SHORT FORM SURVEY – AUTO DEALERSHIPS								
Company Name:	Telephone Number: ()							
Mailing Address:	ling Address: Facility Address:							
Does this business have a c	connection to the sewer system? $\Box$ Yes $\Box$ No							
(If "No", Get Authori	ized Signature on the back, <u>Stop Here</u> , and Return Form in Envelope Provided)							
Name of environmental con	ntact person:							
(Person empowered by authorized	d representative to represent the Company, or responsible for the proper completion of this survey form.)							
Section A: Operation Des	cription							
Does this facility have floo	or drains in the work area? $\Box$ Yes $\Box$ No							
Average number of vehicle	les serviced per day: Days/Hours of Operation:							
□ Oil Changes □ Engine	t this facility: (check all that apply) Repair							
<ul> <li>□ Vehicle Lifts</li> <li>□ Solven</li> <li>□ Paint Booth</li> <li>□ Oil Dr</li> </ul>	this facility: (check all that apply)         at Cabinet          Mobile Drain Rigs							
Fixtures in automotive wo	ork areas: (check all that apply) Circle any that drain to the oil/water separator.							
□ Floor Drain □ Mop Sin	nk 🗆 Hand Sink 🗆 Trench Drain 🗆 Other							
Section B: Water Use								
Do you wash vehicles?	Yes 🗆 No If yes, where? 🗆 Inside 🗆 Outside 🗆 Covered 🗆 Uncovered							
Is wash or rinse water rec	ycled? $\Box$ Yes $\Box$ No If yes, how is it treated before reuse?							
	ility goes to the following: (check all that apply)							
•	form Sewer $\Box$ Ground (drain fields, dry well) $\Box$ Open Waters $\Box$ Waste Hauler means of disposal:							
Does water from this facil	lity undergo any treatment prior to discharge into sanitary sewer?							
	$\Box$ Yes $\Box$ No Type							
	How often is it pumped?							
Sand trap/settling tank $\Box$								
	Yes $\Box$ No Type							
pH adjustment: □ Other: □	Yes $\Box$ NoTypeYes $\Box$ NoType							
	Control (Heavy Metals in sanding dust can contaminate storm and wastewater.)							
0	$\Box$ Outside $\Box$ With vacuum dust control $\Box$ Without vacuum							
	parate wet sanding dust from water prior to disposal? $\Box$ Yes $\Box$ No							
	ve clothing that does not leave the shop? $\Box$ Yes $\Box$ No							
	How often is floor swept in sanding area?							
Is mop water treated to rem	nove sanding dust prior to disposal? $\Box$ Yes $\Box$ No							

	Spent	Used	Used	Used	Used	Parts
	Antifreeze	Motor	Transmission	Brake	Brake	Washer
		Oil	Fluid	Fluid	Cleaner	
How much is generated in an						
average month?						
What type/size containers is it						
stored in?						
What other fluids are mixed in the						
same containers?						L
Is it stored with secondary						
containment for leaks or spills?						
If the material leaves your shop,						
where does it go?						
How often is it pumped/picked						
up/hauled away?						
How does your facility dispose of use	ed/removed r	arts?				
Does the facility generate dangerous			C 173_303_0902 [	Ves WAD	 #_	 No
What type of Brake Cleaner do you i				on-chlorinate		

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