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 survey 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 water treated prior to use?  □ Yes  □ No

How? □ Reverse Osmosis  □ Distillation /Deionization  □ Other (Please list) __________________________

Is wash or rinse water recycled? □ Yes  □ No

If yes, how is it treated before reuse? _____________________________________________

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.

<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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<tbody>
<tr>
<td></td>
<td></td>
<td>Number of Containers</td>
<td>Size of Containers</td>
<td>Inside</td>
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</table>

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