



**MEDFORD**  
PUBLIC WORKS

WATER RECLAMATION DIVISION

## SEWER USE INFORMATION FORM

Owners/Tenants of COMMERCIAL or INDUSTRIAL buildings connected to the sewer system shall provide the following applicable information. The information requested will be used to determine if a form of pretreatment is required for wastewater discharges to the sanitary sewer system. Attach extra sheets if necessary. Write "n/a" if a question is not applicable to your business.

1. Company Name: \_\_\_\_\_
- Facility Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
2. Contact Official Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
3. (Property or Business) Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_
4. Business Type: Manufacturing  Retail  Distributing  Other  \_\_\_\_\_  
Standard Industrial Classification number(s): \_\_\_\_\_  
North American Industry Classification System number(s): \_\_\_\_\_
5. Brief description of business activity: \_\_\_\_\_
6. Days of operation: S M T W T F S # of shifts daily: \_\_\_\_\_ # of employees: \_\_\_\_\_
7. Do you or will you discharge wastewater other than domestic sewage (Human excrement and/or gray water (i.e. household showers, dishwashing operations, etc.))? ..... Yes  No 
  - If yes, list the process(es) and/or source(s) of the wastewater discharged to sewer. \_\_\_\_\_
8. Does this business perform any of the following process(es):  
Cleaning and/or preparation of metal surfaces: ..... Yes  No   
Metal plating or finishing: ..... Yes  No   
Manufacturing of electronic parts or components: ..... Yes  No   
Photographic or x-ray development or printing with inks: ..... Yes  No   
Commercial food preparation: ..... Yes  No   
Vehicle repair: ..... Yes  No   
Washing/cleaning of equipment or vehicles: ..... Yes\*  No
- \*The equipment/vehicle cleaning wash water is:  
Discharged to the Sanitary Sewer   
Removed Off-Site  Discharged to the Storm Sewer  100% Recycled   
Other
9. What pollutants or materials are found in the process wastewater?  
Fats, Oils, Grease  Food Waste  Soaps/Detergents  Inorganic compounds  Acids   
Metal Solutions  Alkalines  Silver rich solutions  Solvents  Inks/Dyes   
Other: \_\_\_\_\_
10. List any forms of pretreatment in use (i.e. - sedimentation tanks, oil/water separators, pH adjustment, etc.): \_\_\_\_\_
11. Are there any floor drains, catch basins, sumps, sinks, or outlets connected to the sanitary sewer or storm drain system in a manufacturing, production or storage area? ..... Yes  No
12. Does stormwater come into contact with any process(es) at your facility? ..... Yes  No

13. Estimated quantity of process wastewater discharged by this business in gallons per day (gpd):

None  Less than 1,000 gpd  1,000 to 5,000 gpd  5,000 to 10,000 gpd   
10,000 to 25,000 gpd  If greater than 25,000 gpd, \_\_\_\_\_ gpd

14. Does this business use, handle or store chemicals?..... Yes  No

If "Yes", describe: \_\_\_\_\_

15. Do you use/store materials, chemicals, products, equipment, or waste materials in outside areas?

..... Yes  No

16. Do you use or store liquid chemicals in quantities of 55 gallons or more?..... Yes  No

17. Do you use or store dry chemicals in quantities of 500 pounds or more?..... Yes  No

18. Does this business generate any chemical waste?..... Yes  No

If "Yes", identify the materials, quantities, how it's disposed: \_\_\_\_\_

Name, address and telephone number of hauler(s), if used: \_\_\_\_\_

19. Are you required to report under Oregon State Fire Marshall requirements? Yes  No

20. List *approximate quantities* (gallons or lbs.) of any substance either manufactured, used, or stored:

(write "0" if none present)

- Flammable or explosive material \_\_\_\_\_
- Hazardous Waste \_\_\_\_\_
- Acid below pH 5.5 or base above pH 12.0 \_\_\_\_\_
- High temperature water (above 140°) \_\_\_\_\_
- Grease or Oil \_\_\_\_\_
- Toxic materials: pesticides, herbicides, etc. \_\_\_\_\_
- Liquid or powder metal \_\_\_\_\_
- Radioactive materials \_\_\_\_\_

21. List *any environmental control* permits for or held by the business: \_\_\_\_\_

22. Does your facility discharge any substance, which, if otherwise disposed of would be a hazardous waste as defined under 40 CFR part 261?..... Yes  No

[If discharge is more than 15 kg (33 lbs.) per month of RCRA hazardous waste or a discharge of any quantity of acutely hazardous waste, please follow the attached RCRA Hazardous Waste Notification Requirements.]

#### AUTHORIZED REPRESENTATIVE 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the 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. [40 CFR 403.6(a)(2)(ii)]

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form no later than: \_\_\_\_\_

**Return the completed form to:**  
Regional Water Reclamation Facility  
Attn: Source Control  
1100 Kirtland Rd.  
Central Point, OR 97502

If you have any questions regarding this form, please contact:  
Source Control Supervisor 541-774-2756