

CITY OF UNION GAP

Public Works & Community Development Office
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WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: _____
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: _____
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: _____
Street (or P.O. Box): _____
City: _____ State: _____ Zip: _____
5. Emergency contact person:
Name: _____
Title: _____
Phone: () Cell: () Fax: ()
6. Standard Industrial Classification number (SIC Code):

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto ww.osha.gov and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: _____

8. Number of employees: Full-Time _____ Part-Time _____

9. Normal operating schedule: _____ hours per day _____ days per week.

10. Is the facility presently connected to the public sewer system? Yes No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes No

12. Do you, or will you, discharge oils, grease or fats into the public sewer? Yes No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. Yes No

State Permit Number: _____ Federal Permit Number: _____

14. Do you, or will you, have chemical storage other than household cleaners? Yes No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:
Public Sewer System? Yes No
Storm Drainage System? Yes No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Print Name & Title Signature Date