



City of The Dalles
Community Development Dept
313 Court Street
The Dalles, OR 97058
(541) 296-5481, ext. 1125
www.thedalles.org

Application #: _____

Filing Fee: _____

Receipt #: _____

Deemed Complete: _____

Ready to Issue: _____

Date Issued: _____

Received: _____

Home Business Permit Application

Property Location

Address: _____

Map and Tax Lot: _____

Applicant

Name: _____

Address: _____

Phone #: _____

Email: _____

Legal Owner (if different than Applicant)

Name: _____

Address: _____

Phone #: _____

Email: _____

Business Information

Business Name: _____

City Limits: Yes No Zoning District: _____ Overlay: _____

Proposed Use: _____

Number of Employees: _____ Hours of Operation: _____ Sign: Yes No

Note: Please remember to submit a Sign Permit Application for new business signage.

Waste Water Survey: Yes No Existing Backflow Prevention Device: Yes No

Describe the Home Business proposal (including storage and stored materials, parking, potential for off-site impacts, and additional information for consideration during the licensing process)

Application Policy

I certify that I am the applicant or owner identified below. I acknowledge that the final approval by the City of The Dalles, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. I understand that if the property is owned in part or totality by a trust, partnership, corporation or LLC, I will be required to present legal documentation listing all persons that make-up the entity, as well as proof of my authorization to act on the entity's behalf. I consent and hereby authorize City representative(s) to enter upon my property for any purpose of examination or inspection related to this application. I certify that all information provided is true and correct, and consent to the filing of the application, authorized by my original signature below.

If the undersigned is different from the legal property owner, a notarized letter of authorization signed by the legal property owner must accompany this form.

Signature of Applicant

Signature of Property Owner

Additional Information

Department Comments

Conditions of Approval

Decision

Approved

Denied

Community Development Department

Public Works

Date

Date

— **PLEASE DO NOT ASSUME THIS FORM DOES NOT APPLY TO YOU** —
All Commercial and Industrial sewer accounts are asked to complete this survey form as required by the federal pretreatment statutes (40 CFR 403.8 and 40 CFR 403.9).

The Oregon Department of Environmental Quality and US Environmental Protection Agency require that the City of The Dalles conduct an **Industrial Waste Survey** and keep its database up-to-date by surveying new non-domestic sewer customers.

Questions about content can be directed to the Jacobs Project Manager at (541) 298-1779.

Completion of this Wastewater Survey is a requirement of your land use approval. Please return your completed form to:

City of The Dalles
Attn: Community Development Department
313 Court Street, The Dalles, Oregon 97058

**Part 1: Wastewater Survey
Questionnaire**

1. Company Name: _____
Mailing _____

2. Address: _____

Telephone: () _____

Address of Production or Manufacturing Facility: if same as above, check ☐

Facility Telephone: If same as above, check ☐ () _____

3. Person to be contacted about this Application: _____

Title: _____ Telephone: () _____

4. Describe the principal business activities or the nature of the manufacturing process at this facility: _____

5. North American Industrial Classification System (NAICS) Code Number(s) (if known):

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6. Average total monthly wastewater discharge (gallons): _____

Annual maximum day wastewater flow (gallons): _____

Instantaneous maximum flow (gallons per minute): _____

7. Describe hours of operation: Hours/day: _____ Days/Week: _____
 Number of employees _____
 per shift: _____ Seasonal variances: _____
8. Is the building presently connected to the public sewer system? ☐ Yes ☐ No
9. Do you or will you discharge wastewater other than domestic water from bathrooms, toilets, etc. into the sewer system? ☐ Yes ☐ No
10. Are there floor drains present at your facility? ☐ Yes ☐ No
11. Do you or will you use non-petroleum fats, oils or greases in your business? ☐ Yes ☐ No
12. Do you or will you use petroleum fats, oils or greases in your business? ☐ Yes ☐ No
13. Grease trap present? ☐ Yes ☐ No Do you have a grease trap program? ☐ Yes ☐ No
14. Do you have an Oil/Water or Sand/Water Separator? ☐ Yes ☐ No
15. Describe any pretreatment facilities or practices used to remove pollutants or protect the sewer: _____

16. Do you or will you store or use chemicals on site sold in packaging larger than retail/household quantities? ☐ Yes ☐ No

If "Yes": Attach a list of chemicals and quantities on site and attach GHS compliant Safety Data Sheets (SDS) for each chemical stored or used.

17. Do you have an accidental spill prevention plan for your business? ☐ Yes ☐ No

If "Yes": Attach copy.

18. Does your facility discharge any hazardous waste to the City sewer? *Note: See enclosed Resource Conservation and Recovery Act (RCRA) information sheet. ☐ Yes ☐ No

If "Yes": Please fill out Part 2: Hazardous Waste Notification.

If "No": Please sign below and send Part 1 to the Community Development Department

"I certify under penalty of law that this document and all attachments are to the best of my knowledge and belief, true, accurate and complete."

Signature of Company Representative: _____ Date: _____

Name of Company Representative (print): _____

OFFICE USE ONLY

Received by Public Works Dept. By: _____ Date: _____

Reviewed by: _____ Date: _____

More information needed: _____ Received by/Date: _____

- ☐ IPP Permit Application required: ☐ CIU ☐ SIU
☐ Manage under City's local program
☐ No discharge permit required

Part 1: Wastewater Survey Questionnaire

Part 2: Hazardous Waste Notification
(Use additional sheets if necessary)

1. Company Name: _____
2. Mailing Address: _____
- Telephone: () _____

All non-domestic users of the City of The Dalles sewage collection and treatment facilities that discharge listed or characteristic Resource Conservation and Recovery Act (RCRA) hazardous waste to the sewage collection system must notify the City of The Dalles, the State of Oregon and the U. S. Environmental Protection Agency. The notification must be submitted in writing and provide information on any discharge into the City of The Dalles POTW of any substance defined as a hazardous waste under 40 CFR: Protection of Environment, Part 261 Identification and Listing of Hazardous Waste.

<p>Listed wastes are wastes from common manufacturing and industrial processes, specific industries and can be generated from discarded commercial products. Check all that apply to your business:</p> <p><input type="checkbox"/> F-List (wastes from non-specific sources, see 40 CFR Part 261.31)</p> <p><input type="checkbox"/> K-List (source specific waste, see 40 CFR Part 261.31)</p> <p><input type="checkbox"/> P-List (acute hazardous waste from discarded chemical products, see 40 CFR Part 261.33)</p> <p><input type="checkbox"/> U-List (hazardous waste from discarded chemical products, see 40 CFR Part 261.33)</p>	<p>Characteristic wastes are wastes that exhibit any one or more of the following properties. Check all that apply to your business:</p> <p><input type="checkbox"/> Ignitable</p> <p><input type="checkbox"/> Corrosive</p> <p><input type="checkbox"/> Reactive</p> <p><input type="checkbox"/> Toxic</p>
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Name any hazardous wastes that your business discharges or will discharge to the sewage collection system:

Name of chemical	U.S. EPA Hazardous Waste No.	Discharge Method
		<input type="checkbox"/> Continuous <input type="checkbox"/> Batch <input type="checkbox"/> Other:
		<input type="checkbox"/> Continuous <input type="checkbox"/> Batch <input type="checkbox"/> Other:
		<input type="checkbox"/> Continuous <input type="checkbox"/> Batch <input type="checkbox"/> Other:

You must fill out the table on the next page if your business discharges large amounts of hazardous waste(s) or any amount of acute hazardous waste(s).

Part 2: Hazardous Waste Notification

(Use additional sheets if necessary)

If your business discharges more than 100 kilograms (220 lbs) of any hazardous waste per calendar month, or any quantity of acute hazardous waste into the sewage collection system, please include the following items of information for each hazardous waste to the extent such information is known and readily available.

Hazardous Waste is defined under 40 CFR: Protection of Environment, Part 261 Identification and Listing of Hazardous Waste.

Acute Hazardous Waste is defined under 40 CFR Parts 261.30(d) and 261.33(e). U.S. EPA Hazardous Waste Numbers can be found in the tables of that section

Hazardous Constituent Information:

Name of Chemical	Mass in Wastestream (this month)	Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)

“I certify that, as an Industrial User, I have a program in place to reduce the volume and toxicity of hazardous wastes generated, to the degree determined to be economically practical.”

Signature of Company Representative: _____ Date _____

Print Name of Company Representative (print): _____

Please note that, in addition to this notification to the City of The Dalles, copies of this Hazardous Waste Notification must also be provided to:

- ☐ Oregon Department of Environmental Quality – Hazardous Waste Division
- ☐ US EPA Regional Waste Management Director

If you need assistance finding the mailing addresses for these agencies, contact the Wastewater Treatment Plant Jacobs Project Manager at (541) 298-1779.



CITY OF THE DALLES
Department of Public Works
1215 West First Street
The Dalles, Oregon 97058

You are receiving this notice because the federal pretreatment regulations require the City to notify all non-domestic customers of its sewer system about the Resource Conservation and Recovery Act (RCRA) reporting requirement. If this requirement applies to your discharge to the City system, you will find further details on how to go about making the notification.

Re: RCRA Hazardous Waste Notification Requirements

The Oregon Department of Environmental Quality (DEQ) and federal regulations (cf., 40 CFR 403.8(f)(2)(iii)), require that the City of The Dalles notify industries who discharge wastewater to the public sewer system of Resource Conservation and Recovery Act (RCRA) hazardous waste reporting requirements. A summary of the notification requirement follows:

Who Must Notify:

All non-domestic users whose wastewater is treated at The Dalles Wastewater Treatment facilities and that discharge listed or characteristic RCRA hazardous waste to the Publicly-Owned Treatment Works (POTW) (except as described below) must notify the City of The Dalles and other regulatory agencies. RCRA listed and characteristic wastes are described in 40 CFR Part 261.

Notification Must be Sent to:

- The City of The Dalles
- The EPA Regional Waste Management Division Director, and
- Oregon DEQ Hazardous Waste Program

This notification must be submitted in writing for any discharge into the City of The Dalles' POTW of any substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261.

Wastes Covered by the Notification:

- Any discharge to the POTW of more than 15 kilograms (kg) (33 lb.) per calendar month of a RCRA hazardous waste, or a discharge of **any** quantity of an acutely hazardous waste identified in 40 CFR 261.30(d) and 261.33(e), must be reported as a **one-time** notification.
- A discharge to the POTW of 15 kg (33 lb.) or less per calendar month of a RCRA hazardous waste need **not** be reported, **except** for acutely hazardous waste identified in 40 CFR 261.30(d) and 261.33(e).
- A subsequent discharge of more than 15 kg (33 lb.) per calendar month, or of any quantity of an acutely hazardous waste, must be reported as a **one-time** notification.

Pollutants already reported under reporting requirements for categorical industrial users in base line monitoring, final and periodic compliance reports are not subject to this notification requirement.

Notification Must Include:

- Name of the hazardous waste as set forth in 40 CFR Part 261.
- EPA hazardous waste number.

- Type of discharge to the sewer (continuous, batch, or other).
- A certification that you have in place a program to reduce the volume and toxicity of hazardous wastes generated to the degree you have determined to be economically practical.

If you discharge more than 100 kilograms (220 lb.) of hazardous waste per calendar month to the POTW, the one-time notification shall also contain the following information to the extent such information is known or readily available:

- An identification of the hazardous constituents contained in the wastes.
- An estimation of the mass and concentration of such constituents in the waste stream discharged during the calendar month in which the one-time report is made.
- An estimation of the mass of constituents in the waste stream expected to be discharged during the twelve months following the notification.

When the Notification Must be Submitted

- No later than 180 days after the discharge of the listed or characteristic hazardous waste.
- In the case of any new regulations under Section 3001 of RCRA identifying additional characteristics of hazardous waste or listing any additional substance as a hazardous waste, you must notify the [Municipality], EPA and the State of Oregon of the discharge of such substance within 90 days of the effective date of such regulations.
- The notification need be submitted only once for each hazardous waste discharged, except when there will be a substantial change in the volume or character of the hazardous waste discharged (generally because of a planned change in your facility operations). In this case, you must notify the [Municipality] in advance.

How to Count the Volume of Hazardous Waste Discharged

If a hazardous waste is mixed with a non-hazardous process or non-process waste stream and the entire mixture is then discharged to the sewer, the volume of the entire waste stream containing hazardous waste is considered hazardous according to the RCRA "mixture rule" in 40 CFR 261.3(a)(2)(iii). The effect of this rule is summarized as follows:

- **Characteristic Wastes:** These wastes are classified as hazardous because they exhibit one of the hazardous characteristics identified in 40 CFR 261.20 – 40 CFR 261.24 (i.e., they are ignitable, corrosive, reactive, or toxic). If these wastes are mixed with non-hazardous materials and the mixture is then discharged to the sewer, the notification must be submitted only if the **entire mixture actually discharged** is more than 15 kg (33 lb.) per calendar month and if the entire mixture discharged still exhibits the characteristic(s).
- **Listed Wastes:** These are wastes that are classified as hazardous pursuant to being listed in 40 CFR 261.30 – 40 CFR 261.33. If these listed wastes are mixed with non-hazardous materials and then discharged to the sewer, the entire waste stream is considered hazardous and a notification must be submitted. Thus, only if the entire waste stream containing the hazardous waste amounted to 15 kg (33 lb.) or less per calendar month, would the above exemption apply.
- **Questionable Wastes:** If you have any doubt about whether a mixture discharged to the sewer is hazardous, or if you do not wish to perform any calculations which may be necessary under the mixture rule (cf., 40 CFR 261.3(a)(2)(iii)) you should submit the one-time notification.

You can complete and submit the following form to comply with the required notification. To report several wastestreams you can make copies of this form.

HAZARDOUS WASTE INFORMATION (use additional sheets if necessary)

1. Company Name: _____
2. Mailing Address: _____
- Telephone: () _____

Name of chemical	U.S. EPA Hazardous Waste No.	Discharge Method
		<input type="checkbox"/> Continuous <input type="checkbox"/> Batch <input type="checkbox"/> Other:
		<input type="checkbox"/> Continuous <input type="checkbox"/> Batch <input type="checkbox"/> Other:

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 _____

Print Name of Company Representative (print): _____

If more than 100 Kilograms (220 lbs) of any hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available:

Name of Constituent	Mass in Wastestream (this month)	Concentration in Wastestream (this month)

If you have any questions, please call Mitch Riefel, Pretreatment Program Inspector at (541) 298-1779 or Jill Hoyenga, Regulatory Compliance Manager at (541) 506-2005 or contact:

USEPA Region 10 Director
Office of Air, Waste & Toxics
USEPA Region 10 AWT-127
1200 6th Avenue
Seattle WA. 98102

Oregon DEQ Manager
Hazardous Waste Program
Department of Environmental Quality
700 NW Multnomah St. Suite # 600
Portland, Oregon 97232

Sewer Use and Pretreatment City Code can be viewed at qcode.us/codes/thedalles

**THIS WASTEWATER SURVEY FOOD ESTABLISHMENT ADDENDUM MUST BE
SUBMITTED WITH COMPLETED PART 1 & 2 OF THE SURVEY.**

All food establishments are required to complete this addendum to the wastewater survey form which is required by the federal pretreatment statutes (40 CFR 403.8 and 40 CFR 403.9).

Food establishments, for the purposes of this survey, include but are not limited to, facilities required to be licensed by North Central Public Health District or the Oregon Department of Agriculture.

The Oregon Department of Environmental Quality and US EPA require that the City of The Dalles Pretreatment Program protect public health and the environment from food establishment pollutants.

Questions about content can be directed to the Jacobs Project Manager at (541) 298-1779.

Completion of this Wastewater Survey Addendum is a requirement of your land use approval.
Please return your completed form and a copy of your license application to:

City of The Dalles Community Development Department
313 Court Street, The Dalles, Oregon 97058

Part 3: Wastewater Survey Food Establishment Addendum

1. Company Name: _____

2. Mailing Address: _____

Telephone: () _____

Address of Food Establishment Location: if same as above, check ☐

Facility Telephone: If same as above, check ☐ () _____

3. Person to be contacted about this Application: _____

Title: _____ Telephone: () _____

4. Will this facility will be licensed by North Central Public Health District? ☐ Yes ☐ No

5. Will this facility will be licensed by Oregon Department of Agriculture? ☐ Yes ☐ No

6. If yes to questions 4 or 5, please attach the food establishment application.

7. If no to questions 4 or 5, please describe the proposed menu: _____

**Note: This form must be resubmitted if there are any changes to the proposed menu
or food service license application before or after the facility is open for business.**

"I certify under penalty of law that this document and all attachments are to the best of my
knowledge and belief, true, accurate and complete."

Signature of Company Representative: _____ Date: _____

Print Name of Company Representative: _____