

5-YEAR REVIEW FOR CONTINUED SEWER SERVICE:

EQUIPMENT RENTAL FACILITIES

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 form.)

Section A: Operation Description

Number of employees: _____ Hours of Operation: _____ Average number of vehicles/day: _____

Type of services at this facility: (check all that apply)

- Oil Changes Engine Repair Car Washing Brake Repair Tire Repair Transmission Repair
 Radiator Service Other _____

Major equipment used at this facility: (check all that apply)

- Solvent Cabinet Mobile Drain Rigs Parts Washers Paint Cabinet Paint Booth
 Used Oil Rag Bins Other _____

Fixtures in the 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: Waste Management

Used Oil and Fluid Management

	Spent Antifreeze	Used Motor Oil	Used Transmission Fluid	Used Brake Fluid	Used Brake Cleaner	Solvent Sink or Parts Washer
Monthly volume generated						
Type and volume of storage containers						
What other fluids are mixed in the same containers?						
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?						

Does this facility have an oil/water separator? Yes No

If yes, who pumps it? _____

How often is it pumped? _____

Trash / Solid Waste Disposal

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

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 understand the responsibility to immediately contact City of Spokane Wastewater Management if any significant changes in any processes are anticipated and that failure to immediately contact the City of Spokane Wastewater Management could result in fines and/or imprisonment. 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

*Forms 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) 625-4683.

City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939

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