Environmental Survey
Wastewater Generating Characteristics

Warrenton Wastewater Treatment System, 45 SW 2nd Street/ PO Box 250 Warrenton Or 97146

Please complete in full either type or print clearly. The signing official must have authorization to provide such information on behalf of the company, corporation or partnership. **For assistance, call the Pretreatment Program staff, Monday-Friday from 7:00 AM to 3:30 PM at (503) 861.0912**

General Information

1. Company Name:

2. Parent Company or Owning Entity:

3. Facility Street Address:

4. City, State, Zip:

5. Mailing Address (if different):

6. City, State, Zip:

7. Contact Name: _____ Title:

8. Phone Number: ( ) _____ 9. Fax Number: ( )

10. Property Owner: _____ 11. Contact: _____
                                        (if Property Owner is a company)

12. Phone Number: ( ) _____ 13. Fax Number: ( )

13. Describe the type of business activity conducted at this site. Include primary products or services:

14. North America Industry Classification System (NAICS) Code(s):
    (Please refer to: http://www.census.gov/epcd/www/naics.html), *or*

15. Standard Industrial Classification (SIC) Code(s):
    (Please refer to: http://www.osha.gov/pls/imis/sicsearch.html)

16. Is your business: ☐ New to Warrenton   ☐ Relocating   ☐ Remaining in same location

    Starting date for new business or at new location:

17. Is the building: ☐ Being Constructed   ☐ Being Remodeled (skip to question 20)

18. If you are constructing a new building, will it be connected to the public sewer system?   ☐ Yes   ☐ No

19. Completion date(s) of newly constructed building(s) at this site (if known): _____ (skip to question 23)

20. If remodeling or expanding, is the building presently connected to the public sewer system?   ☐ Yes   ☐ No

21. If yes, city account number :

22. If remodeling or expanding, please describe project:

23. Will you or are you planning to change your business process? (increasing size or production) ☐ Yes   ☐ No

24. Average number of employees per shift: Day: _____ Swing: _____ Graveyard: _____ Total: _____

25. Normal operating schedule: Actual times: _____ Hours/Day: _____ Days/Week: _____

Waste Discharge

26. Water Consumption: Estimate _____/mo *or* Actual _____/mo

27. Do you or will you discharge wastewater other than domestic waste (restrooms, lunchrooms, etc.) ☐ Yes ☐ No
If no, skip to question 31.

   If yes, the discharge goes to the: ☐ Sanitary sewer   ☐ Storm drain   ☐ Onsite disposal system
   (e.g. drainfield, drywell, septic tank)

28. Identify processes that generate wastes, and the type of wastes generated (e.g. equipment or floor washing, cooling, metal finishing, x-ray/photo waste, utility blowdown, etc.). Attach additional sheet(s) if needed.

   _____

   _____

29. List types and concentration of pollutants in your nondomestic waste discharge (if known). Attach additional sheet(s) if needed:

   _____

   _____

30. If onsite disposal is performed, describe the onsite disposal system. Include the content removal frequency, the removal agency, and the ultimate disposal location. Attach additional sheet(s) if needed.

   _____

   _____

31. Do you or will you use oils, fats, or grease (cooking or petroleum) in your business?   ☐ Yes   ☐ No

32. Check any of the following device(s) that are or will be installed (check all that apply). If none, skip to question 35:

   ☐ Amalgam separator   ☐ Hair trap   ☐ Sediment trap

   ☐ Amalgam trap   ☐ Lint trap   ☐ Silver recoverer

   ☐ Grease interceptor, outside ☐ Oil/water separator   ☐ pH neutralizer

   ☐ Grease trap, under sink   ☐ Other (please list): _____

33. What is your normal frequency of cleaning the trap or separator? _____

34. Where do you dispose of materials removed from your trap or separator during cleaning?_____

   _____

35. Have you ever been issued a local, state, or federal environmental permit?   ☐ Yes   ☐ No

   If yes, list the permit(s): _____

36. Identify the chemicals used at this site (e.g. acids, caustics, detergents, metal salts, solvents, etc.). Attach a list on a separate sheet of paper if necessary:

   _____

   _____

37. Is there or will there be, any substance discharged in the wastewater, which, if otherwise   ☐ Yes   ☐ No
disposed of, would be considered a hazardous waste under Resource Conservation
Recovery Act (RCRA) requirements? (40 CFR 261)

   If yes, list these substances: _____

   _____

38. If you have processing or chemical storage area, do you or will you have floor drains?   ☐ Yes   ☐ No   ☐ N/A

39. Is there or will there be, any liquid/gaseous waste or sludge generated but not discharged to the public sewer system? If no, skip to question 40. If yes, complete the following: ☐ Yes ☐ No

    Estimated gallons or pounds per year: _____

    These wastes may be described as: _____

    Describe the method(s) of storage or disposal for the wastes described above, including names of waste haulers:

    _____

    _____

40. Do you or will you have chemical storage containers, tanks, bins, or ponds at your facility? (e.g. hot tank, plating booth, rinse tank, stripping tank). If no, skip to question 41. ☐ Yes ☐ No

    If yes, attach a description of their location, contents, size, type, and frequency and method of cleaning. Indicate if buried metal containers have cathodic protection.

    If you have a chemical storage container, tank, bin, pond, or floor drain, an accidental spill could discharge to:

    ☐ Onsite disposal system   ☐ Storm drain

    ☐ Ground surface   ☐ Public sewer system (e.g. through a floor drain)

    ☐ Other - Specify: _____

41. Do you or will you have a cooling water discharge?   ☐ Yes   ☐ No (skip to question 42)

    If yes, cooling water is discharge to: ☐ Sanitary sewer   ☐ Storm drain   Volume: _____

    If yes, is or will the discharge be chemically treated?   ☐ Yes   ☐ No

42. Do you or will you have a boiler blowdown discharge?   ☐ Yes   ☐ No (skip to next section)

    If yes, boiler blowdown is discharge to: ☐ Sanitary sewer   ☐ Storm drain   Volume: ____

    If yes, is or will the discharge be chemically treated?   ☐ Yes   ☐ No

Signature Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____   _____
Printed Name   Title

_____   _____   (_____)_____
Signature   Date   Phone

FOR CITY USE ONLY -- Significant Industrial User Evaluation

Industry subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Sub Chapter N	☐ Yes	☐ No
Discharges an average of 25,000 GPD or more of process wastewater to the POTW	☐ Yes	☐ No
Contributes a process waste stream, which makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plan	☐ Yes	☐ No
The IU has a reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement (additional information attached)	☐ Yes	☐ No
Non-Significant Industrial User	☐ Yes	☐ No

Comments: _____

By: _____   Title: _____   Date: _____