SHORT FORM SURVEY - CAR WASH OPERATIONS

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

This car wash facility is: (Check all that apply.)  □ automated  □ attended  □ self-service
Number of wash bays: ______  Average number of vehicles per day: _________
Days/Hours of Operation: _____________________________________________________________

What is washed at this facility? (Check all that apply.)  □ Passenger Cars  □ Semi Trucks  □ Large Equipment  □ Vehicle Undercarriages  □ Engines
Location of facility:  □ Dealership  □ Mall  □ Gas Station  □ Stand-alone
□ Other_____________________________

Are washing bays covered?  □ Yes  □ No
Are bays built to keep wash water in and rainwater out?  □ Yes  □ No

Section B: Water Use

How many gallons of water are used for each vehicle washed? __________________________

Is wash water treated prior to use? □ Yes □ No  How?  □ Reverse Osmosis □ Distillation /Deionization
Other (Please describe) _____________________________________________________________

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, wet well)  □ Open Waters  □ Waste Haulers
□ Evaporation  □ Other means of disposal: __________________________

Does process 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________________________________________

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

Please provide information on all chemicals (soaps, soaks, brighteners, 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>Number of Containers</td>
<td>Size of Containers</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 information, please 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