

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Q Nails
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2529 Main Street  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Q Nails  
Street (or P.O. Box): \_\_\_\_\_  
City: Ann Duong State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: Anh Duong Nu Kim  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Cell: (509) 952-7584 Fax: ( ) \_\_\_\_\_
6. Standard Industrial Classification number (SIC Code):  
899

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Nail Salon, provides services for nails & toes
8. Number of employees: Full-Time 2 Part-Time \_\_\_\_\_
9. Normal operating schedule: 10-9 hours per day 41 hours/week
10. Is the facility presently connected to the public sewer system? Yes ☒ No  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☒ No
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☒ No
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☒ No  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☒ No
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☒ No  
Storm Drainage System? Yes ☒ No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

TRANG NGUYEN NGUYEN

Print Name & Title

Ng  
Signature

3-11-2019

Date

## CITY OF UNION GAP

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### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: GAP COFFEE
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2628 MAINS  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: 2425 RUPPIN RD  
Street (or P.O. Box): \_\_\_\_\_  
City: UNION GAP State: WA Zip: 98903
5. Emergency contact person:  
Name: SUSAN STONEMAN  
Title: OWNER  
Phone: (360) 808-1264 Cell: ( ) Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
581

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: \_\_\_\_\_

Drive Thru Espresso

8. Number of employees: Full-Time 1 Part-Time 1

9. Normal operating schedule: 11 1/2 hours per day 6 hours/week

10. Is the facility presently connected to the public sewer system?

☒ Yes ☐ No

If "Yes", please indicate which entity bills your sewer

Yakima

Union Gap

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes ☐ No ☒

12. Do you, or will you, discharge oil, grease or fats into the public sewer?

Yes ☐ No ☒

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?

If "Yes", please provide the permit number(s) and attach copies to this survey Yes ☐ No ☒

State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners?

Yes ☐ No ☒

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System? Yes ☐ No ☒

Storm Drainage System? Yes ☐ No ☒

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

SUSAN STONEMAN

Print Name & Title

Signature

Date

3-14-19

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### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Peek A Brew
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2425 RUDKIN RD  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: Steve Stoneman  
Title: owner  
Phone: (360) 808-1764 Cell: ( ) Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
581

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: \_\_\_\_\_

Espresso drive thru

8. Number of employees: Full-Time 4 Part-Time 5

9. Normal operating schedule: 11 hours per day 7 hours/week

10. Is the facility presently connected to the public sewer system?

Yes No

If "Yes", please indicate which entity bills your sewer

Yakima

Union Gap

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes No

12. Do you, or will you, discharge oil, grease or fats into the public sewer?

Yes No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?

If "Yes", please provide the permit number(s) and attach copies to this survey Yes No

State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners?

Yes No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System?

Yes No

Storm Drainage System?

Yes No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

SUSAN STONEMAN Swanson 3-14-19  
Print Name & Title Signature Date

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### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: LMB Commercial, LLC.
2. Division Name: N/A
3. Physical address of facility discharging wastewater:  
Street: 2808 Main St.  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: LMB Commercial, LLC.  
Street (or P.O. Box): PO Box 8562  
City: Moscow State: ID Zip: 83843
5. Emergency contact person:  
Name: Greg Ahmann  
Title: Owner  
Phone: (509) 945-7357 Cell: ( ) 7357 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
899

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: \_\_\_\_\_

Commercial property rental company.

8. Number of employees: Full-Time 0 Part-Time 0

9. Normal operating schedule: N/A hours per day N/A hours/week

10. Is the facility presently connected to the public sewer system?

Yes ☒ No ☐

If "Yes", please indicate which entity bills your sewer

Yakima

Union Gap

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes ☐ No ☒

12. Do you, or will you, discharge oil, grease or fats into the public sewer?

Yes ☐ No ☒

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?

If "Yes", please provide the permit number(s) and attach copies to this survey Yes ☐ No ☒

State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners?

Yes ☐ No ☒

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System?

Yes ☐ No ☒

Storm Drainage System?

Yes ☐ No ☒

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Greg Ahmann Owner

Print Name & Title

Greg Ahmann

Signature

3/14/19

Date



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### WASTEWATER SURVEY

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1. Company Name: PHD King CPAB LLC
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 1601 east Washington Ave #104  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: TUJET Brandy Nguyen  
Title: OWNER  
Phone: (509) 453 4044 Cell: (206) 227 1485 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
581

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Number of employees: Full-Time 7 Part-Time 41
9. Normal operating schedule: 9-8 hours per day 48 hours/week
10. Is the facility presently connected to the public sewer system? Yes ☐ No ☒  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☐ No ☒
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☐ No ☒
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☐ No ☒  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☐ No ☒
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☐ No ☒  
Storm Drainage System? Yes ☐ No ☒

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

TOYET BRANDY MUYEN [Signature] 3/25/19  
Print Name & Title Signature Date

# CITY OF UNION GAP

Public Works & Community Development Office  
3106 1<sup>st</sup> Street; P.O. Box 3008; Union Gap, WA 98903  
509.225.3524 (Phone) / 509.249.9292 (Fax)  
ugpublicworks@cityofuniongap.com

## WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Flying Colors Group, LP
2. Division Name: N/A
3. Physical address of facility discharging wastewater:  
Street: 700 W Valley Mall Blvd  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Flying Colors Group, LP  
Street (or P.O. Box): 1506 Wheelbarrow Creek Rd  
City: Stevensville State: MT Zip: 59870
5. Emergency contact person:  
Name: Robert Wolfenden  
Title: President  
Phone: (406) 830-0014 Cell: (406) 830-0014 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
6512

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Landlord only,  
renting commercial + industrial real estate to  
tenants

8. Number of employees: Full-Time None Part-Time None

9. Normal operating schedule: N/A hours per day \_\_\_\_\_ days per week.

10. Is the facility presently connected to the public sewer system? Yes No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes No

12. Do you, or will you, discharge oils, grease or fats into the public sewer? Yes No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. Yes No

State Permit Number: \_\_\_\_\_ Federal Permit Number: \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners? Yes No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes No  
Storm Drainage System? Yes No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Robert Wolfenden, President Robert Wolfenden 3/26/19  
Print Name & Title Signature Date

## CITY OF UNION GAP

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### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: COLLABORATIVE MINDS CONSTRUCTION, LLC
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 3305 1ST STREET  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: ROB R. STELLWAGEN  
Title: OWNER  
Phone: ( ) Cell: 509.945.1839 Fax: ( ) \_\_\_\_\_
6. Standard Industrial Classification number (SIC Code):  
899

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services:

GENERAL CONTRACTOR, REMODELING

8. Number of employees: Full-Time 2 Part-Time \_\_\_\_\_  
9. Normal operating schedule: 8 hours per day 5 hours/week

10. Is the facility presently connected to the public sewer system?

If "Yes", please indicate which entity bills your sewer

Yakima

Union Gap

Yes ☒ No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes ☒ No

12. Do you, or will you, discharge oil, grease or fats into the public sewer?

Yes ☒ No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?

If "Yes", please provide the permit number(s) and attach copies to this survey Yes ☒ No

State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners?

Yes ☒ No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System?

Yes ☒ No

Storm Drainage System?

Yes ☒ No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

ROB R. STELLWAGEN, OWNER Rob R. Stellwagen

Print Name & Title

Signature

5-30-2019

Date

## CITY OF UNION GAP

Public Works Administration Office  
102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903  
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### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: El Guapo Baskets
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2604 5 14th  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: 1860 Pleasant Hill Rd.  
Street (or P.O. Box): \_\_\_\_\_  
City: Seal State: LA Zip: 92942
5. Emergency contact person:  
Name: Amber Rodriguez  
Title: Wife  
Phone: (89) 9306510 Cell( ) Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
899

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
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Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Build Frisbee Golf Baskets
8. Number of employees: Full-Time 1 Part-Time \_\_\_\_\_
9. Normal operating schedule: \_\_\_\_\_ hours per day 5 hours/week
10. Is the facility presently connected to the public sewer system? Yes ~~Yes~~  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ~~No~~
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ~~No~~
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?  
If "Yes", please provide the permit number(s) and attach copies to this survey Yes ~~No~~  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ~~No~~
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ~~No~~  
Storm Drainage System? Yes ~~No~~

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Chris Rodriguez  
Print Name & Title

[Signature]  
Signature

5/30/19  
Date



# CITY OF UNION GAP

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[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

## WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: maxx TRANS logistics Inc.
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 1614 E MAD AVE  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): PO Box 9606  
City: YAKIMA State: WA Zip: 98909
5. Emergency contact person:  
Name: Ray Knotts  
Title: owner / President  
Phone: (509) 654-9664 Cell: (509) 225-0422 Fax: (509) 352-2309
6. Standard Industrial Classification number (SIC Code):  
4225 4212

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: TRUCK Brokerage -  
Export Trucking business - Storage Yard

8. Number of employees: Full-Time 6 Part-Time 1

9. Normal operating schedule: 8 hours per day 5 days per week.

10. Is the facility presently connected to the public sewer system?

Yes ☒ No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes ☒ No

12. Do you, or will you, discharge oils, grease or fats into the public sewer?

Yes ☒ No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey.

Yes ☒ No

State Permit Number: \_\_\_\_\_

Federal Permit Number: \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners?

Yes ☒ No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System? Yes ☒ No

Storm Drainage System? Yes ☒ No

-----  
Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Ray Knotts - President  
Print Name & Title

[Signature]  
Signature

5-17-19  
Date

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Fruit Zone (Heli Sanchez)
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2529 Main St.  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Heli Sanchez  
Street (or P.O. Box): 8708 Queensbury Dr.  
City: Pasco State: WA Zip: 99301
5. Emergency contact person:  
Name: Aleida I. Merino-Mtz  
Title: Wife / Manager  
Phone: ( ) Cell: (509) 969 2339 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
581

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Fruit cocktail sweet or spicy, crepes savory or sweet. Fruit infused water, nachos, corn in cup, doritos and chips w/ Valentina Sauce, coffee, hot chocolate, tamales, snow cones with fruit, sweet bread and Mexican candies. (candy)
8. Number of employees: Full-Time 1 Part-Time 4
9. Normal operating schedule: 7 to 11 hours per day 72 hours/week apx.
10. Is the facility presently connected to the public sewer system? ☒ Yes ☐ No  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☐ ☒ No
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☐ ☒ No
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☐ ☒ No N/A  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☐ ☒ No
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☐ ☒ No  
Storm Drainage System? Yes ☐ ☒ No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Heli Sanchez / Owner  
Print Name & Title

[Signature]  
Signature

05/22/19  
Date

## CITY OF UNION GAP

Public Works Administration Office  
102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903  
509.225.3524 (Phone)/509.248.6494 (Fax)  
[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: York's Pest Control, LLC
2. Division Name: York's Pest Control, LLC
3. Physical address of facility discharging wastewater:  
Street: 402 W. Washington Ave. APT A  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: Duane York  
Title: Owner  
Phone: 509 946-9776 Cell: (509) 941-5537 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
4914-00 6602-08 (899)  
LINE Class code

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Pest and Spray Services

8. Number of employees: Full-Time 1 Part-Time 5/6  
9. Normal operating schedule: 8 hours per day 40 hours/week

10. Is the facility presently connected to the public sewer system?

If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap

☒ Yes ☐ No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes ☒ No

12. Do you, or will you, discharge oil, grease or fats into the public sewer?

Yes ☒ No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?  
If "Yes", please provide the permit number(s) and attach copies to this survey Yes No

State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners? ☒ Yes ☐ No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System? Yes ☒ No  
Storm Drainage System? Yes ☒ No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Duane York, owner  
Print Name & Title

[Signature]  
Signature

6/5/19  
Date

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Concrete Special Ties
2. Division Name: Concrete Special Ties
3. Physical address of facility discharging wastewater:  
Street: 3000 Main Street  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Concrete Special Ties  
Street (or P.O. Box): P.O. Box 51  
City: Hermiston State: OR Zip: 97838
5. Emergency contact person:  
Name: Bradley Rozema  
Title: President  
Phone: (541) 567 8810 Cell: (541) 314 5446 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
525

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: \_\_\_\_\_

Concrete Supply Warehouse

8. Number of employees: Full-Time 2 Part-Time 0

9. Normal operating schedule: 9 hours per day 45 hours/week

10. Is the facility presently connected to the public sewer system?

Yes ☒ No

If "Yes", please indicate which entity bills your sewer

Yakima

Union Gap

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes ☒ No

12. Do you, or will you, discharge oil, grease or fats into the public sewer?

Yes ☒ No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?

If "Yes", please provide the permit number(s) and attach copies to this survey Yes ☒ No

State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners?

Yes ☒ No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System? Yes ☒ No

Storm Drainage System? Yes ☒ No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Bradley Rozema

Print Name & Title

[Signature]

Signature

6-13-18

Date



# CITY OF UNION GAP

Public Works & Community Development Office  
3106 1<sup>st</sup> Street; P.O. Box 3008; Union Gap, WA 98903  
509.225.3524 (Phone) / 509.249.9292 (Fax)  
ugpublicworks@cityofuniongap.com

## WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Shoptikal, LLC
2. Division Name: DBA: Shopko Optical
3. Physical address of facility discharging wastewater:  
Street: 2530 Rudkin Rd  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Shoptikal, LLC  
Street (or P.O. Box): 700 Pilgrim Way  
City: Green Bay State: WI Zip: 54304
5. Emergency contact person:  
Name: Nereida Apodaca  
Title: Optical  
Phone: (509) 480-4207 Cell: ( ) Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
453998

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Provide eye exams and optical goods at Retail

8. Number of employees: Full-Time 4 Part-Time 0

9. Normal operating schedule: \_\_\_\_\_ hours per day \_\_\_\_\_ days per week.

10. Is the facility presently connected to the public sewer system? ☒ Yes ☐ No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☒ No

12. Do you, or will you, discharge oils, grease or fats into the public sewer? Yes ☒ No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. Yes ☒ No

State Permit Number: \_\_\_\_\_ Federal Permit Number: \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners? Yes ☒ No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☒ No  
Storm Drainage System? Yes ☒ No

-----  
Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Karen Belonge - Tax Manager \_\_\_\_\_  
Print Name & Title Signature Date

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Ty's Welding & Repair LLC
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 1202 E Mead Ave  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Ty's Welding & Repair LLC  
Street (or P.O. Box): PO Box 10948  
City: Yakima State: WA Zip: 98909
5. Emergency contact person:  
Name: Tyrail Markgraf  
Title: Owner  
Phone: ( ) Cell: (509) 930-0365 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
3548    7692    3496

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Our Company welds on buildings such as homes and other businesses. We also weld on irrigation pipe.
8. Number of employees: Full-Time 9 Part-Time \_\_\_\_\_
9. Normal operating schedule: 8 hours per day 40 hours/week
10. Is the facility presently connected to the public sewer system? Yes ☒ No ☐  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☐ No ☒
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☐ No ☒
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☐ No ☒  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☐ No ☒
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☐ No ☒  
Storm Drainage System? Yes ☐ No ☒

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Sammntha Markgraf  
Print Name & Title

[Signature]  
Signature

6-12-19  
Date

# CITY OF UNION GAP

Public Works & Community Development Office  
3106 1<sup>st</sup> Street; P.O. Box 3008; Union Gap, WA 98903  
509.225.3524 (Phone) / 509.249.9292 (Fax)  
ugpublicworks@cityofuniongap.com

## WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Piercy Motors Inc
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 3811 main ST  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: Janet Lipsen / Ron Piercy - (509) 759-5171  
Title: owner owner  
Phone: (509) 823-4840 Cell: (509) 823-6464 Fax: ( ) \_\_\_\_\_
6. Standard Industrial Classification number (SIC Code):  
551

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Used CAR lot

8. Number of employees: Full-Time 2 Part-Time \_\_\_\_\_

9. Normal operating schedule: 9-6 hours per day 6 ~~7~~ days per week.

10. Is the facility presently connected to the public sewer system? ☒ Yes ☐ No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☐ ☒ No

12. Do you, or will you, discharge oils, grease or fats into the public sewer? Yes ☐ ☒ No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. Yes ☐ ☒ No

State Permit Number: \_\_\_\_\_ Federal Permit Number: \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners? Yes ☐ No ☐

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☐ ☒ No  
Storm Drainage System? Yes ☐ ☒ No

-----  
Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Janet Lipson - owner Janet Lipson 7-8-19  
Print Name & Title Signature Date

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: RC Motorwerks
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 112 W. Washington Ave Unit #18  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Ramiro Contreras  
Street (or P.O. Box): 806 S 7th Ave  
City: Yakima State: WA Zip: 98902
5. Emergency contact person:  
Name: Reynalda Contreras  
Title: Mother  
Phone: (509) 426 2698 Cell( ) Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
753

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

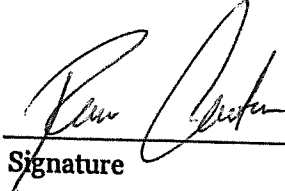
Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Mobile Auto Repair Service
8. Number of employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_
9. Normal operating schedule: 6-8 hours per day 40 hours/week
10. Is the facility presently connected to the public sewer system? Yes ☒ No  
If "Yes", please indicate which entity bills your sewer  
Yakima \_\_\_\_\_ Union Gap \_\_\_\_\_
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes No
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☒ No
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☒ No  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☒ No
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes No  
Storm Drainage System? Yes No N/A

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Ramiro Contreras  
Print Name & Title

  
Signature

07/26/19  
Date



## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

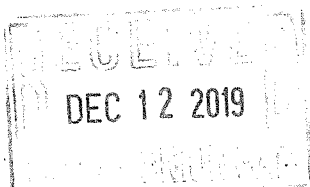
### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Varquez Auto Repair
2. Division Name: Daniel Varquez
3. Physical address of facility discharging wastewater:  
Street: 32 1/2 W. Washington Ave.  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Daniel Varquez  
Street (or P.O. Box): 1731 Jerome Ave.  
City: Yakima State: WA Zip: 98902
5. Emergency contact person:  
Name: Yolanda Hernandez  
Title: \_\_\_\_\_  
Phone: (509) 952 3919 Cell( ) Fax:( )
6. Standard Industrial Classification number (SIC Code):  
753 7538 7539 7699

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		



7. Brief description of business, principal products and services: we use  
oil, antifreeze, make services on cars and  
swap part. they need
8. Number of employees: Full-Time 1 Part-Time \_\_\_\_\_
9. Normal operating schedule: 8 hours per day 40 hours/week
10. Is the facility presently connected to the public sewer system? Yes ☒ No  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from  
bathrooms, toilets, etc. into the public wastewater system? Yes ☒ No
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☒ No
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?  
If "Yes", please provide the permit number(s) and attach copies to this survey Yes ☒ No  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☒ No
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☒ No  
Storm Drainage System? Yes ☒ No

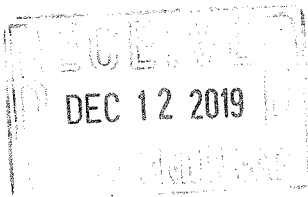
Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Daniel Vazquez  
Print Name & Title

[Signature]  
Signature

12-12-19  
Date



## CITY OF UNION GAP

Public Works Administration Office  
102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903  
509.225.3524 (Phone)/509.248.6494 (Fax)  
[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Browns Barber Shop
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2107 S 3rd Ave  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: Emily Brown  
Title: \_\_\_\_\_  
Phone: 509 910 2161 Fax: ( ) \_\_\_\_\_
6. Standard Industrial Classification number (SIC Code):  
899

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Hair cuts, Shaves

8. Number of employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
9. Normal operating schedule: 9:00 hours per day 6 hours/week

10. Is the facility presently connected to the public sewer system?

If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap

Yes No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system?

Yes No

12. Do you, or will you, discharge oil, grease or fats into the public sewer?

Yes No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?  
If "Yes", please provide the permit number(s) and attach copies to this survey Yes No

State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners?

Yes No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:

Public Sewer System?

Yes No

Storm Drainage System?

Yes No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

David Brown owner  
Print Name & Title

David Brown  
Signature

9-30-19  
Date

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: ICB ACQUISITIONS
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2801 3rd St  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: PATRICK LEE / ANTHONY LEE  
Title: BROTHER OWNER 509.406.7857  
Phone: 800.674.7667 Cell: ( ) Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
999 INTERNET BASED SALES

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: MISC.  
RETAIL INTERNET SALES
8. Number of employees: Full-Time 0 Part-Time 0
9. Normal operating schedule: \_\_\_\_\_ hours per day \_\_\_\_\_ hours/week
10. Is the facility presently connected to the public sewer system? MEH. WIKIABOL  
Yes ☒ No ☐  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☐ No ☒
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☐ No ☒
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☐ No ☒  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☐ No ☒
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into  
Public Sewer System? Yes ☐ No ☒  
Storm Drainage System? Yes ☐ No ☒

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

ANTHONY LEE QUINER  
Print Name & Title

[Signature]  
Signature

9-4-19  
Date

# CITY OF UNION GAP

Public Works & Community Development Office  
3106 1<sup>st</sup> Street; P.O. Box 3008; Union Gap, WA 98903  
509.225.3524 (Phone) / 509.249.9292 (Fax)  
ugpublicworks@cityofuniongap.com

## WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Spectrum Pacific West, LLC
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2529 Main St., First Street Main Entrance, Space C21  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): 12405 Powerscourt Dr.  
City: St. Louis State: MO Zip: 63131
5. Emergency contact person:  
Name: Rob Silva  
Title: \_\_\_\_\_  
Phone: (509) 494-9834 Cell: ( ) Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
4841

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: cable/voice/internet/phone

8. Number of employees: Full-Time 7 Part-Time \_\_\_\_\_

9. Normal operating schedule: <sup>10a-8p M-Sa, 12p-5p Sun</sup> \_\_\_\_\_ hours per day \_\_\_\_\_ days per week.

10. Is the facility presently connected to the public sewer system? Yesx No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes Nox

12. Do you, or will you, discharge oils, grease or fats into the public sewer? Yes Nox

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. Yes Nox

State Permit Number: \_\_\_\_\_ Federal Permit Number: \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners? Yes Nox

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes Nox  
Storm Drainage System? Yes Nox

-----  
Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Michelle Singer Michelle Moses 10/7/19  
Print Name & Title Signature Date

✓



## CITY OF UNION GAP

Public Works Administration Office  
102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903  
509.225.3524 (Phone)/509.248.6494 (Fax)  
[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Solis towing
2. Division Name: NA
3. Physical address of facility discharging wastewater:  
Street: 1809 Carey St  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address: Minerva Solis Garcia  
Name: 105 W Washington Ave  
Street (or P.O. Box): Unit 46  
City: Yakima State: WA Zip: 98903
5. Emergency contact person:  
Name: Liset Mercado  
Title: Friend  
Phone: ( ) Cell: (360) 306-2385 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
3799

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services:  
opening to be moving cars from  
point A to B. For example broke  
down vehicle taking them to repair shops.
8. Number of employees: Full-Time 1 Part-Time \_\_\_\_\_
9. Normal operating schedule: 9 hours per day 48 hours/week
10. Is the facility presently connected to the public sewer system? Yes ☒ No ☐  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☐ No ☒
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☐ No ☒
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☒ No ☐  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☐ No ☒
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☐ No ☒  
Storm Drainage System? Yes ☐ No ☒

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Minerva Solis Garcia owner 9-26-19  
Print Name & Title Signature Date

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: Fodor Chiropractic P.S.
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 3816 Main St  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: Same  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: Troy Fodor  
Title: Owner  
Phone: (509) 839-4979 Cell: (509) 840-2113 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
801

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801 ✓	Motor Vehicle Dealer	551
Eating or Drinking Establishment	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Chiropractic  
Service
8. Number of employees: Full-Time \_\_\_\_\_ Part-Time 1
9. Normal operating schedule: 2 hours per day 24 hours/week
10. Is the facility presently connected to the public sewer system? Yes ☒ No ☐  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes ☐ No ☒
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes ☐ No ☒
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? Yes ☐ No ☒  
If "Yes", please provide the permit number(s) and attach copies to this survey  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes ☐ No ☒
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes ☐ No ☒  
Storm Drainage System? Yes ☐ No ☒

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Troy Fodor OWNER Troy Fodor 10-21-19  
Print Name & Title Signature Date

## CITY OF UNION GAP

Public Works Administration Office

102 W. Ahtanum Road; P.O. Box 3008; Union Gap WA 98903

509.225.3524 (Phone)/509.248.6494 (Fax)

[ugpublicworks@cityofuniongap.com](mailto:ugpublicworks@cityofuniongap.com)

### WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: The Vibe Coffee
2. Division Name: \_\_\_\_\_
3. Physical address of facility discharging wastewater:  
Street: 2105 S 3rd Ave  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: \_\_\_\_\_  
Street (or P.O. Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Emergency contact person:  
Name: Taylor Lime  
Title: Owner  
Phone: (509) \_\_\_\_\_ Cell 509 873 1543 Fax: ( ) \_\_\_\_\_
6. Standard Industrial Classification number (SIC Code):  
581

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishment	<u>581</u>	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Drive-through  
coffee shop,  
Coffee, Drinks, light food
8. Number of employees: Full-Time 1 Part-Time \_\_\_\_\_
9. Normal operating schedule: 12 hours per day \_\_\_\_\_ hours/week
10. Is the facility presently connected to the public sewer system? Yes No  
If "Yes", please indicate which entity bills your sewer  
Yakima Union Gap
11. Do you, or will you, discharge process wastewater other than domestic waste from  
bathrooms, toilets, etc. into the public wastewater system? Yes No
12. Do you, or will you, discharge oil, grease or fats into the public sewer? Yes No
13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit?  
If "Yes", please provide the permit number(s) and attach copies to this survey Yes No  
State Permit Number \_\_\_\_\_ Federal Permit Number \_\_\_\_\_
14. Do you, or will you, have chemical storage other than household cleaners? Yes No
15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? Yes No  
Storm Drainage System? Yes No

Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Taylor Lime  
Print Name & Title

Taylor Lime  
Signature

11-5-19  
Date

# CITY OF UNION GAP

Public Works & Community Development Office  
3106 1<sup>st</sup> Street; P.O. Box 3008; Union Gap, WA 98903  
509.225.3524 (Phone) / 509.249.9292 (Fax)  
ugpublicworks@cityofuniongap.com

## WASTEWATER SURVEY

State and Federal requirements have been placed on our community to accomplish an inventory survey. Please complete all questions by typing, printing with ink, and/or circle the applicable answer so it remains legible.

1. Company Name: YRC Freight
2. Division Name: YRC Inc
3. Physical address of facility discharging wastewater:  
Street: 1928 - C Rudkin Road  
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:  
Name: YRC Worldwide  
Street (or P.O. Box): 10990 Roe Ave - MS-650  
City: Overland Park State: KS Zip: 66211
5. Emergency contact person:  
Name: Kevin McClary  
Title: Terminal Manager  
Phone: (509) 452-4903 Cell: (509) 947-2328 Fax: ( )
6. Standard Industrial Classification number (SIC Code):  
4231

Select the SIC Code that best applies to your business. If your business' code is not listed, please log onto [www.osha.gov](http://www.osha.gov) and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (Drugs)	283
Grocery Store	541	Plastic Materials	282
Hardware Stores	525	Variety Store	533
Hotels & Motels	701		

7. Brief description of business, principal products and services: Long distance  
Trucking

8. Number of employees: Full-Time 5 Part-Time \_\_\_\_\_

9. Normal operating schedule: 8 hours per day 5 days per week.

10. Is the facility presently connected to the public sewer system? ☒ Yes ☐ No

11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? ☐ Yes ☒ No

12. Do you, or will you, discharge oils, grease or fats into the public sewer? ☐ Yes ☒ No

13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. ☐ Yes ☒ No

State Permit Number: \_\_\_\_\_ Federal Permit Number: \_\_\_\_\_

14. Do you, or will you, have chemical storage other than household cleaners? ☒ Yes ☐ No

15. Could an accidental spill in the manufacturing or storage area lead to a discharge into:  
Public Sewer System? ☐ Yes ☒ No  
Storm Drainage System? ☒ Yes ☐ No

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Based on your answers on this questionnaire, you may be asked to provide additional information. If this is the case, you will be notified by the City's Wastewater Division and given a description of the information requested.

As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.

Cheri Tavelli

Print Name & Title

Prop. Coordinator

[Signature]

Signature

11-15-19

Date