

Water Resource Protection Ordinance Industry Information Form



Business Name: _____

Facility Address: _____

Mailing Address: _____
(if different)

Name of Contact: _____

Title: _____

E-mail: _____

Phone #: _____ Fax No: _____

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

Please answer each of the following questions:

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business or facility use or manage raw materials or waste material in liquid form?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business or facility generate, use or manage over 220lbs of hazardous material? (Hazardous as defined by Code of Federal Regulations 40 CFR 302.4, CERCLA Section 103(a)) <i>If you answered Yes, please check one of the following estimates (in pounds per year).</i> Estimated hazardous materials managed <u>0-220</u> <u>220-500</u> <u>500-1500</u> <u>>2,200lbs</u>
3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business have shop or facility floor drains (other than those in restrooms)?
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this facility perform vehicle maintenance or vehicle/equipment washing onsite?
5.	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. (Attach additional sheets if needed)</i>

Chemical or Active Ingredient	Brand Name	Purpose	Container Size, gallons	Estimated Amounts On Site	
				Avg., gallons.	Max., gallons

Please e-mail the signed form or any questions you have to us at CityWaterProtection@CityofVancouver.us.

CERTIFICATION STATEMENT:

I certify that the information submitted is, to the best of my knowledge true and complete.

Signature _____

Date _____

Printed Name _____

Title _____