



Public Works Department, Operations Div.
ENVIRONMENTAL SURVEY

April Catan – Regulatory Compliance; Ph: (503) 537-1252 x0224; Email: pretreatment@newbergoregon.gov

SECTION A - GENERAL INFORMATION

Business Name: _____

Business Phone/Fax/Email: _____

Facility Address: _____

Representative Completing this Form: _____

SECTION B - ENVIRONMENTAL INFORMATION

BUSINESS ACTIVITY

- Type of Business: (check only one)
- | | | |
|---|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Restaurant/Food Service | <input type="checkbox"/> Auto Shop/Repair/Detailing |
| <input type="checkbox"/> Medical/Veterinarian | <input type="checkbox"/> Office/Retail Sales | <input type="checkbox"/> Transportation/Equipment Cleaning |
| <input type="checkbox"/> Salvage Operations | <input type="checkbox"/> Fuel Dispensing | <input type="checkbox"/> Dentistry/Orthodontics |
| <input type="checkbox"/> Photo Processing | <input type="checkbox"/> Animal Daycare | <input type="checkbox"/> Other |

Brief Business Description both inside and outside your building: Principle Activity, Product and/or Service

Inside Bldg (Please be specific): _____

Outside Bldg: _____

Standard Industrial Classification(s) (SIC or NAICS code), if known: _____

Enter number of shifts daily: _____ Enter total number of employees: _____ Circle days of operation: **S M T W T F S**

WATER USE & SERVICE

Is the building presently connected to Newberg public sewer system? Yes No **(If no, skip to Section C)**

Is this business operated out of your residence? Yes No **(If yes, skip to section C)**

Does this facility receive water or sewer billing statements from the City of Newberg? Yes No

If yes, please list your account number(s). If you have more than three accounts, list those which have the highest water usage:

- Type of Wastewater Discharge:
- | | | |
|---|---|--|
| <input type="checkbox"/> Sanitary/Domestic* | <input type="checkbox"/> Industrial Process Water | <input type="checkbox"/> Cooling Water |
| <input type="checkbox"/> Food Waste | <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Other (Please explain): |

* Sanitary or domestic wastes are those that are derived from an ordinary living process and are free from a special treatment requirement before being discharged into a public sewer.

Quantity of Wastewater Discharged (gallons per day):

- 0 - 100 100 - 10,000 10,000 - 25,000 > 25,000

Characteristics of wastewater discharged, if other than domestic:

- Acid Alkaline Metals Color Dyes Oils, Greases or Fats
 Hot water _____ degrees Medicine/Rx Amalgam Solvents/Other Chemicals
 Soaps/Detergents Other (Please describe): _____

Does wastewater pass through an oil/water separator, grease trap, or sand/sediment trap? Yes No

If yes, what is its flow capacity? _____

MATERIAL STORAGE

Do you use or store liquid chemicals in quantities of 55 gallons or more? Yes No

Do you use or store dry chemicals in quantities of 500 pounds or more? Yes No

Are you required to report under Oregon State Fire Marshall requirements? Yes No

Do you have floor drains in manufacturing or storage areas? Yes No

Do you use or store materials, chemicals, products, equipment, or waste materials in outside areas? Yes No

Does this facility have a current, written spill contingency plan? Yes No

Waste removed from premises:

Are there any solids, liquids, or other wastes removed by a septic service or other chemical hauler? Yes No

If yes, identify the materials, quantity and frequency of service: _____

Name, Address and telephone number of hauler(s) _____

Are hazardous materials used or stored at your facility? Yes No

STORMWATER

Does stormwater come into contact with any process(es) at your facility? Yes No

Do you clean equipment of vehicles at your facility? Yes No

If yes, is the wash water or wastewater:

Discharged to the sanitary sewer Discharged to the storm sewer 100% Recycled Removed off-site

Other _____

SECTION C – CERTIFICATION

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 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)]

Signature: _____ Date: _____

Print Name: _____ «License_No»