

City of Grants Pass Sanitary Sewer Use Survey

- 1 Company Name: _____
- 2 Facility Address: _____
- 3 Mailing Address (if different from above): _____
- 4 Name of Authorized Representative Completing this Form: _____
 - a. Title: _____
 - b. Phone: _____
 - c. Email: _____
- 5 Check all that Apply: Retail ____ Food Establishment ____ Auto Shop/Repair/Detailing ____
Manufacturing ____ Photo Processing ____ Salvage Operations ____ Fuel Dispensing ____
Medical/Veterinarian ____ Dentistry/Orthodontics ____ Screen Printing ____
Other _____
- 6 Is this building presently connected to the public sewer system? Yes ____ No ____
 - a. If not, have you applied for a sewer connection? Yes ____ No ____
 - b. Estimated Date of Connection? ____/____/____
- 7 Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS)
Number(s): _____ *Refer to: (<https://www.naics.com>)*
- 8 Briefly Describe nature of the business: _____

- 9 Approximate number of employees: Full time: _____ Part time: _____
- 10 Do you or will you be discharging any fats, oils and/or grease to the public sewers? Yes ____ No ____
 - a. If yes, which type of device do you use? (Check any that apply)
Oil Water Separator ____ Grease Trap ____ Sand/Sediment Trap ____
Other (please describe) _____
 - b. What is the normal frequency of cleaning these devices? _____

- 11 Do you have chemical above or underground storage containers, bins at your facility? Yes ____ No ____
 - a. If yes, list chemicals (attach separate pages as necessary):

- 12 Do you have any local, state, or federal environmental control permits? Yes ____ No ____
 - a. If yes, please list _____

13 Do you have any floor drains in your manufacturing or storage area connected to the public sewers?

Yes _____ No _____

a. If yes, is this potential for an accidental spill of chemicals able to reach this location?

14 Wastewater discharge (circle/fill in correct answers):

<u>Frequency</u>		<u>Type</u>	<u>Estimated Quantity (gallons/day)</u>
a	Periodic	a Domestic	_____
b	Weekday Only	b Industrial	_____
c	None	c Combined	_____
d	Other (comment below)	d Floor drain/wash down	_____
	_____	e Cooling Water	_____
	_____	f Other: _____	_____
	_____	g Total	_____

15. Wastewater Characteristics (other than domestic), circle all that apply:

- a. Acids
 - b. Alkaline
 - c. Metallic
 - d. Toxic organics
 - e. Color dyes
 - f. Oil and grease
 - g. Hot water _____degrees
 - h. Amalgam
 - i. Soaps/Detergents
- Others (describe): _____

16. Describe any pretreatment facilities or practices used to remove pollutants or protect the City sewer (other than fats, oils and grease devices listed in question 10):

STORMWATER MANAGEMENT

1. Indicate which of the following drains to a storm sewer system:

Parking lot run-off _____ Floor drains _____ Roof drains _____ Other _____

2. Does stormwater come into contact with any material handling activities or equipment, raw materials, intermediate products, by-products, waste materials, or industrial machinery at this facility?

Yes _____ No _____

a. If yes, briefly describe the activities: _____

3. Check all that apply:

a. Equipment or vehicles used on site. Indicate the number in use: Forklifts ____ Trucks ____
Tractors ____ Cranes ____ Other (specify) _____

b. Equipment or vehicle cleaning: On-site ____ Cleaned by facility staff ____ Off-site ____
Mobile cleaning service ____ Other _____

c. Wash water discharge: Sanitary sewer ____ Storm sewer ____ Taken off-site ____
100% recycled ____ Other _____

4. Does this facility have an oil/water separator or a grease trap on the discharge line? Yes ____ No ____

a. If yes, does the oil/water separator or grease trap discharge to: Sanitary sewer ____
Storm sewer ____ Don't know ____

5. Check all that apply:

a. Equipment or vehicles serviced on site. Indicate the number serviced:

Forklifts ____ Trucks ____ Tractors ____ Cranes ____

Other (specify) _____

b. Mobile services used? Yes ____ No ____

c. Where are services performed: Inside ____ Outside ____

d. Describe how you dispose of used oil, steam cleaning waste, antifreeze, or other wastes:

6. Do you have ongoing groundwater remediation on site? Yes ____ No ____

a. If yes, remediated groundwater is discharged to: Sanitary sewer ____ Storm sewer ____
Don't know ____ Other _____

Comments: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. [40 CFR 403.6(a)(2)(ii)]

Name (please print) _____ Title _____

Signature _____ Date _____