**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 survey 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:** __________________________
    - None

### 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, acetone, MEK, alcohol
- 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.**

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Number of Containers</th>
<th>Container Volume</th>
<th>Goes to sewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stored:</td>
<td>□ Indoors □ Outdoors □ Covered □ Uncovered</td>
<td>Secondary Containment? □ Yes □ No</td>
<td>Type ___________________________</td>
</tr>
</tbody>
</table>

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 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, 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