



# Environmental Survey

## Wastewater Generating Characteristics

Wastewater Services Division, 3500 NE Clearwater Drive, McMinnville, Oregon 97128 ♦ (503) 434-7313 ♦ Fax: (503) 434-7438

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 8:00 AM to 4:30 PM at (503) 434-7313.**

### 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 McMinnville  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, sewer account number ("Customer Number" on Water & Light billing statement): \_\_\_\_\_
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 (refer to Water & Light billing statement): Estimate \_\_\_\_\_/mo or Actual \_\_\_\_\_/mo
27. Do you or will you discharge wastewater containing commercial/industrial waste (other than restrooms, lunchrooms, etc.) If no, skip to question 31.  Yes  No
- 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 commercial/industrial 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:
- |                                                      |                                                     |                                           |
|------------------------------------------------------|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Amalgam separator           | <input type="checkbox"/> Hair trap                  | <input type="checkbox"/> Sediment trap    |
| <input type="checkbox"/> Amalgam trap                | <input type="checkbox"/> Lint trap                  | <input type="checkbox"/> Silver recoverer |
| <input type="checkbox"/> Grease interceptor, outside | <input type="checkbox"/> Oil/water separator        | <input type="checkbox"/> pH neutralizer   |
| <input type="checkbox"/> Grease trap, under sink     | <input type="checkbox"/> 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 disposed of, would be considered a hazardous waste under Resource Conservation Recovery Act (RCRA) requirements? (40 CFR 261)  Yes  No
- 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

Comments: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_