



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 matter 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 the 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 of POTW shall be available to the public at least to the extent provided by 40 CFR 2.302 and ORS 192.440(2).

## Hazardous Materials

40 CFR 403.-12(p)(1) specifies that an Industrial User (IU) shall notify the 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 Resource Conservation and Recovery Act (RCRA) hazardous waste, contact the Oregon Department of Environmental Quality (ODEQ) at (503) 229-5615 or (503) 229-5165.

## 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  
Environmental Compliance Division  
6543 N Burlington Ave  
Portland, Oregon 97203  
(503) 823-5600

[EnvironmentalSurvey@portlandoregon.gov](mailto:EnvironmentalSurvey@portlandoregon.gov)

Thank You.



## INSTRUCTIONS

### Section A

- Enter the legal 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 email address of the person who is most familiar with the facts reported on this form and who can be contacted by City staff.
- Check the appropriate box indicating type of facility. If facility type is strictly business office or retail, or combination, proceed to Section G. If facility type is strictly distribution, or combination of distribution, business office or retail, proceed to Section E. If the facility type is manufacturing/production, continue with Section B.

### 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 503-823-7740 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 503-823-7740 for information.
  - a. Check the appropriate box. List three of your account number(s) in order of total volume used, with the largest first.
3. Check the appropriate box. If other, please specify.

### Section C

1. Check the box for each day of the week the facility conducts business.
2. Indicate the number of hours per day that the facility conducts business.
3. Supply the requested information for all industrial or commercial activity done at the facility.
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.
  - b. Check the appropriate box. A *continuous discharge* is described as an uninterrupted flow, while a *batch discharge* is the controlled discharge of a discrete volume of wastewater for a limited duration.
  - c. Check the appropriate box.
  - d. Estimate the amount of wastewater discharged per day (gallons).
  - e. Check the appropriate box.
  - f. If wastewater is treated before discharge, describe pretreatment processes.

### Section D

1. Check the appropriate box. (For questions 1 through 5).
6. Check the appropriate box. If you discharge a listed or a characteristic hazardous waste that is subject to the provisions of the RCRA into the City's sewer collection system, you must complete the RCRA Hazardous Waste Information questionnaire.



## INSTRUCTIONS CONTINUED

### 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 stormwater that flows 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). On-site infiltration systems may include, but are not limited to, dry wells, soakage trenches, water quality ponds, etc.
3. Check the appropriate box.
  - a. If applicable, describe activities.
4. Check the applicable box(es).
  - a. Check the applicable box(es), indicating the number of each type in use on site. If Other, provide the information as requested.
  - b. Check the applicable box(es).
  - c. Check the appropriate box(es). If Other, describe how wash water is discharged.
5. Check the appropriate box.
  - a. If applicable, check appropriate box.
6. Check all that apply.
  - a. Check the applicable box(es), indicating the number of each type serviced on site. If Other, please indicate type of equipment and amount.
  - b. Check appropriate box.
  - c. Check appropriate box.
  - d. If applicable, describe disposal methods.
7. Check appropriate box.
  - a. If applicable, check appropriate box. If Other, explain.

### Section F

1. Check appropriate box.
  - a. If applicable, check appropriate box.

### Section G

- Sign and date survey, then return either via enclosed paid postage envelope or by email to [EnvironmentalSurvey@portlandoregon.gov](mailto:EnvironmentalSurvey@portlandoregon.gov).



**SECTION A. GENERAL INFORMATION**

Legal Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Business Registry No.: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City \_\_\_\_\_, OR. Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Questionnaire Resource:**

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact's Affiliation:**

Company Representative

Consultant, Name of Firm: \_\_\_\_\_

**Facility Type:**

Business Office

Retail

Distribution

Manufacturing/Production

If facility type is strictly business office or retail, or combination, proceed to **Section G**. If facility type is strictly distribution, or combination of distribution, business office or retail, proceed to **Section E**. If the facility type is not applicable to the above, continue with **Section B**. If the facility type is manufacturing/production, continue with full survey.

**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.: \_\_\_\_\_
  
3. Does this facility have any non-City sources of water?  Well  Rain Harvest  Other (Specify): \_\_\_\_\_



**SECTION C. BUSINESS ACTIVITY**

1. Days per week of operation:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun  
 2. Hours per day of operation:  8  10  12  16  24  Other: \_\_\_\_\_  
 3. Please check off category of business activities or processes conducted at this facility:

- |   |  |
|---|--|
| <input type="checkbox"/> Food or Beverage Production  | <input type="checkbox"/> Industrial Laundry                |
| <input type="checkbox"/> Medical, Dental, Veterinary, or Chiropractic Facility  | <input type="checkbox"/> Paint or Ink Formulating          |
| <input type="checkbox"/> Organic Chemical Manufacturing   | <input type="checkbox"/> Plastics Molding & Forming        |
| <input type="checkbox"/> Inorganic Chemical Manufacturing   | <input type="checkbox"/> Rubber Manufacturing or Extrusion |
| <input type="checkbox"/> Battery Manufacturing  | <input type="checkbox"/> Soap & Detergent Manufacturing    |
| <input type="checkbox"/> Cement Manufacturing / Paving & Roofing Materials  | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Electrical & Electrical Component Manufacturing  | <input type="checkbox"/> Hauled Waste Treatment            |
| <input type="checkbox"/> Glass Manufacturing  | <input type="checkbox"/> Petroleum or Chemical Storage     |
| <input type="checkbox"/> Metal Manufacturing / Metal Forming / Metal Finishing<br>(Electroplating, Electroless Plating, Anodizing, Coating,<br>Chemical Etching or Milling, or Printed Circuit Board<br>Manufacturing) If unsure, please see<br><a href="https://www.epa.gov/eg/industrial-effluent-guidlines">https://www.epa.gov/eg/industrial-effluent-guidlines</a> under<br>Metal Finishing. | <input type="checkbox"/> Other (Explain):<br>_____         |

List SIC or NAICS Code(s) that apply:  
<https://www.osha.gov/pls/imis/sicsearch.html>  
<https://www.census.gov/eos/www/naics/>

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
- b. If wastewater is discharged is it continuous or batch?  
 Continuous  Batch
- c. If Yes to 5a, please check off all types of wastewater generated at this facility.  
 Non-Contact Cooling Water  
 Contact Cooling Water  
 Recycled Washwater  
 Boiler / Cooling Tower Blowdown  
 Air Pollution Control Equipment  
 Stormwater to Sanitary Sewer  
 Equipment / Facility Washdown, describe:  
 \_\_\_\_\_
- Process Water, describe processes that generate wastewater:  
 \_\_\_\_\_
- d. Estimated Volume (Gallons Per Day): \_\_\_\_\_
- e. Is this wastewater treated prior to discharge?  Yes  No
- f. If Yes to 5e, above, briefly describe treatment processes/equipment:  
 \_\_\_\_\_



**SECTION D. MATERIAL STORAGE**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you use or store liquid chemicals?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you use or store dry chemicals?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have floor drains in manufacturing or storage areas?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you use or store materials, chemicals, products, equipment, or waste materials outside? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does this facility have a current, written spill contingency plan?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you discharge hazardous waste to the sanitary sewer as defined by EPA?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If Yes, complete the following:  |                              |                             |

**Hazardous Waste Information Questionnaire**

Facility EPA Identification Number: \_\_\_\_\_

<u>Name of Waste:</u>	<u>EPA Hazardous Waste Number:</u>	<u>Disposal Method:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION E. STORMWATER MANAGEMENT**

1. Indicate which of the following drains to a storm sewer system:  
 Parking Lot Run-off       Floor Drains       Roof Drains       Other: \_\_\_\_\_
2. If stormwater from this facility does not drain to a City of Portland sewer system, does the stormwater drain:  
 Directly to a Drainage Way       To an on-site infiltration System       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?       Yes       No  
 a. If Yes, briefly describe the activities:  
 \_\_\_\_\_
4. Check all that apply:
  - a. Equipment or vehicles used on site. Indicate the number in use:  
 Fork Lifts \_\_\_\_\_  Trucks \_\_\_\_\_  Tractors \_\_\_\_\_  Cranes \_\_\_\_\_  Other (Specify): \_\_\_\_\_
  - b. Equipment or vehicle cleaning:  
 On Site       Off Site       Cleaned by Facility staff       Mobile Cleaning Service
  - c. Wash water discharge:  
 Sanitary Sewer  Storm Sewer  Taken Off Site  100% Recycled  Other (Specify): \_\_\_\_\_
5. Does this facility have an oil/water separator or a grease trap on the drainage line?       Yes       No  
 a. If Yes, does the oil/water separator or grease trap discharge to:  
 Sanitary Sewer       Storm Sewer       Do Not Know
6. Check all that apply:
  - a. Equipment or vehicles serviced on site. Indicate the number serviced:  
 Fork Lifts \_\_\_\_\_  Trucks \_\_\_\_\_  Tractors \_\_\_\_\_  Cranes \_\_\_\_\_  Other (Specify): \_\_\_\_\_
  - b. Mobile services used?       Yes       No
  - c. Where are services performed?       Inside       Outside
  - d. Describe how you dispose of used oil, steam cleaning waste, antifreeze, or other wastes: \_\_\_\_\_



7. Do you have ongoing groundwater remediation on site?  Yes  No  
 a. If Yes, remediated groundwater is discharged to:  
 Sanitary Sewer  Storm Sewer  Do Not Know  Other (Specify): \_\_\_\_\_

**SECTION F. MISCELLANEOUS INFORMATION**

1. Are expansion plans scheduled within the next three years?  Yes  No  
 a. If Yes, check the appropriate box(es) concerning expansion plans:  
 Add New Product(s)  Same Product, Add Capacity  Expand Current Facility  New Facility

**SECTION G. SIGN AND DATE SURVEY**

You have completed the *Industrial and Commercial Environmental Survey*.  
**Sign and return this survey to the Environmental Compliance 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 by on the Responsible Corporate Official, Business Owner, or Production Manager 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