SHORT FORM SURVEY – AUTO BODY SHOPS

Company Name: __________________________
Telephone Number: ( ) __________________

Mailing Address: __________________________ Facility Address: __________________________

Does this business have a connection to the City of Spokane sewer system?  □ Yes  □ No

(If "No", Get Authorized Signature on the back, Stop Here, and Return Form in Envelope Provided)

Name of environmental contact person: __________________________________________

(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)

Section A: Operation Description

Does this facility have floor drains in the work area?  □ Yes  □ No

Average number of vehicles serviced per day: __________

Days/Hours of Operation: ______________________________________

Location of facility: □ Dealership □ Mall □ Gas Station □ Stand-alone □ Other __________________________

Section B: Water Use

Where are cars washed? □ Inside □ Outside □ Covered □ Uncovered

Is wash or rinse water recycled? □ Yes □ No If yes, how is it treated before reuse? __________________________

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

□ Sanitary Sewer □ Storm Sewer □ Ground (drain fields, dry well) □ Open Waters □ Waste Hauler
□ Evaporation □ Other means of disposal: __________________________

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

Oil/water separator: □ Yes □ No Type________________________________________

If yes, who pumps it? __________________________ How often is it pumped? __________

Sand trap/settling tank □ Yes □ No Type________________________

Filtration: □ Yes □ No Type________________________________________

pH adjustment: □ Yes □ No Type________________________________________

Other: □ Yes □ No Type________________________________________

Section C: Sanding Dust Control (Heavy Metals in sanding dust can contaminate storm water and wastewater.)

Sanding is done: □ Inside □ Outside □ With vacuum dust control □ Without vacuum

Is a settling unit used to separate wet sanding dust from water prior to disposal? □ Yes □ No

How often is floor swept in sanding area? __________________________

Is mop water treated to remove sanding dust prior to disposal? □ Yes □ No

Do personnel wear protective clothing that does not leave the shop? □ Yes □ No

Where is it laundered? __________________________________________

Please continue on the reverse.
### Section C: Chemical Use and Storage

Please provide information on all chemicals (soaps, brighteners, paints, thinners, sealants, etc.) kept in stock in quantities 5 gallons or larger, ten pounds or more if dry. Attach a separate page if necessary.

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand Used</th>
<th>Amount kept in stock</th>
<th>How is the product stored?</th>
<th>Do containers have secondary containment for leaks or spills?</th>
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<td>Inside</td>
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### Section D: Certification

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, contact the Riverside Park Water Reclamation Facility at (509) 625-4639.  FAX: 625-4605

City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939