Company Name: __________________________ Telephone Number: __________________

Mailing Address: __________________________ Facility Address: __________________________

Does this business have a connection to the 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: _______

Type of vehicle services at this facility: (check all that apply)
☐ Oil Changes  ☐ Engine Repair  ☐ Car Washing  ☐ Brake Repair  ☐ Auto Detailing  ☐ Body Work/Painting
☐ Tire Repair  ☐ Large Vehicles  ☐ Transmission Repair  ☐ Radiator Service  ☐ Other____________________

Major equipment used at this facility: (check all that apply)
☐ Vehicle Lifts  ☐ Solvent Cabinet  ☐ Mobile Drain Rigs  ☐ Parts Washers  ☐ Paint Cabinet
☐ Paint Booth  ☐ Oil Drum Rack  ☐ Used Oil Rag Bins  ☐ Refrigerant Equipment
☐ Other____________________

Fixtures in automotive work areas: (check all that apply)  Circle any that drain to the oil/water separator.
☐ Floor Drain  ☐ Mop Sink  ☐ 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 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 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

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

Where is it laundered? __________________________ How often is floor swept in sanding area? __________________________

Is mop water treated to remove sanding dust prior to disposal?  ☐ Yes  ☐ No
### Section D: Used Material Storage and Disposal

<table>
<thead>
<tr>
<th>Material</th>
<th>Spent Antifreeze</th>
<th>Used Motor Oil</th>
<th>Used Transmission Fluid</th>
<th>Used Brake Fluid</th>
<th>Used Brake Cleaner</th>
<th>Parts Washer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much is generated in an average month?</td>
<td></td>
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<tr>
<td>What type/size containers is it stored in?</td>
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<tr>
<td>What other fluids are mixed in the same containers?</td>
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<tr>
<td>Is it stored with secondary containment for leaks or spills?</td>
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<tr>
<td>If the material leaves your shop, where does it go?</td>
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<tr>
<td>How often is it pumped/picked up/hauling away?</td>
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</tr>
</tbody>
</table>

How does your facility dispose of used/removed parts? ____________________________

Does the facility generate dangerous waste as defined in WAC 173-303-090? ☐ Yes, WAD# ____________ ☐ No

What type of Brake Cleaner do you use? ☐ chlorinated ☐ non-chlorinated

### 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