

Three Rivers Regional Wastewater Authority Wastewater Discharge Survey

Business Name:			<i>For Office</i>	<i>Use Only</i>
Facility Address:			Eng No.:	_____
Mailing Address:			Possible Classified?	Y N
<i>(if different)</i>			WRP Staff:	_____
Name of Contact:			Date IP App	_____
Title:			IP Staff Assign	_____
E-mail:			sent:	_____
Phone:	_____	Fax:	due:	_____
			signed:	_____
			Comments:	

Nature of business:	<i>(Briefly describe your business AND any activities that produce wastewater.)</i>

Please answer each of the following questions:

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is this business or facility connected to the city's sanitary sewers? <i>(Are there toilets, sinks or drains in the facility connected to city sewer system?)</i>			
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business or facility discharge ANYTHING OTHER THAN domestic - toilet and sink - wastewater to city sanitary sewers? <i>(Will process industrial or commercial wastewater be sent to floor drains, batch or process drains, and then discharged to the city sanitary sewers?)</i> <i>If yes, please check one of the following estimates (Show below in gallons per day.)</i>			
			Estimated process wastewater discharge from units on Utility Bill, provide description of the units on the bill: _____			
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business have shop or facility floor drains, other than those in restrooms?			
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business store chemicals or petroleum products in containers of more than 5 gallons? <i>If yes, provide MSDS information below on materials stored (Attach and use extra page if needed.)</i>			
	Chemical or Active Ingredient	Brand Name	Purpose	Container Size, gallons	Estimated Amounts On Site Avg. gallons Max. gallons	
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this facility perform on-site vehicle maintenance or vehicle/equipment washing?			

Please fax the completed signed form to (360) 577-2041 or mail to Three Rivers Regional Wastewater Authority, Attn: Pretreatment, 207 Fourth Avenue N., Kelso WA 98626. If you have questions or need help completing this form, contact the Three Rivers Regional Wastewater Plant Superintendent at 360-577-2040.

CERTIFICATION STATEMENT:

I certify that the information submitted is, to the best of my knowledge and belief, true and accurate.

Signature

Date

Printed Name

Title