Meat Packing / Rendering
- \_\_\_\_\_ Food / Edible Products Processor including  Beverage Bottling or Brewery

**SECTION E - PRETREATMENT DEVICES OR PROCESSES:**

Pretreatment is the elimination or reduction in the amount of pollutants discharged, or alteration to the nature of pollutant properties in the wastewater either before or instead of sending such pollutants to a POTW. This includes physical, chemical, or biological processes, process changes, or other means (except dilution, which is prohibited). Control equipment such as equalization tanks or facilities for protection against surges or slug loadings that might be incompatible with the POTW are also pretreatment devices to be identified.

Identify each discrete wastestream discharged below, and then write the number of the corresponding wastestream, (1, 2, 3, etc.) by all types of treatment performed on that waste stream.

**PART 1: LISTING OF DISCRETE WASTE STREAMS**

Wastestream (#):	Activities Generating the wastewater:	Flow:	Pollutants known or suspected present:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PART 2: TREATMENT METHODS (Put number of wastestream by all types of treatment done)**

**Physical:**

- Spill protection devices i.e.: burms / dry sumps.....  Flow Equalization
- Oil-Water Separator i.e.: gravity / coalescing plate / API.....  Screening
- Physical fractioning i.e.: clarifiers or separators.....  Grease trap
- Dissolved Air Floatation.....  Grit removal
- Filtration i.e. filter canisters, presses, or bags .....  Reverse Osmosis
- Physical Sludge Dewatering i.e.: centrifuge or vacuum .....  Evaporation
- Other physical treatment: \_\_\_\_\_

**Chemical:**

- pH neutralization (to pH of \_\_\_\_\_ - \_\_\_\_\_).....  Ion Exchange
- Chemical Replacement Cartridge.....  Ozonation
- Chlorination: (breakpoint chlorination or other) .....  Carbon Filter
- Chemical Precipitation (circle all used: coagulants / flocculants / co-precipitates / other)
- Other chemical treatment: \_\_\_\_\_

**Biological:**

- Type of biological treatment: \_\_\_\_\_

**OTHER:**

- Electrolytic metals reduction .....  Electrolytic decomposition
- Other: \_\_\_\_\_

Provide a narrative description of the treatment system: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION F: POLLUTANT INFORMATION**

This section requests information on Priority Pollutants and other Pollutants of Concern. When more than one wastestream is discharged, identify the wastestream by writing the wastestream number (from section E) in the appropriate column (i.e. under "Known Present", "Suspect Present", "Known Absent", or "Believe Absent").

1. Attached to this survey form is a list of all priority pollutants. LIST BELOW **ALL** PRIORITY POLLUTANTS KNOWN OR SUSPECTED TO BE PRESENT IN **ANY** WASTESTREAM AT **ANY** CONCENTRATION. Pay particular attention to the list of metals. Provide information on ALL priority pollutants where data was obtained from analysis of a representative sample using methods approved by 40 CFR part 136. NOTE: Priority Pollutants not listed should be those the company suspects are absent.

<u>PRIORITY POLLUTANT:</u>	<u>Known Present</u>	<u>Suspect Present</u>	<u>Known Absent</u>	<u>Sample Taken</u>	<u>Range of Measurements</u>	<u>(mg/L) Average</u>	<u>Detection Limit</u>
_____	_____	_____	_____	Y/N	_____ - _____	_____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____	_____

(Attach additional sheets if necessary)

2. Provide available information on the below additional parameters of concern:

<u>PARAMETER OF CONCERN:</u>	<u>Known Present</u>	<u>Suspect Present</u>	<u>Believed Absent</u>	<u>Known Absent</u>	<u>Range of Measurements</u>	<u>(mg/L) Average</u>	<u>Detection Limit</u>
Fats, Oil, and Grease	_____	_____	_____	_____	_____ - _____	_____	_____
Ammonia - N	_____	_____	_____	_____	_____ - _____	_____	_____
Total-phosphate - P	_____	_____	_____	_____	_____ - _____	_____	_____
Total Chlorine Residual	_____	_____	_____	_____	_____ - _____	_____	_____
Chloride	_____	_____	_____	_____	_____ - _____	_____	_____
Total Sulfates	_____	_____	_____	_____	_____ - _____	_____	_____
Molybdenum	_____	_____	_____	_____	_____ - _____	_____	_____
pH (in Std Units).....	_____	_____	_____	_____	_____ - _____	N/A	N/A
Conductivity (in micro-mho's - $\mu$ ) .....	_____	_____	_____	_____	_____ - _____	N/A	_____
Total Dissolved Solids ..	_____	_____	_____	_____	_____ - _____	_____	_____
Total Suspended Solids ..	_____	_____	_____	_____	_____ - _____	_____	_____
BOD .....	_____	_____	_____	_____	_____ - _____	_____	_____
COD .....	_____	_____	_____	_____	_____ - _____	_____	_____
TKN - N .....	_____	_____	_____	_____	_____ - _____	_____	_____

**SECTION G - STORMWATER:**

1. Have you applied for a Washington State NPDES Storm Water General Permit?  Yes  No
2. Have you received notice of coverage under the Storm Water NPDES General Permit?  Yes  No

If yes, please list the permit number here: \_\_\_\_\_

[ **NOTE: If you have answered "Yes" to questions 1 or 2 you may skip the remainder of this page.**]

3. Do you have any storm water quality or quantity information?  Yes  No

4. Identify the total size of each type of area from which storm water runoff is expected or has occurred:

Unpaved areas \_\_\_\_\_ f<sup>2</sup>,  Paved areas \_\_\_\_\_ f<sup>2</sup>,  Other collection areas (i.e. roofs) \_\_\_\_\_ f<sup>2</sup>

5. Identify all the mechanisms through which storm water exits the facility:

- a.  Flowing to the sanitary sewer.
- b.  Flowing to a storm sewer system.
- c.  Flowing directly to surface waters such as a river, lake, creek, or ocean.
- d.  Flowing indirectly to surface waters by a ditch or over adjacent property.
- e.  Infiltration into the ground through a:  Dry well,  Drain field, or  Other \_\_\_\_\_.

6. Identify all of the following types of activities or facilities owned or managed in support of this business:

- a.  Manufacturing building(s)
  - b.  External assembly or manufacturing areas.
  - c.  Roads or rail lines where materials are handled .....
  - d.  Materials handling equipment storage areas
  - e.  Outside sanding, sandblasting or paint removal areas
  - f.  Vehicle maintenance and/or refueling facilities
  - g.  Outside materials handling, loading, or storage areas that are:  Covered and/or  Uncovered
  - h.  Waste treatment, storage, or disposal areas: ( Materials treated would otherwise be regulated wastes)
  - i.\*  Vehicle washing areas using:  Water,  High pressure,  Steam, and/or  Soaps or chemicals
  - j.\*  Other outdoor cleaning areas using:  Water,  High pressure,  Steam, and/or  Soaps or chemicals
- (\* If washing or cleaning is done outside, where does this wastewater go? \_\_\_\_\_)

7. Identify the types of materials handled or stored outdoors:

- a.  Solvents .. g.  Dangerous or Hazardous wastes
- b.  Scrap metal ..... h.  Acids or alkalis
- c.  Pesticides, insecticides, fungicides..... i.  Paints or coating products
- d.  Plating solutions or products ..... j.  Wood treating chemicals or products
- e.  Fuel, oil, or petrochemical products ..... k.  Leachable materials (list: \_\_\_\_\_)
- f.  Other chemicals which would be a "hazardous waste" if discarded (list: \_\_\_\_\_)

8. Identify the types of treatment or management practices currently employed for storm waters:

- a.  Oil/Water Separator (oils removal)..... g.  Detention system (discharge flow restriction)
- b.  Catch basins (solids settling)..... h.  Retention system (on-site containment)
- c.  Overhead Cover System ..... i.  Infiltration system: Pond(s), Basin(s), or Drain fields
- d.  Spill Prevention Plan ..... j.  Stormwater Pollution Prevention Plan
- e.  Vegetation Use & Management..... k.  Surface Leachate Collection
- f.  Polluted & clean water separation..... l.  Other: \_\_\_\_\_

9. Which stormwater facilities have an established maintenance cycle? \_\_\_\_\_

10. How often are paved areas swept? \_\_\_\_\_

**SECTION H: OTHER WASTE DISPOSAL OPTIONS USED:**

1. List any wastes discharged to the POTW which, if treated or otherwise disposed of, would be a "hazardous waste" under 40 CFR part 261, or a "dangerous waste" or "extremely hazardous waste" under Chapter 173-303 WAC: (This

satisfies the notification requirement of 40 CFR 403.12(p) for discharges less than 100 kg per month to a POTW but Domestic Sewage Exclusion requirements of 173-303-070 WAC still apply)

Name -(40 CFR 261EPA Hazardous Waste # or Ch. 173-303 WAC) or State-Only Waste code	Type of discharge (batch, continuous, etc.)	Quantity per Month: Discharged to POTW
_____	_____	_____
_____	_____	_____

2. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?  
 NO - skip the remainder of this section.  
 YES - answer the following questions as best as possible:

3. These wastes may be described and quantified as: (quantify as pounds or gallons per day, month, or year)

Quantity:	Type:	Quantity:	Type:
_____	Acids and Alkalis .....	_____	Heavy Metal Sludges
_____	Inks / Dyes .....	_____	Pretreatment Sludges
_____	Animal or Vegetable Oil and/or Grease.....	_____	Organic Compounds
_____	Petroleum Based Oils and/or Lubricants.....	_____	Paints
_____	Plating/anodizing Wastes .....	_____	Pesticides
_____	Hazardous Wastes (list below).....	_____	Solvents / Thinners

4. These wastes are handled in the following manners (check all that apply)

- On-site storage..... Off-site storage
- On-site disposal .....
- Off-site disposal

5. If wastes are hauled off-site, the hauler is:  Company employee  Contracted service  Both

6. Waste (describe): \_\_\_\_\_ is hauled to: \_\_\_\_\_  
Waste (describe): \_\_\_\_\_ is hauled to: \_\_\_\_\_  
Waste (describe): \_\_\_\_\_ is hauled to: \_\_\_\_\_

7. Do you maintain manifests of wastes hauled from the facility?  Yes  No

8. Have any of the above wastes been "designated" according to Chapter 173-303 WAC?  Yes  No

9. Do you have a "dangerous waste" identification number?  Yes: I.D. number \_\_\_\_\_,  No

10. Describe any other methods of disposing of "dangerous wastes" (other than identified above): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_