

## 5-YEAR REVIEW FOR CONTINUED SEWER SERVICE:

### SENIOR SERVICES PROVIDERS

Company Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Does this business have a connection to the sewer system?  Yes  No

***(If "No", Get Authorized Signature on the back, Stop Here, and Return Form in Envelope Provided)***

Name of environmental contact person: \_\_\_\_\_

*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this form.)*

#### Operation Description

Residential  Drop-in Number of residents or clients: \_\_\_\_\_ Days/Hours of Operation: \_\_\_\_\_

#### Food Service

Does this facility prepare and serve food?  Yes  No (If no, skip this section.)

- On average, how many meals are prepared each day? \_\_\_\_\_
- Does the kitchen have a food grinder (disposal)?  No  Yes
- Does the kitchen have a grease trap?  No  Yes:  Indoors  Outdoors Volume (gallons) \_\_\_\_\_
  - Who cleans out the grease trap? \_\_\_\_\_
  - How often is it cleaned? \_\_\_\_\_
  - How is the grease disposed of? \_\_\_\_\_

#### Transportation

Does this facility provide transportation for residents/clients?  Yes  No (If no, skip this section.)

- How many vehicles does the facility have? \_\_\_\_\_
- Are the vehicles serviced on site?  No  Yes
- Where are the vehicles washed?  on site  at a car wash
- Does the facility have an oil/water separator?  No  Yes
  - Who pumps out the oil/water separator? \_\_\_\_\_
  - How often is it pumped? \_\_\_\_\_

#### Laundry

Does this facility have laundry facilities?  Yes  No (If no, skip this section.)

- On average, how much laundry is washed per week? \_\_\_\_\_  pounds  loads
- Is dry cleaning performed on site?  No  Yes
- What type of treatment does laundry wastewater receive before being discharged to the sewer?

Oil/water separator or grease trap:  Yes  No Type \_\_\_\_\_

Filtration:  Yes  No Type \_\_\_\_\_

pH adjustment:  Yes  No Type \_\_\_\_\_

#### Waste Management

- How are unused medications disposed of? \_\_\_\_\_
- Are residents or clients educated to not put unused medications down the sink or toilet?  Yes  No
- Are residents or clients educated to not flush "disposable" wipes?  Yes  No
- What, if anything, except human waste and toilet paper is flushed down the toilet? \_\_\_\_\_

Please list chemicals used or stored on the premises in quantities greater than 5 gallons or 10 pounds if dry. Indicate how they are stored and disposed of. Please 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

**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 _____	<input type="checkbox"/> Goes to sewer
Stored: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	Secondary Containment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____	

Chemical _____	Number of Containers _____	Container Volume _____	<input type="checkbox"/> Goes to sewer
Stored: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	Secondary Containment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____	

Chemical _____	Number of Containers _____	Container Volume _____	<input type="checkbox"/> Goes to sewer
Stored: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	Secondary Containment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____	

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

Waste water from this facility goes to the following: *(check all that apply)*

- Sanitary Sewer  Storm Sewer  Ground(drain fields, wet well)  Waste Haulers  Evaporation
- Other means of disposal - Please list: \_\_\_\_\_.

**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?

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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**