



Public Works Department  
Wastewater Division

**City of Post Falls  
Wastewater Survey for Nonresidential Establishments and  
Application for Wastewater Discharge Permit**

**I. GENERAL INFORMATION DATA**

Date \_\_\_\_\_

1. Facility Name:							
2. Company Name:							
3. Mailing Address:							
City:		State:		Zip:			
Name of Representative completing this form:							
Title:							
Phone number:							
4. Facility Address:							
City:		State:		Zip:			
5. Local Contact Person:							
Title:		Phone number:					
6. Primary Business Activity:					7. SIC:		
8. Local, State and/or Federal environmental permits held:							
9. Provide a brief narrative description of the manufacturing, production or service activities your firm conducts.							
Number of employees:							
Normal operating schedule:							
Hours / Day: _____							
Days / week: _____							

**II. SEWER INFORMATION**

1. Existing Business Information

Is the building presently connected to the public sanitary sewer system?  
 \_\_\_\_ Yes: Sanitary sewer account number \_\_\_\_\_  
 \_\_\_\_ No:

Have you applied for a sanitary sewer hook up? \_\_\_\_ Yes \_\_\_\_ No

2. New Business Information

Will you be occupying an existing vacant building (such as in an industrial park)?  
 \_\_\_\_ Yes \_\_\_\_ No

Have you applied for a building permit if a new facility will be constructed?  
 \_\_\_\_ Yes \_\_\_\_ No

Will you be connected to the public sanitary sewer system?  
 \_\_\_\_ Yes \_\_\_\_ No

3. Estimated gallons water used per day.

	Average Gallons Per Day	Estimated	Measured
Domestic Waste (restrooms, showers, etc)			

4. Do you or will you use fats, oil, and greases in your business? \_\_\_\_Yes \_\_\_\_No

Will there be or is there a grease trap or oil-water separator present? \_\_\_\_Yes \_\_\_\_No

5. Do you or will you use chemicals in your business? \_\_\_\_Yes \_\_\_\_No  
 If "yes" what are these chemicals? (attach additional sheets or MSDS's as needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are chemicals stored on site? \_\_\_\_ Yes \_\_\_\_ No

6. Are there floor drains present at your facility? \_\_\_\_Yes \_\_\_\_No

7. Does your facility have an Accidental Spill Prevention Plan (ASPP)?

\_\_\_\_ Yes \_\_\_\_ No

**III. DOMESTIC OR INDUSTRIAL**

1. Is wastewater from your facility discharged from any source except restrooms and toilets?

Yes\_\_\_\_ No\_\_\_\_

2. Are any activities conducted at your facility subject to Federal Categorical regulations?

Yes\_\_\_\_ No\_\_\_\_

If you answered “no” to both the questions above, sign the bottom this page and return this form to the Industrial Pretreatment Section listed below. If you answered “yes” to either of the questions above, Stop here and contact the City Industrial Pretreatment Section listed below. You may need a more detailed application form.

PUBLIC WORKS DEPARTMENT  
WASTEWATER DIVISION  
2002 WEST SELTICE WAY  
POST FALLS, IDAHO 83854  
208-777-9857  
208-773-1438  
FAX: 208-773-0549

**Contact Mark Barkley, IPT Coordinator at 208-457-3381 with any questions you may have regarding this questionnaire.**

**Certification Statement**

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title