



Short Form – Survey of Nonresidential Establishments

1. Company Name: _____ 2. Telephone Number: _____
3. Full Mailing Address of Business Offices: _____

4. Facility Address: _____
(if different) _____
5. Name of environmental contact: _____ Phone No: _____
(Person empowered by the authorized representative to represent the Company in dealings with the City, or responsible for the proper completion of this survey form.)
6. Primary type of Business: _____
Narrative description of the types of operations conducted. (Please identify all activities from which wastewater is produced.)

7. This facility uses _____ gallons/day of water from: Reclaimed Water Public Water Supply
 Private Well Surface Water (give a breakdown if more than one source applies)
8. This estimated amount of water is used for the following purposes (in Gallons per Day, GPD) is:
 Non-Commercial Domestic Uses _____ GPD
 Boilers, Cooling, or other Unpolluted Waste Waters _____ GPD
 Non-Domestic Activities (not from domestic use of restrooms, showers, kitchens, or laundry rooms)
(describe the activity) _____ GPD
9. Waste water from this facility goes to the Sanitary sewer Storm sewer Ground (drain field, wetwell) Open waters, rivers Waste haulers Evaporation Other means of disposal: (Check all that apply)
10. Storm water from this facility goes to: (list all discharge methods used) _____

11. Chemicals are used and/or stored on the premises: in drums only in smaller containers no chemicals
12. The facility (does, does not) generate dangerous waste: (Generator WAD# (if assigned)): _____)
13. Materials, chemicals, products, equipment, or wastes (are are not) stored in outside areas.
14. The facility (does does not) have an oil-water separator.
15. Vehicles or equipment (are are not) washed at the premises (if so, wash water goes to _____)
16. Chemicals and/or waste materials generated by this business are recycled or disposed of by _____
17. Some of the chemicals and/or waste materials, used or generated, go to the sewer. Yes _____ No _____
18. If the previous answer was yes, what materials and/or chemicals reach the sewer and in what volumes? _____

If your facility conducts activities or employs processes which fall into any of the below categories, place a check beside the category or business activity (check all that apply).

Industrial Category

- _____ Aluminum Forming
- _____ Asbestos Manufacturing
- _____ Battery Manufacturing
- _____ Builder's Paper and Board Mills
- _____ Carbon Black Manufacturing
- _____ Centralized Waste Treatment
- _____ Coil Coating and Canmaking
- _____ Copper Forming
- _____ Electrical and Electronic Components
- _____ Electroplating
- _____ Feedlots
- _____ Ferroally Manufacturing
- _____ Fertilizer Manufacturing
- _____ Glass Manufacturing
- _____ Grain Mills
- _____ Ink Formulation
- _____ Industrial Laundries
- _____ Inorganic Chemicals
- _____ Iron and Steel Manufacturing
- _____ Landfills and Incinerators
- _____ Leather Tanning and Finishing
- _____ Metal Finishing
- _____ Metal Molding and Casting
- _____ Metal Products & Machinery Phase 1
- _____ Metal Products & Machinery Phase 2
- _____ Nonferrous Metals Forming and Metal Powders
- _____ Nonferrous Metals Manufacturing
- _____ Organic Chemicals, Plastics, & Synthetic Fibers
- _____ Paint Formulation
- _____ Paving and Roofing Materials
- _____ Pesticide Formulation, Packaging, & Repackaging
- _____ Petroleum Refining
- _____ Pharmaceutical Manufacturing
- _____ Porcelain Enameling
- _____ Pulp, Paper, and Paperboard
- _____ Rubber Manufacturing
- _____ Soap and Detergent Manufacturing
- _____ Steam Electric Power Generating
- _____ Sugar Processing
- _____ Timber Products Processing
- _____ Transportation Equipment Cleaning

OTHER TYPICALLY SIGNIFICANT NON-CATEGORICAL BUSINESS ACTIVITIES:

- _____ Dairy Products
- _____ Slaughter / Meat Packing / Rendering
- _____ Food / Edible Products Processor including
- _____ Beverage Bottling or Brewery

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 Authorized Representative* _____ Date: _____

Name: _____ Phone Number: _____

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref: 40 CFR part 403.12(1))

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.

Please mail completed form no later than April 10, 2015 to:

**City of Mount Vernon
Wastewater Utility
P.O. Box 801
Mount Vernon, WA 98273
Attn. Industrial User Survey**