

**5-YEAR REVIEW FOR CONTINUED SEWER SERVICE:
NON-RESIDENTIAL ESTABLISHMENTS**

1. Company Name: _____ 2. Telephone Number: (____) _____

3. Mailing Address: _____ 4. Facility Address: _____

5. Does this Company have a 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 form.)

7. Primary type of business: _____

Description of processes, products, services: _____

8. Does this facility have floor drains in the production or process area? Yes No

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

Reclaimed Water Public Water Private Well Water Surface Water

10. This facility uses water for the following purposes:

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

Estimated Gallons per Day (GPD)

11. 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: _____.

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

- Oil/water separator or grease trap: Type _____
- Filtration: Type _____
- pH adjustment: Type _____
- Other: Type _____

13. This facility generates dangerous waste (as defined in WAC 173-303-090)

Yes (If Assigned, WAD# _____) No

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

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

If "Yes", wash water goes to: _____

16. On the back, list any chemicals used or stored on the premises, indicate how they are stored and whether any of the material is discharged to the sewer. Then sign, date and return the completed form. Chemicals of interest include:

- Solvents such as benzene, paint thinner, and acetone
- Lubricants such as mineral, machine, and motor oil
- Cleaning agents such as detergents, bleach and ammonia
- Fertilizers, pesticides and herbicides
- Caustic or corrosive agents such as acids, bases and drain cleaners,
- Miscellaneous items such as paints and dyes

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

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

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

Internal Use: Form sent on _____ Received on _____ Follow Up Required Yes No