

5-YEAR REVIEW FOR CONTINUED SEWER SERVICE:

MOBILE WASH OPERATIONS

Company Name: _____ Telephone Number: (____) _____

Mailing Address: _____ Facility Address: _____

NAICS/SIC Code(s) assigned if known: _____

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

Days/Hours of Operation: _____

What do you wash? (Check all that apply.) Cars Trucks Large Equipment

Vehicle Undercarriages Engines Parking Lots

Other (please list) _____

How many sites or vehicles are washed during a typical business day? _____

Do you collect used wash water? Yes No **If yes, how?** _____

Section B: Water Use

Is wash or rinse water recycled? Yes No

If yes, how is it treated before reuse? Reverse Osmosis Distillation /Deionization

Other (Please list) _____

Waste water from this business 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 business undergo any treatment prior to discharge into sanitary sewer?

Oil/water separator: Yes No Type _____

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 five gallons or larger, ten pounds or more if dry. Attach a separate page if necessary.

Product	Brand Used	Amount kept in stock		How is the product stored?			Do containers have secondary containment for leaks or spills?
		Number of Containers	Size of Containers	Inside	Outside	Covered	

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

*Form 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