



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	<input type="checkbox"/>	No	<input type="checkbox"/>
Metal plating or finishing:.....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Manufacturing of electronic parts or components:.....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Photographic or x-ray development or printing with inks:.....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Commercial food preparation:.....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Vehicle repair:.....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Washing/cleaning of equipment or vehicles:.....	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>

*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	<input type="checkbox"/>	Food Waste	<input type="checkbox"/>	Soaps/Detergents	<input type="checkbox"/>	Inorganic compounds	<input type="checkbox"/>	Acids	<input type="checkbox"/>
Metal Solutions	<input type="checkbox"/>	Alkalines	<input type="checkbox"/>	Silver rich solutions	<input type="checkbox"/>	Solvents	<input type="checkbox"/>	Inks/Dyes	<input type="checkbox"/>
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