

# SHORT FORM SURVEY of NONRESIDENTIAL ESTABLISHMENTS

1. Company Name: \_\_\_\_\_ 2. Telephone Number: ( ) \_\_\_\_\_  
 3. Mailing Address: \_\_\_\_\_ 4. Facility Address: \_\_\_\_\_  
 \_\_\_\_\_ (If different) \_\_\_\_\_  
 \_\_\_\_\_

5. Does this Company have a facility located In Spokane County, Washington?  Yes  No  
*(If "NO", Get Authorized Signature Below, Stop Here, and Return Form In Envelope Provided)*

6. Name of environmental contact person: \_\_\_\_\_ Phone no. \_\_\_\_\_  
*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)*

7. Primary type of business: \_\_\_\_\_  
 Narrative description of the type of operations conducted. Please identify all activities from which waste water is generated.

\_\_\_\_\_ SIC or NAICS Code(s) assigned if known: \_\_\_\_\_

8. This facility uses water (gallons per day) from the following sources: *(check all that apply)*  
 Public Water \_\_\_\_\_ GPD  Private Well \_\_\_\_\_ GPD  Reclaimed Water \_\_\_\_\_ GPD  Surface Water \_\_\_\_\_ GPD

9. This estimated amount of water (in Gallons per Day) used for the following purposes is:  
 Domestic uses *(restrooms, showers, kitchens, laundry rooms)*..... \_\_\_\_\_ GPD  
 Boilers, cooling, or other unpolluted waste waters ..... \_\_\_\_\_ GPD  
 Non-Domestic activities *(describe the activities):*  
 \_\_\_\_\_ GPD  
 \_\_\_\_\_ GPD  
 \_\_\_\_\_ GPD

10. Waste water 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: \_\_\_\_\_

11. Chemicals are used and/or stored on the premises:  In Drums  Only In Small Containers  No Chemicals

12. This facility ( does,  does not) generate dangerous waste (WAC 173-303-090) (If Assigned, WAD# \_\_\_\_\_)

13. Materials, chemicals, products, equipment, or wastes ( are;  are not) stored in uncovered areas.

14. This facility ( does,  does not) have a grease interceptor or an oil/water separator.

15. Vehicles and/or equipment ( are,  are not) washed at this facility. If so, wash water goes to: \_\_\_\_\_

***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 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))

**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.

**Internal Use:** Form sent on \_\_\_\_\_ Received on \_\_\_\_\_ LF Required  Yes  No