



# Environmental Survey

This form is a requirement of all commercial and industrial users, as a condition of initial and continued wastewater discharge, per Alliance Regulations Section 4.A. If you have questions on completing this form, please contact the Alliance Industrial Pretreatment Program at 360-993-8833. **Please fax the signed form to 360-750-7570 or mail to PO Box 8979, Vancouver, WA 98668.**

**Business Name:** \_\_\_\_\_

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

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

**Facility Contact:** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Nature of business:** (Briefly describe your business AND any activities that produce wastewater.)

  
  
  

**Please answer each of the following questions:**

<b>1.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business or facility discharge ANYTHING OTHER THAN domestic (toilet and sink) wastewater to the sanitary sewers? ( <i>Will process industrial or commercial wastewater be sent to floor drains, batch or process drains, and then discharged to the sanitary sewers?</i> ) <i>If you answered Yes, please check one of the following estimates (in gallons per day).</i> Estimated process wastewater discharges: <input type="checkbox"/> 0-99 <input type="checkbox"/> 100-999 <input type="checkbox"/> 1000-3999 <input type="checkbox"/> >4000 GPD				
<b>2.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business have shop or facility floor drains (other than those in restrooms)?				
<b>3.</b>	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 you answered Yes, please provide information on materials stored. (Use extra sheet if needed.)</i>				
Chemical or Active Ingredient		Brand Name		Purpose	Container Size, gallons	Estimated Amounts On-site Avg., gallons      Max., gallons	
<b>4.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this facility perform vehicle maintenance or vehicle/equipment washing onsite?				
<b>5.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this facility have a grease interceptor, oil/water separator, or other pretreatment device onsite? <i>If you answered Yes, please specify device type and make/model.</i> Device type: _____      Make/Model: _____				

**CERTIFICATION STATEMENT:**

*"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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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."*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title