

— **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 Public Works Department  
1215 W. 1st Street, The Dalles, Oregon 97058  
or email to: [publicworks@ci.the-dalles.or.us](mailto:publicworks@ci.the-dalles.or.us)

### 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): \_\_\_\_\_

### Part 1: Wastewater Survey Questionnaire

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**

**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: \_\_\_\_\_

**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><b>Listed wastes</b> 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><b>Characteristic wastes</b> 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.**