

NON-RESIDENTIAL ESTABLISHMENTS WASTEWATER SURVEY

1. Company Name: _____ 2. Telephone Number: _____

3. Mailing Address: _____ 4. Facility Address: _____

5. Email Address: _____

6. Does this Company have a facility connected to the sewer system? Yes No
If "YES", continue form. If "NO", Proceed to #17, get authorized signature and return survey to City Pretreatment Program)

7. Name of Contact: _____
(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)

8. Primary type of business: _____

Description of processes, products, services: _____

9. Does this facility have floor drains in the production or process area? Yes No

10. This facility uses water from the following sources: (check all that apply)
 Reclaimed Water Public Water Private Well Surface Water

11. This facility uses water for the following purposes:

- Domestic uses (restrooms, showers, kitchens, laundry rooms)
- Boilers, noncontact cooling water, or other unpolluted waste waters
- Non-Domestic activities (describe the activities):

Estimated Gallons per Day

12. Wastewater from this facility goes to the following: (check all that apply)

- Sanitary Sewer Storm Sewer Ground (drain fields, wet well) Open Waters Waste Haulers Evaporation
- Other means of disposal - Please list: _____

13. Does process water from this facility undergo any treatment prior to discharge into sanitary sewer?

- Oil/water separator or grease trap: Type _____
- Filtration: Type _____
- pH adjustment: Type _____
- Other: Type _____

14. Materials, products, equipment, or wastes (are are not) stored in uncovered areas.

15. Vehicles and/or equipment are washed at this facility: Yes No

If "Yes", wash water goes to: _____

16. List any chemicals used or stored on the premises, indicate how they are stored and whether any of the material is discharged to the sewer. Chemicals of interest include:

- Solvents such as benzene, paint thinner, and acetone
- 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

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

• Chemical: _____ Number of Containers _____ Container Volume _____

Storage site: Indoors or Outdoors Covered or Uncovered Near a floor drain? Yes No

Secondary Containment? Yes No Type _____ Does any go down the drain? Yes No

***** If necessary, please continue listing chemicals on a separate piece of paper. *****

17. Authorized signature; sign and date and return to below address.

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 understand the responsibility to immediately contact The City of Post Falls Pretreatment Program if any significant changes in any processes are anticipated and that failure to immediately contact The City of Post Falls Pretreatment Program could result in fines and/or imprisonment. 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? _____

Please return survey to: City of Post Falls Pretreatment Program – Water Reclamation Facility
 408 N. Spokane St. * Post Falls, ID 83854 * (208) 773-1438 * pretreatment@postfalls.gov