



ENVIRONMENTAL SERVICES
CITY OF PORTLAND
working for clean rivers

Industrial & Commercial Environmental Survey

The City of Portland (the City) is required by the federally mandated Pretreatment Program (40 CFR 403.8(f)(2)), to develop and implement procedures that:

- (1) Identify and locate all possible Industrial and Commercial Users which might be subject to the Publicly Owned Treatment Works (POTW) Pretreatment Program requirements.
- (2) Characterize the type and volume of pollutants contributed to the POTW by the Industrial and Commercial Users as identified under (1) above.

By completing the *Industrial and Commercial Environmental Survey*, you are helping the City complete its requirements.

Confidential Information

As outlined in 40 CFR 403.14 (a)-(c) and ORS 192.430, any information submitted to the City under the Pretreatment Program requirements may be claimed as confidential by the submitter. Any such claim must be asserted at the time of submission in the manner prescribed on the application form or instructions, or, in the case of other submissions, by stamping the words "confidential business information" on each page containing such information. If no claim is made at the time of submission, the City may make the information available to the public without further notice. If a claim is asserted, the information will be treated in accordance with the procedures in 40 CFR part 2 (Public Information) and ORS 192.440(2).

Information and data provided to the City under these requirements which are effluent data shall be available to the public without restriction.

All other information which is submitted to the State or POTW shall be available to the public at least to the extent provided by 40 CFR 2.302 and ORS 192.440(2).

Instructions

Instructions to assist you with completing this survey can be found on the preceding facing page. If there is insufficient space to complete an answer, continue your response on a separate piece of paper. Indicate the section and question number next to your response.

If, at any time, you require additional assistance, please contact our office at:

Water Pollution Control Laboratory
Industrial Source Control Division
6543 N Burlington Avenue
Portland, OR 97203

(503) 823-5320

Thank You.

INSTRUCTIONS

Section A

- Enter the name of the company – i.e., the name of the company legally responsible for this facility.
- Enter the name of the facility, such as the name used on letterhead, correspondence or advertising brochures.
- Enter the street address where the facility is located.
- Enter the *mailing* address of the facility, if different from the facility street address above.
- Enter the name, title, telephone number, and fax number of the person who is most familiar with the facts reported on this form and who can be contacted by City staff.

Section B

1. Check the appropriate box. If you are uncertain whether this facility is connected to the City of Portland's sanitary sewer system, check your water billing statement for sewer charges, or contact the City's Development Assistance at 823-7740 for sewer connection information.
 - a. Check the appropriate box.
 - b. Enter the approximate month and year for sewer connection.
2. Check the appropriate box. If you are uncertain whether this facility is connected to the City of Portland's water system, check your water billing statement or contact the City's Development Assistance at 823-7740 for information.
 - a. Check the appropriate box. List three of your account number(s) in order of total volume used with the largest first.

Section C

1. Circle the days per week that your facility conducts business.
2. Indicate the number of hours per day that your facility conducts business.
3. Supply the requested information for all commercial activity done at the facility.



Confidential Information - Indicate the section(s) of this questionnaire that you wish to remain confidential and your basis for the request.

SECTION A. GENERAL INFORMATION

Company Name: _____

Facility Name: _____

Facility Address: _____ City: _____, OR Zip: _____

Mailing Address: _____ City/State: _____, _____ Zip: _____

Questionnaire Resource

Contact's Affiliation

Contact Person: _____

Company Representative Consultant (see below)

Contact's Title: _____

Name of Firm: _____

Telephone No.: () _____

Facsimile No.: () _____

SECTION B. WATER USE & SERVICE

1. Is this facility connected to the City of Portland's sanitary sewer system? Yes No
 a. If No, are there plans to connect? Yes No
 b. If Yes to 1a, above, indicate when: (Month/Year) _____

2. Does this facility receive water or sewer billing statements from the City of Portland? Yes No
 a. If Yes, list the water account number(s) with the largest water use volume:
 Account No.: _____
 Account No.: _____
 Account No.: _____

SECTION C. BUSINESS ACTIVITY

1. Days per week of operation: Mon Tues Wed Thur Fri Sat Sun
 2. Hours per day of operation: 8 10 12 16 24 Other _____
 3. List all business activities performed onsite:

Business Activity

SIC/NAICS Code

_____	_____
_____	_____
_____	_____

OFFICE USE ONLY

Date Postmarked/Rec'd:

Receiving Sewer Type: Sanitary/combined Storm

Date Entered:

Reviewed By:

Date:

Entered By:



INSTRUCTIONS

Section C

4. Enter the approximate month and year that operations began, or are proposed to begin.
5. Check the appropriate box.
 - a. Check the appropriate box. A *continuous discharge* is described as uninterrupted flow, while a *batch discharge* is the controlled discharge of a discrete volume of wastewater for a limited duration.
 - b. Check the appropriate box and complete as requested.
 - c-d. Check the appropriate box. Indicate which pretreatment system type(s) are used to treat your waste stream and indicate the design capacity for all pretreatment systems.

Section D

- 1-3. Check the appropriate box. If unsure, contact the State Fire Marshal Portland Office, located at 3700 SE 92nd Avenue, (503) 731-3480 or (503) 731-3423.
- 4-6. Check the appropriate box.
7. If you discharge a listed or a characteristic hazardous waste that is subject to the provisions of the Resource Conservation and Recovery Act (RCRA) into the City's sewer collection system, you must complete the RCRA Hazardous Waste Information questionnaire.

40 CFR 403.12(p)(1) specifies that an Industrial User (IU) shall notify the Publicly Owned Treatment Works (POTW) of any discharge into the POTW of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR 261. If the IU discharges more than 100 kilograms of such waste per calendar month to the POTW, the notification shall also contain information to the extent such information is known and readily available to the IU.

For information about RCRA hazardous waste, contact the Oregon Department of Environmental Quality (ODEQ) at (503) 229-5615 or (503) 229-5165.



SECTION C. BUSINESS ACTIVITY (cont.)

4. Enter date production began or will begin at this facility: _____ (Month/Day/Year)
5. Does your facility generate any process wastewater excluding domestic wastewater? Yes No
- a. If Yes, is this wastewater discharged to the City of Portland sewer system? Yes No
- Continuous Batch
- b. If Yes to 5a, above, briefly describe the process wastewater: _____
- Volume Estimate: _____ Per Day
- c. Is this wastewater treated prior to discharge? Yes No
- d. If Yes to 5c, above, briefly describe treatment process/equipment: _____

SECTION D. MATERIAL STORAGE

1. Do you use or store liquid chemicals in quantities of 25 gallons or more? Yes No
2. Do you use or store dry chemicals in quantities of 500 pounds or more? Yes No
3. Are you required to report under Oregon State Fire Marshall requirements? Yes No
4. Do you have floor drains in manufacturing or storage areas? Yes No
5. Do you use or store materials, chemicals, products, equipment, or waste materials in outside areas? Yes No
6. Does this facility have a current, written spill contingency plan? Yes No
7. Do you discharge hazardous waste as defined by EPA? Yes No
- a. If Yes, complete the following:

Hazardous Waste Information Questionnaire

EPA Hazardous Waste Number: _____

<u>Name of Waste</u>	<u>EPA Haz. Waste No.</u>	<u>Type of Discharge:</u>		
		<i>Batch</i>	<i>Continuous</i>	<i>Other (specify)</i>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

If more than 100 kilograms of any hazardous waste is discharged to the City's sewer collection system per calendar month, include the following information for each hazardous waste to the extent such information is known and readily available:

Constituent Name	Mass in Wastestream	Concentration in Wastestream	Mass in Wastestream
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Company Representative

Date Signed



INSTRUCTIONS

Section E

1. Check the appropriate box(es). Parking lot run-off includes paved and concreted areas, but excludes graveled areas. If Other, list all flows *other than* storm water that flow to a storm sewer. A storm sewer is any sewer pipe conveyance not draining to a sewage treatment plant but draining to a creek, stream, river, pond or other surface water.
2. Check the appropriate box(es) and complete as requested. On-site infiltration systems may include, but are not limited to, dry wells, soakage trenches, water quality ponds, etc.
3. Check the appropriate box and complete as requested.
4. Check all that apply:
 - a. Check the appropriate box(es) indicating the number of each type in use on site. If "Other," provide the information as required.
 - b. Check the appropriate box(es).
 - c. Complete as requested. If "Other," provide the information as required.
5. Check the appropriate box(es).
6. Check all that apply:
 - a. Check the appropriate box(es) indicating the number of each type serviced on site. If "Other," provide the information as required.
 - b. Check the appropriate box.
 - c-d. Check the appropriate box and complete as requested. If equipment or vehicles are serviced on site, describe how, where, and by whom the wastes generated are disposed.
7. Check the appropriate box(es). If "Other," describe how, where, and by whom the remediated groundwater is handled for disposal.

Section F

- 1-2. Check the appropriate boxes. Complete as requested.





SECTION E. STORMWATER MANAGEMENT

1. Indicate which of the following drains to a storm sewer system:

<input type="checkbox"/> Parking lot run-off	<input type="checkbox"/> Floor drains
<input type="checkbox"/> Roof drains	<input type="checkbox"/> Other _____

- b. If stormwater from this facility does not drain to a City of Portland sewer system, does the stormwater drain:

<input type="checkbox"/> Directly to a drainage-way	<input type="checkbox"/> To an on-site infiltration system
	<input type="checkbox"/> Other _____

3. Does stormwater come into contact with any material handling activities or equipment, raw materials, intermediate products, by-products, waste materials, or industrial machinery at this facility?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 - a. If Yes, briefly describe the activities: _____

4. Check all that apply:
 - a. Equipment or vehicles used on site. Indicate the number in use:

<input type="checkbox"/> Fork lifts _____	<input type="checkbox"/> Trucks _____	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Tractors _____	<input type="checkbox"/> Cranes _____	
 - b. Equipment or vehicle cleaning:

<input type="checkbox"/> On-site _____	<input type="checkbox"/> Cleaned by facility staff
<input type="checkbox"/> Off-site _____	<input type="checkbox"/> Mobile Cleaning Service
 - c. Washwater discharge:

<input type="checkbox"/> Sanitary sewer	<input type="checkbox"/> Storm sewer
<input type="checkbox"/> Taken off-site	<input type="checkbox"/> 100% Recycled
	<input type="checkbox"/> Other _____

5. Does this facility have an oil/water separator or a grease trap on the discharge line?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 - a. If Yes, does the oil/water separator or grease trap discharge to:

<input type="checkbox"/> Sanitary sewer	<input type="checkbox"/> Storm sewer	<input type="checkbox"/> Don't know
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6. Check all that apply
 - a. Equipment or vehicles serviced on site. Indicate the number serviced:

<input type="checkbox"/> Fork lifts _____	<input type="checkbox"/> Trucks _____	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Tractors _____	<input type="checkbox"/> Cranes _____	
 - b. Mobile services used?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 - c. Where are services performed:

<input type="checkbox"/> Inside	<input type="checkbox"/> Outside
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 - d. Describe how you dispose of used oil, steam cleaning waste, antifreeze or other wastes: _____

7. Do you have ongoing groundwater remediation on site?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 - a. If Yes, remediated groundwater is discharged to:

<input type="checkbox"/> Sanitary sewer	<input type="checkbox"/> Storm sewer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Don't know		

SECTION F. MISCELLANEOUS INFORMATION

1. Are expansion plans scheduled within the next three years?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 - a. If Yes, check the appropriate box(es) concerning expansion plans:

<input type="checkbox"/> Add new product(s)	<input type="checkbox"/> Same product, add capacity
<input type="checkbox"/> Expand current facility	<input type="checkbox"/> New Facility

2. Are relocation plans scheduled within the next three years?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 - a. If Yes, check the appropriate box concerning relocation plans:

<input type="checkbox"/> Within Portland	<input type="checkbox"/> Outside Portland
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Industrial & Commercial Environmental Survey

You have completed the *Industrial and Commercial Environmental Survey, Part II*.
Sign and return this questionnaire to the Industrial Source Control Division.

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 person or 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)]

This certification is to be signed only by the Responsible Corporate Official as per 40 CFR 403.12(l)(1) (e.g. the president, treasurer, vice-president, general partner, or sole proprietor of the facility).

Print name & Title here

Telephone Number

Signature

Date Signed