

**5-YEAR REVIEW FOR CONTINUED SEWER SERVICE;
CHEMICAL STORAGE**

1. Company Name: _____ 2. Telephone Number: (____) _____

3. Mailing Address: _____ 4. Facility Address: _____

5. Name of environmental contact person: _____
(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this form.)

6. Does this facility have floor drains in the production, process, or chemical storage area? Yes No

7. Please list any chemicals used or stored on the premises and indicate how they are stored. Chemicals of interest include:

- Solvents such as benzene, paint thinner, and acetone
- Lubricants such as mineral, machine, and motor oil
- Cleaning agents such as detergents, bleach and ammonia
- Fertilizers, pesticides and herbicides
- Caustic or corrosive agents such as acids, bases and drain cleaners,
- Miscellaneous items such as fuels, paints and dyes

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____

• Turn over to back page to continue list, sign, and date.

• **List continues on the back of this page?** Yes No

