

SHORT FORM SURVEY – PRINTING 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 survey form.)

7. Primary type of business: _____

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

Types of printing services performed at this facility: (check all that apply)

Offset Lithography Flexography Screen Printing Gravure/Rotogravure
 Other (please specify) _____

8. Please list any chemicals used or stored on the premises and indicate how they are stored and disposed of.
Chemicals of interest include:

- Solvents such as benzene, paint thinner, acetone, MEK, alcohol
- Fountain Solution (specify contents)
- 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

Please check the "goes to sewer" box if any of this chemical goes down the drain, regardless of dilution.

• Chemical: _____ Number of Containers _____ Container Volume _____
Storage site: Indoors or Outdoors Covered or Uncovered
Secondary Containment? Yes No Type _____ Goes to sewer

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Secondary Containment? Yes No _____ Goes to sewer

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

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

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

- Reclaimed Water _____ Gallons Per Day (GPD) Public Water _____ GPD
- Private Well _____ Gallons Per Day (GPD) Surface Water _____ GPD

11. This facility uses water for the following purposes:

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

12. 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: _____.

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

- Oil/water separator or grease trap: Yes No Type _____
- Filtration: Yes No Type _____
- pH adjustment: Yes No Type _____
- Other: Yes No Type _____

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

- Yes (If Assigned, WAD# _____) No

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

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

If "Yes", wash water goes to: _____

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 further information, please contact the Pretreatment Program at the City of Spokane Riverside Park Water Reclamation Facility at (509) 625-4639.

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
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