



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. Wastewater 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

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

OTHER TYPICALLY SIGNIFICANT NON-CATEGORICAL BUSINESS ACTIVITIES:

- | | |
|---|---|
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Food / Edible Products Processor including |
| <input type="checkbox"/> Slaughter / Meat Packing / Rendering | <input type="checkbox"/> 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 June 7, 2021, to:

Attn. Industrial User Survey
City of Mount Vernon,
Public Works Dept.
1024 Cleveland Avenue
Mount Vernon, WA 98273