Print Form

WASTEWATER SURVEY QUESTIONNAIRE
CITY OF WALLA WALLA, WASHINGTON

1. Business Name & Address: _____
_____
Telephone: _____ Fax: _____
E-mail: _____

2. Facility Address: _____
If same as above, check
Telephone: _____
If same as above, check

3. Contact Person: _____ Title: _____
Telephone: _____ Fax: _____
E-mail: _____

4. Type of Business Please check all that apply to activities at your place of business.

☐ Retail – describe type (to the right): _____

☐ Small Office – describe type (to the right): _____

If you checked either Retail or Small Office for your business type and none of the descriptions below apply to your business, please answer Questions 5 &6, and skip all other questions. Please be sure to sign and date this form prior to returning it.

☐ Motels/Hotels/Clubs
Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease

☐ Schools/Colleges/Universities
Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease

☐ Laboratory – Pharmacies
Schools/Colleges/Universities
Concern is hazardous materials, disposal of chemicals, and potential for spills

☐ Laboratory – Commercial &
Concern is hazardous materials, disposal of chemicals, and potential for spills

☐ Hospitals

☐ Dental Clinics

☐ Doctor's Clinics

☐ Photo Shops
Concern is with silver recovery

☐ Restaurants
Concern is efficiency of kitchen grease traps, frequency of clean Out, disposal of grease

☐ Barrel Reclaimers

☐ Print & Photo Copy
Concern is hazardous materials, disposal of chemicals, and potential for spills

☐ Arts & Crafts Shops
Concern is with paints & glazes (ceramic & other)

☐ Garages/Full Service Gas Stations
Concern is flushing of antifreeze contaminated with metals

☐ Radiator Shops
Concern is flushing of antifreeze contaminated with metals

☐ Paint & Body Shops
Concern is hazardous materials, disposal of chemicals, and potential for spills

☐ Transportation Facilities
Concern is improper disposal of waste oils and inefficient grit traps

☐ Industrial/Commercial Laundries

☐ Waste Haulers

☐ Winery

☐ Other – Describe principal activities or the nature of processes at the facility in the space provided below

_____
_____

5. Number of Employees: _____
6. Operating Schedule: hrs/day _____ days/week _____
7 Standard Industrial Classification code Number(s) and Classification(s), (if known):

8 Average total monthly water usage in gallons (month water billing will usually show this) or estimated daily flow: _____
9 Is the building presently hooked to the sewer system? Yes ☐ No ☐
10 Are there floor drains present at your facility? Yes ☐ No ☐
11 Do you or will you use non-petroleum fats, oils, or greases (cooking

types of oil/grease) in your business? Yes ☐ No ☐

12 Do you or will you use petroleum oils or greases in your business? Yes ☐ No ☐

13 Is a grease trap/interceptor present? Yes ☐ No ☐

14 Is there an oil/water separator present? Yes No

15 Do you discharge any hazardous water or wastewater to the sewer? Yes ☐ No ☐

Describe any pretreatment facilities or practices used to remove pollutants or protect the sewer:

_____

_____

_____

16 Do you or will you store or use chemicals on site in excess of household quantities? Yes ☐ No ☐

17 Do you or will you have an Accidental Spill Prevention Plan (ASPP) for your business? Yes ☐ No ☐

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 ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGES 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 WILLFUL VIOLATIONS.

Signature:_____ Date: _____

Print Name:_____ Position: _____

_____

OFFICE USE ONLY

Additional Information required? _____

_____

_____

Need to schedule site visit or other follow-up? Yes ☐ No ☐

Need to send an Industrial user Permit application? Yes ☐ No ☐