

**CITY OF MOSES LAKE**  
**\*\*WASTEWATER INDUSTRIAL USER SURVEY\*\***



**\*\*GENERAL INFORMATION\*\***

**(Please Print or Type)**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Official: \_\_\_\_\_ Phone: \_\_\_\_\_

(Person empowered by the authorized representative to represent the Company or responsible for proper completion of this form.)

The information contained in this questionnaire is familiar to me, and to the best of my knowledge and belief, it is true, complete and accurate.

Date: \_\_\_\_\_ Signing Official: \_\_\_\_\_

Title: \_\_\_\_\_

\* Survey must be signed as follows: Corporations, by principal executive officer of at least vice president; partnership, by general partner; sole proprietorship, by proprietor, (ref 40 CFR 403.12(1)).

**The survey cannot be accepted as complete until properly signed**

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**\*\*TYPE OF BUSINESS\*\***

Brief description of manufacturing or other business activities on premises: (Include any activities from which wastewater is produced) \_\_\_\_\_

Unified Business Identification Number (UBI No) \_\_\_\_\_

Standard Industrial Classification (SIC) Code(s)  North American Industrial Classification System (NAICS) Code(s) \_\_\_\_\_

Does your facility have an on-site electrical generating facility?  Yes  No

Do you wash equipment or vehicles at the premises?  Yes  No

If so, wash water goes to \_\_\_\_\_

Do you store or handle any hazardous waste?  Yes  No

Do you have a Spill Prevention, Containment and Counter Measure (SPCC) plan for the spill of petroleum or other material?  Yes  No

Do you discharge oils, grease, or fats to the public sewer?  Yes  No

Do you have an oil/water separator?  Yes  No

Is an inspection and sampling manhole or structure available on-site?  Yes  No

**\*\*PRODUCTION OPERATION\*\***

Average number of employees per shift: \_\_\_\_\_  
1<sup>st</sup>                      2<sup>nd</sup>                      3<sup>rd</sup>

Is production seasonal? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Explain production schedule(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*SOLID WASTE AND REFUSE\*\***

Does your facility reprocess, recycle, or use chemicals, sludge or other materials discarded from some other industrial process?  Yes  No

If Yes: Identify materials and quantities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If necessary, attach a separate sheet with additional information)

How are solid wastes stored until they are removed from the property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*WATER SUPPLY\*\***

Water Sources:

Source	Quantity
_____	_____ Est. gallon per day
_____	_____ Est. gallon per day

**\*\*WASTEWATER DISPOSAL\*\***

Wastewater Description:

Number of Sewer Connections \_\_\_\_\_

Type of Process Discharge:

Domestic Uses	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
Non-Contact Cooling water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
Boiler or Cooling Tower	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
Contact Cooling Water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

**\*\*WASTEWATER DISPOSAL\*\***

Process Water \_\_\_\_\_  estimate  measured  
Equipment or Facility Wash Water \_\_\_\_\_  estimate  measured  
Air Pollution Control Unit \_\_\_\_\_  estimate  measured  
Storm water Runoff to Sewer \_\_\_\_\_  estimate  measured  
Other: \_\_\_\_\_  estimate  measured

Is the wastewater discharge Continuous \_\_\_\_\_ ? If continuous, approximate discharge rate \_\_\_\_\_ gpm

Is the wastewater discharge Batch \_\_\_\_\_ ? If batch, number of batches in 24 hours \_\_\_\_\_ Gallons discharged per batch \_\_\_\_\_ gpm

Wastewater generated is disposed of in the following ways:

	Gallons/day		
Sanitary sewer system	_____	<input type="checkbox"/> estimate <input type="checkbox"/>	measured
Evaporation lagoon or pond	_____	<input type="checkbox"/> estimate <input type="checkbox"/>	measured
Storm sewers	_____	<input type="checkbox"/> estimate <input type="checkbox"/>	measured
Drain fields or dry wells	_____	<input type="checkbox"/> estimate <input type="checkbox"/>	measured
Waste haulers	_____	<input type="checkbox"/> estimate <input type="checkbox"/>	measured
Irrigation	_____	<input type="checkbox"/> estimate <input type="checkbox"/>	measured
Surface waterway	_____	<input type="checkbox"/> estimate <input type="checkbox"/>	measured

(Name of waterway) \_\_\_\_\_

None of the above. Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any wastewater treatment equipment or process in use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chemicals (scientific or brand names) used in building cleanup and maintenance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_(If necessary, attach a separate sheet with additional information)

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.

You may mail the survey back or drop it off at the engineering counter at Civic Center Annex (321 S. Balsam).

Mail the above information to:

City of Moses Lake

P.O. Box 1579

Moses Lake, WA 98837

Attn: Tony Pfluger

Wastewater Division Supervisor

Phone (509) 764-3951