



## Autobody Shop Wastewater Survey



Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Does this business have a connection to the City of Post Falls sewer system?     Yes     No  
 Contact Person: \_\_\_\_\_  
*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)*

### Operation Description

**Does this facility have floor drains in the work area:**     Yes     No    If yes, How many? \_\_\_\_\_  
**Average number of vehicles per day:** \_\_\_\_\_  
**Days/Hours of Operation:** \_\_\_\_\_

### Water Use

**Are vehicles washed at this facility?**     Yes     No  
 If Yes, What is washed at this facility? (Check all that apply.)  
 Passenger Cars     Semi Trucks     Large Equipment     Vehicle Undercarriages     Engines  
**Where are vehicles washed?**     Inside     Outside     Covered     Uncovered  
**Wastewater from this facility goes to the following:** (check all that apply)  
 Sanitary Sewer     Storm Water     Ground (drain fields, wet well)     Waste Haulers  
 Evaporation     Other means of disposal: \_\_\_\_\_

**Does process water from this facility undergo any treatment prior to discharge into sanitary sewer?**  
 Oil/water separator:     Yes     No    Type/size: \_\_\_\_\_  
 How often is it pumped out and cleaned?     Weekly     Monthly     Quarterly     Bi-annually     Annually  
 Sand trap/settling tank     Yes     No    Type: \_\_\_\_\_  
 Filtration:     Yes     No    Type: \_\_\_\_\_  
 pH adjustment:     Yes     No  
 Other:     Yes     No

### Sanding

Sanding is done:     Inside     Outside     With vacuum dust control     Without vacuum  
 Is a settling unit used to separate wet sanding dust from water prior to disposal?     Yes     No  
 How often is the floor swept in sanding area? \_\_\_\_\_  
 Is mop water treated to remove sanding dust prior to disposal?     Yes     No

**Chemical Use and Storage**

Please provide information on all chemicals (soaps, soaks, brighteners, sealants, etc.) kept in stock.

Attach a separate page if necessary.

Product	Brand Used	Amount kept in stock?		How is the product stored?				Do containers have secondary containment for leaks or spills?
		Number of Containers	Size of Containers	Inside	Outside	Covered	Uncovered	

**Certification Statement**

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of wastewater discharge shall 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. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit. This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the 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 of Official

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Official Title

Please Return to:

Post Falls Water Reclamation Facility  
 Attn: Pretreatment Program  
 408 N. Spokane St  
 Post Falls, ID 83854  
 (208) 773-1438  
[pretreatment@postfalls.gov](mailto:pretreatment@postfalls.gov)