Industrial Information Form

CITY OF
Vancouver
WASHINGTON

Business Name: _____

Facility Address: _____

Mailing Address: _____

Name of Contact: _____

Title: _____

E-mail: _____

Phone No: _____ Fax No: _____

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

Please answer each of the following questions:

1.	Yes ☐ No ☐	Is this business or facility connected to the city's sanitary sewers? *(Are there toilets, sinks or drains in the facility connected to the city sewer system?)*
2.	Yes ☐ No ☐	Does this business or facility discharge ANYTHING OTHER THAN domestic (toilet and sink) wastewater to city sanitary sewers? (*Will process industrial or commercial wastewater be sent to floor drains, batch or process drains, and then discharged to the city sanitary sewers?*) **If you answered Yes,** *please check one of the following estimates (in gallons per day).* Estimated process wastewater discharges: 0-99 100-999 1000-3999 >4000 GPD
3.	Yes ☐ No ☐	Does this business have shop or facility floor drains (other than those in restrooms)?
4.	Yes ☐ No ☐	Does this business store chemicals or petroleum products in containers of more than 5 gallons? **If you answered Yes,** *please provide information on materials stored.* (*Use extra sheet if needed.*)

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

5.	Yes ☐ No ☐	Does this facility perform vehicle maintenance or vehicle/equipment washing onsite?

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   Date

_____   _____
Printed Name   Title

If you have questions related to the completion of this form, please contact the Industrial Pretreatment Program at 360-487-7130. Please fax the signed form to 360-487-7139 or mail to PO Box 1995, Vancouver, WA.