

SHORT FORM SURVEY – DRY CLEANING ESTABLISHMENTS

1. Company Name: _____ 2. Telephone Number: (____) _____
 3. Mailing Address: _____ 4. Facility Address: _____

5. Is this facility connected to the sewer system? Yes No
(If "NO", Get Authorized Signature Below, Stop Here, and Return Form In Envelope Provided)

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

7. Types of cleaning systems used at this facility: (check all that apply)

Dry to Dry Transfer Wet Cleaning Other (please specify) _____

8. Solvent and Chemical Management

	Cleaning Solvent	Stain/spot remover	Detergents	Additives	Separator water, vacuum water, sludge	Other*
Type(s) used					N/A	
Monthly volume used or generated						
Type and volume of storage containers						
What other fluids are mixed in the same containers?						
Where is it stored?						
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/hailed away?						

*"Other" chemicals used or stored on the premises may include:

- Lubricants such as mineral, machine, and motor oil
- Fertilizers, pesticides and herbicides
- Caustic or corrosive agents such as acids, bases and drain cleaners,
- Miscellaneous items such as paints and dyes

If necessary, please continue listing chemicals on a separate piece of paper.

9. Does this facility have floor drains in the process area? Yes No

10. This facility uses water from the following sources: (check all that apply)

- Reclaimed Water _____ Gallons Per Day (GPD) Public Water _____ GPD
- Private Well _____ Gallons Per Day (GPD) Surface Water _____ GPD

11. This facility uses water for the following purposes:

- Domestic uses (restrooms, showers, kitchens, laundry rooms)..... _____ GPD
- Boilers, cooling, or other unpolluted waste waters..... _____ GPD
- Non-Domestic activities (describe the activities):
 _____ GPD
 _____ GPD

12. 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 - Please list: _____

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

- Oil/water separator or grease trap: Yes No Type _____
- Filtration: Yes No Type _____
- pH adjustment: Yes No Type _____
- Other: Yes No Type _____

14. Does this facility generates dangerous waste (as defined in WAC 173-303-090)?

- Yes (If Assigned, WAD# _____) No

15. Materials, products, equipment, or wastes (are; are not) stored in uncovered areas.

16. Vehicles and/or equipment are washed at this facility: Yes No

If "Yes", wash water goes to: _____

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, please contact the Pretreatment Program at the City of Spokane Riverside Park Water Reclamation Facility at (509) 625-4639.

Internal Use: Form sent on _____ Received on _____ Follow Up Required Yes No
City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939
PHONE: 625-4639 FAX: 625-4605