

**SHORT FORM SURVEY – 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 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.

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 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**