



## PUBLIC WORKS - OPERATIONS

310 Waverly Drive NE, Albany, Oregon 97321 | PHONE 541-917-7600

### INDUSTRIAL USER SURVEY

1. Company Name: \_\_\_\_\_
2. a) Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
b) Is this facility located in a tenant building or industrial park? Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Mailing Address: Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Provide name of person to contact regarding information contained in this questionnaire:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_
5. a) Provide a brief description of manufacturing or service activities performed at this facility:  
\_\_\_\_\_  
\_\_\_\_\_  
b) Enter applicable SIC code(s): \_\_\_\_\_
6. Enter number of shifts daily: \_\_\_\_\_ Enter total number of employees: \_\_\_\_\_  
Select the days of operation: S M T W R F S
7. Is this facility connected to the District's sanitary sewer? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "No," are there plans to connect? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes," indicate when: \_\_\_\_\_
8. Does this facility receive billing statements from Albany Utility Billing? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes," please list your account numbers(s). If you have more than three accounts, list those which have the highest water usage: \_\_\_\_\_
9. Quantity of wastewater discharged in gallons per day? An estimate may be obtained from your monthly water bill:  
400 units per month = 10,000 gpd.  
Less than 10,000: \_\_\_\_\_ 10,000 to 25,000: \_\_\_\_\_ 25,000 to 100,000: \_\_\_\_\_ More than 100,000: \_\_\_\_\_
10. 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 store/use materials, chemicals, products, equipment, or waste materials in outside areas? Yes: \_\_\_\_\_ No: \_\_\_\_\_

11. Does your facility have an oil and grease/water separator? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes", what is its flow capacity? \_\_\_\_\_

12. Are there any solids, liquids, or other wastes removed by a septic service or other chemical hauler? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes," identify the materials, quantities, and frequency of service: \_\_\_\_\_

Name, address, and telephone number of hauler(s): \_\_\_\_\_

13. Does your facility generate process wastewater, not including domestic wastewater? Yes: \_\_\_\_\_ No: \_\_\_\_\_

a) Is this wastewater discharged to the sewer system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

b) Does this process wastewater undergo any pretreatment? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please describe: \_\_\_\_\_

c) Describe process wastewater: \_\_\_\_\_

Volume estimate: \_\_\_\_\_ Units: \_\_\_\_\_

14. Does your facility discharge any substance, which, if otherwise disposed of would be a hazardous waste as defined under 40 CFR part 261? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*[If discharge is more than 15 kg (33 lbs.) per month of RCRA hazardous waste or a discharge of any quantity of acutely hazardous waste, please complete form on the back of the attached Hazardous Waste Notification Notice.]*

15. Does stormwater come into contact with any process(es) at your facility? Yes: \_\_\_\_\_ No: \_\_\_\_\_

16. Do you clean equipment or 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: \_\_\_\_\_

17. 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)]

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_