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

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 Nail S
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 Naus
	Street (or P.O. Box):
	City: Anh Dony State: Zip:
5.	Emergency contact person:
	Name: Anh Duong Nu kin
	Title:
	Phone: (
6.	Standard Industrial Classification number (SIC Code):
	899

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		1

7.	Brief description of business, principal products and services: Now Sucon, provides services for nails to fee!	
9.	Number of employees: Full-Time Part-Time Normal operating schedule: 10 4 hours per day hours/week Is the facility presently connected to the public sewer system? If "Yes", please indicate which entity bills your sewer Yakima Whiton-Gap	Yes No
11.	Do you, or will you, discharge process wastewater other than domestic was bathrooms, toilets, etc. into the public wastewater system?	ste from 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 Disch If "Yes", please provide the permit number(s) and attach copies to this sur	arge Permit? vey Yes No
	State Permit Number Federal Permit Number	Market State Control of the St
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 dis Public Sewer System? Storm Drainage System?	charge into: Yes No Yes No
	Based on your answers on this questionnaire, you may be asked to provide information. If this is the case, you will be notified by the City's Wastewate given a description of the information requested.	additional r Division and
1	As the representative completing this form, the information provided in th the best of my knowledge true and complete.	is survey is to
	IRANG NGX NGUMEN	3 - (1- 209 Date

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

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: COAP COFFEE
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 2628 WTINS
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address;
	Name: 2425 RUDYUN RO
	Street (or P.O. Box):
	City: UNION CAR State: WH Zip: 98903
5.	Emergency contact person:
	Name: RAPIDE SUSAN STONEINAN
	Title: CWNel
	Phone: (310) 208-1764 Cell() Fax:()
6.	Standard Industrial Classification number (SIC Code):
	<u>_501</u>

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 Their Espesso
9.	Number of employees: Full-Time
11.	Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes
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.
(DISAN STONEMAN 3-44-F
	Print Name & Title Signature

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

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: Peck A BREW
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 2475 RUMAN CO
	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: STONEWAR
	Title: OWNER
	Phone: (Sib) 808-1764 Cell() Fax:()
6.	Standard Industrial Classification number (SIC Code):
	<u> 50)</u>

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		

8. Number of employees: Full-Time	7.	Brief description of business, principal products and services:	
9. Normal operating schedule: 1 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 Storm Drainage 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		Compensed down that	
9. Normal operating schedule: 1 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 Storm Drainage 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		- Chiroso Orac 1790	
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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? 12. Do you, or will you, discharge oil, grease or fats into the public sewer? 13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? 14. If "Yes", please provide the permit number(s) and attach copies to this survey 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 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	9.	Normal operating schedule: 1) hours per day 7 hours/week	
11. Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? 12. Do you, or will you, discharge oil, grease or fats into the public sewer? 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 14. Do you, or will you, have chemical storage other than household cleaners? Yes No Storm Drainage System? Yes No Storm Draina	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? 12. Do you, or will you, discharge oil, grease or fats into the public sewer? 13. Have you been issued a State or Federal Environmental Wastewater Discharge Permit? 14. 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 Storm Drainage 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			
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		Yakima Union Gap	
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	11	Do you or will you discharge process at all all all all all all all all all	•
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 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	11.	hathrooms toilets etc. into the public westervister greaters?	I \
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 Storm Drainage System? Yes No Storm Drainage System? Yes No One of the permit Number		bathrooms, tonets, etc. into the public wastewater system?	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 Storm Drainage System? Yes No Storm Drainage System? Yes No One of the permit Number	12.	. Do you, or will you, discharge oil, grease or fats into the public sewer?	Ves (No.)
If "Yes", please provide the permit number(s) and attach copies to this survey Yes No State Permit Number Federal Permit Number		, , , , , , , , , , , , , , , , , , ,	163 (140
If "Yes", please provide the permit number(s) and attach copies to this survey Yes No State Permit Number Federal Permit Number			
State Permit Number Federal Permit Number	13.	Have you been issued a State or Federal Environmental Wastewater Discha	rge Permit?
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 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		If "Yes", please provide the permit number(s) and attach copies to this surve	ey 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 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		State Permit Number Federal Permit Number_	
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 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	14	Do you or will you have charmical storage other than have a last a second of the secon	
Public Sewer System? Yes No Storm Drainage System? Yes No	~7.	20 you, or will you, have chemical storage other than household cleaners?	Yes No
Public Sewer System? Yes No Storm Drainage System? Yes No	15.	Could an accidental spill in the manufacturing or storage area lead to a disci	harge into
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			- /
information. If this is the case, you will be notified by the City's Wastewater Division and		Storm Drainage System?	Yes (No
information. If this is the case, you will be notified by the City's Wastewater Division and		Para I amanana and a san a	
given a description of the information requested.		information. If this is the case are reliable and if the case are reliable and information in the case are reliable and information.	dditional
5. On a description of the information requested.		given a description of the information requested	Division and
		and a description of the information requested.	
As the representative completing this form, the information provided in this survey is to		As the representative completing this form, the information provided in this	survey is to
the best of my knowledge true and complete.		the best of my knowledge true and complete.	
		.2	
		// A	
SUSANS STONEMAN SWASON 2-14-10		SUSANS STONEMAN GUNASAN	V 3-14-10
Print Name & Title Signature Date /		Print Name & Title Signature	Date /

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

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): POBOX 8562
	City: Moscow State: ID Zip: 83843
5.	Emergency contact person:
	Name: Grey Ahmann
	Title: Owner
	Phone: (509) 945-735 Qell() 735 7 Fax:()
6.	Standard Industrial Classification number (SIC Code):
	899

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	
Hotels & Motels	701	1.11.00	533

7.	Brief description of business, principal pr	roducts and services:	
	Commercial propert	ty rental commy.	
8.	Number of employees: Full-Time(Part-Time	
9.	Normal operating schedule: NA	hours per day W/A hours (wool-	
10.	Is the facility presently connected to the	ne public sewer system?	(V)
	If "Yes", please indicate which entity b	ills vour sewer	1es INO
	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
			14.10
12.	Do you, or will you, discharge oil, greas	se or fats into the public sewer?	Yes No
10	II.		
13.	Have you been issued a State or Federa	al Environmental Wastewater Dischar	ge Permit?
	If "Yes", please provide the permit num	nber(s) and attach copies to this survey	Yes (No)
	.	Federal Permit Number	
			
14.	Do you, or will you, have chemical stora	age other than household cleaners?	Yes No
15.	Could an accidental spill in the manufa	observation and the second	
	Could an accidental spill in the manufa	Dublic Grane G. A. S.	
		Public Sewer System?	Yes Wo
		Storm Drainage System?	Yes (No)
]	Based on your answers on this question	naire was march ashed	
i	ivon a description of the case, you will	he potified buthe City IV	ditional
٤	iven a description of the information re	be notified by the City's Wastewater D	ivision and
_	1 seed of the morning of	cquesteu.	
A	s the representative completing this fo	rm the information provided in this	
t	ne best of my knowledge true and comp	alete	arvey is to
		4 .	
/	\mathcal{L}_{-} \mathcal{L}_{-}	Ma Al	1 ,
<u>(</u>	Freg Hhmann Dwner	& Red Hhmana	3/14/19
P	rint Name & Title	Signature	Date Date

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

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: Ptto King CRAB LLC
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 1601 east washington Are # 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: TWET BRANDY NAWEN
	Title: OWNER
	Phone: (504) 453 4044Cell(206) 227 1485 Fax:()
6.	Standard Industrial Classification number (SIC Code):
	_58L

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		

	Brief description of business, principal products and services:	
9.	Number of employees: Full-Time Part-Time Part-Time Normal operating schedule: 9 - 8 hours per day 4 hours/week 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 bathrooms, toilets, etc. into the public wastewater system?	from 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 Discharg If "Yes", please provide the permit number(s) and attach copies to this survey	e Permit? 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 discha Public Sewer System? Storm Drainage System?	rge into: Yes No Yes No
	Based on your answers on this questionnaire, you may be asked to provide add information. If this is the case, you will be notified by the City's Wastewater Di given a description of the information requested.	ditional ivision and
1	As the representative completing this form, the information provided in this state the best of my knowledge true and complete.	urvey is to
<u> </u>	TUYET BRANDY MOTEN M. Print Name & Title Signature	3 /25 /19

Public Works & Community Development Office 3106 Ist 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: WIA
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 Cdors Group, LP Street (or P.O. Box): 1506 Wheelbarrow Creek Pd City: Stevensville State: MT Zip: 59872
5. ·	Emergency contact person: Name: Robert Wolfenden Title: President Phone: (4d6) 830-0014 Cell: (4d6) 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 ww.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: Landlova of	n lu	
	7.	renting commercial & industrial real estate	12	/
		-tenants	· ·	***************************************
	0	Number of employees: Full-Time None Part-Time None	2	
	8.	1 1 //		
	9.	Normal operating schedule: What 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 toilets, etc. into the public wastewater system?	bathro	oms,
_			Yes	No
olf ,	<i>)</i> 12.	Do you, or will you, discharge oils, grease or fats into the public sewer?	Yes	No
se (Jins	Pack Inc tional IIC May are the Pace Internations the Herning action Have you been issued a State or Federal Environmental Wastewater Discharge Permi		
	13.	Have you been issued a State or Federal Environmental Wastewater Discharge Permi	? If"	Yes",
		please provide the permit number(s) and attach copies to this survey.	Yes	No
		State Permit Number: Federal Permit Number:	·-···	
ĺ	14	Do you, or will you, have chemical storage other than household cleaners?	·	
	(7,,	Do you, or will you, and to onotined occupy on a sum to accurate a second	Yes	No
1	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
	is th	d on your answers on this questionnaire, you may be asked to provide additional informate case, you will be notified by the City's Wastewater Division and given a description requested.	ition. I ption o	f this f the
		ne representative completing this form, the information provided in this survey is to the vledge true and complete.	best o	f my
	Rober	A Wolfender, President Robot Wolfet 3/20	0/19)
	Drint	Name & Title Signature Date		

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

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, LC
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 3305 15T 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: KOB K, STELLWAGEN
	Title: OWNER
	Phone: (
6.	Standard Industrial Classification number (SIC Code):
	879

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: (LENEKAL CONTRACTOR, REMODE) / N	L _z
9.	Number of employees: Full-Time Part-Time Normal operating schedule: hours per day hours/week 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 bathrooms, toilets, etc. into the public wastewater system?	from 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 Discharg If "Yes", please provide the permit number(s) and attach copies to this survey	ge Permit? y Yes Nø
	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 discher Public Sewer System? Storm Drainage System?	arge into: Yes No Yes (No
	Based on your answers on this questionnaire, you may be asked to provide ac information. If this is the case, you will be notified by the City's Wastewater I given a description of the information requested.	lditional Division and
	As the representative completing this form, the information provided in this s the best of my knowledge true and complete.	survey is to
	ROB R. STELLWAGEN OWNER RAIR, SHOW Print Name & Title Signature	<u>5-30</u> -2019 Date

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

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.

Company Name: El Guapa Busketa
Division Name:
Physical address of facility discharging wastewater:
Street: 2604 5 14th
City: Union Gap State: Washington Zip: 98903
Mailing address; if different from physical address:
Name: 1800 Pleasant Hill Rd
Street (or P.O. Box):
City: Selal, State: UA Zip: 98942
Emergency contact person:
Name: Amber Rodakaz
Title: wite
Phone: (559) 4736 [510Cell() Fax:()
Standard Industrial Classification number (SIC Code):
899

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. 9.	Number of employees: Full-Time Part-Time Normal operating schedule:hours per day 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 🗺
11.	Do you, or will you, discharge process wastewater other than domestic waste bathrooms, toilets, etc. into the public wastewater system?	e from Yes 🔊
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 Dischar If "Yes", please provide the permit number(s) and attach copies to this surve	rge Permit? ey Yes N o
	State Permit Number Federal Permit Number	Partie Communication
14.	Do you, or will you, have chemical storage other than household cleaners?	Yes Mo
15.	Could an accidental spill in the manufacturing or storage area lead to a disch	narge into:
	Public Sewer System?	Yes No
	Storm Drainage System?	Yes 餐
	Based on your answers on this questionnaire, you may be asked to provide a information. If this is the case, you will be notified by the City's Wastewater given a description of the information requested.	dditional Division and
	As the representative completing this form, the information provided in this the best of my knowledge true and complete.	survey is to
	Mris Rodriace >	5/3/1
	Print Name & Title Signature	Date (

Public Works & Community Development Office 3106 1st 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: MAXX TRANS hogistics Inc.
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 1614 E MEAD RUE
	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: YAK' MA State: WA Zip: 98900
5. ·	Emergency contact person:
	Name: PAY Knotts
	Title: owner / Prosident
	Phone: (569) 654-9664 Cell: (569) 225-642 LFax: (569) 352-236
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 ww.osha.gov and find the correct code by searching under SIC Manual.

	-		way to go district the same and
Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	· 531	Miscellancous 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		



-	Brief description of business, principal products and services: TRUCK Brief Export TRUCKing 6 USINGS - Storage	YAIR
-		
8. 1	Number of employees: Full-Time & Part-Time [
9. 1	Normal operating schedule: 8 hours per day 5 days per week.	
10. I	s the facility presently connected to the public sewer system?	Yes No
	Do you, or will you, discharge process wastewater other than domestic waste from oilets, etc. into the public wastewater system?	n bathrooms, Yes (No)
12. E	Do you, or will you, discharge oils, grease or fats into the public sewer?	Yes No
	Have you been issued a State or Federal Environmental Wastewater Discharge Permolease provide the permit number(s) and attach copies to this survey.	it? If "Yes", Yes No
S	State Permit Number: Federal Permit Number:	
14 E	Do you, or will you, have chemical storage other than household cleaners?	Yes No
15. C	Could an accidental spill in the manufacturing or storage area lead to a discharge into: Public Sewer System? Storm Drainage System?	Yes No Yes No
is the	on your answers on this questionnaire, you may be asked to provide additional informase, you will be notified by the City's Wastewater Division and given a descration requested.	
	representative completing this form, the information provided in this survey is to the dge true and complete.	e best of my
BAL Print N	ame & Title Signature Date	5-17-19

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

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 Sauchez)
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-Htz.
	Title: Wife / Manager.
	Phone: (
6.	Standard Industrial Classification number (SIC Code):
	_58

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		155

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, duritos and Chips wholever makes, lafter hot Chocolate, tamales, snow ith fruit, sweet bread pand menican dandies.	in concs candy)
8.	Number of employees: Full-Time \ Part-Time \	
9.	Normal operating schedule: 7 to 11 hours per day 72 hours/week ap	×
10	. Is the facility presently connected to the public sewer system?	(Yes) No
	If "Yes", please indicate which entity bills your sewer	100
	Yakima (Union Gap)	
11.	Do you, or will you, discharge process wastewater other than domestic waste f	rom
	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)
		<u> </u>
13.	Have you been issued a State or Federal Environmental Wastewater Discharge If "Yes", please provide the permit number(s) and attach copies to this survey	Permit? Yes No (N/A
	State Permit Number Federal Permit Number	
14.	State Permit Number Federal Permit Number Do you, or will you, have chemical storage other than household cleaners?	Yes (No)
	Do you, or will you, have chemical storage other than household cleaners?	\bigcirc
	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar	rge into:
	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System?	rge into: Yes (No)
	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar	rge into:
15.	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System?	rge into: Yes (No) Yes (No) itional
15.	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System? Storm Drainage System? Based on your answers on this questionnaire, you may be asked to provide add information. If this is the case, you will be notified by the City's Wastewater Digiven a description of the information requested. As the representative completing this form, the information provided in this su	rge into: Yes (No) Yes (No) itional vision and
15.	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System? Storm Drainage System? Based on your answers on this questionnaire, you may be asked to provide add information. If this is the case, you will be notified by the City's Wastewater Digiven a description of the information requested.	rge into: Yes (No) Yes (No) itional vision and
15.	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System? Storm Drainage System? Based on your answers on this questionnaire, you may be asked to provide add information. If this is the case, you will be notified by the City's Wastewater Digiven a description of the information requested. As the representative completing this form, the information provided in this su	rge into: Yes (No) Yes (No) itional vision and
15.	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System? Storm Drainage System? Based on your answers on this questionnaire, you may be asked to provide add information. If this is the case, you will be notified by the City's Wastewater Digiven a description of the information requested. As the representative completing this form, the information provided in this su	rge into: Yes (No) Yes (No) itional vision and
15.	Do you, or will you, have chemical storage other than household cleaners? Could an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System? Storm Drainage System? Based on your answers on this questionnaire, you may be asked to provide add information. If this is the case, you will be notified by the City's Wastewater Digiven a description of the information requested. As the representative completing this form, the information provided in this su	rge into: Yes (No) Yes (No) itional vision and

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

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 2.	Company Name: YOK 15 POST CONTROL LLC Division Name: YOK 15 POST CONTROL LLC
3.	
	Street: 400 Washington Ave. APTA
4.	Mailing address; if different from physical address: Name:
	Street (or P.O. Box):
5.	City: State: Zip:
•	Name: Towne York
	Title: Owner Phone: 609)944-9776ell(509)941-553/Fax:(
6.	Standard Industrial Classification number (SIC Code): 899
	LINE Chas code

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

7. Brief description of business, principal process and Pray	products and services:	
8. Number of employees: Full-Time 9. Normal operating schedule: 10. Is the facility presently connected to to If "Yes", please indicate which entity leading to Yakima	hours per day <u>40</u> hours/week the public sewer system? bills your sewer Union Gap	Yes No
11. Do you, or will you, discharge process bathrooms, toilets, etc. into the public	wastewater system?	te from Yes No
12. Do you, or will you, discharge oil, grea	se or fats into the public sewer?	Yes No
13. Have you been issued a State or Federa If "Yes", please provide the permit num State Permit Number	ever (b) and attach copies to this surve	rge Permit? By Yes No
	Federal Permit Number	
14. Do you, or will you, have chemical stora	age other than household cleaners?	Yes No
15. Could an accidental spill in the manufac	Storm Drainage System?	Yes No
Based on your answers on this questions information. If this is the case, you will be given a description of the information re	naire, you may be asked to provide ad be notified by the City's Wastewater D quested.	ditional ivision and
As the representative completing this for the best of my knowledge true and compl	m, the information provided in this state.	urvey is to
Print Name & Title	Signature	le S P

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

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.

3903
1838
)
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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		1000

7. Brief description of business, princip	pal products and services:	
8. Number of employees: Full-Time 9. Normal operating schedule: 10. Is the facility presently connected If "Yes", please indicate which en Yakima	Part-Time 0 hours per day 45 hours/week to the public sewer system? tity bills your sewer Union Gap	Yes No
Do you, or will you, discharge pro bathrooms, toilets, etc. into the pro	cess wastewater other than domestic was ublic wastewater system?	ste from 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 For If "Yes", please provide the permit	ederal Environmental Wastewater Discher t number(s) and attach copies to this surv	arge Permit? vey Yes No
State Permit Number	Federal Permit Number	
14. Do you, or will you, have chemical	l storage other than household cleaners?	Yes No
15. Could an accidental spill in the ma	anufacturing or storage area lead to a disc Public Sewer System? Storm Drainage System?	charge into: Yes No Yes No
Based on your answers on this que information. If this is the case, you given a description of the information	estionnaire, you may be asked to provide I will be notified by the City's Wastewater tion requested.	additional Division and
As the representative completing t the best of my knowledge true and	this form, the information provided in this complete.	s survey is to
Brailley Rozena	Landyth Tunn	6-13-18
Print Name & Title	Signature	Data

Public Works & Community Development Office 3106 Ist 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 <u>circle</u> the applicable answer so it remains legible.

1.	Company Name: Shoptikal LLC
2.	Division Name: DBA: SNOOKO Optical
3.	Physical address of facility discharging wastewater:
-	
	Street: 2530 Kudkin Kd
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: Shootikal LLC
	Name: Ottophreat 1250
	Street (or P.O. Box): 100 Pilarim Way
	City: Green Bay State: WI Zip: 5430
5. ·	Emergency contact person:
J .	· · · · · · · · · · · · · · · · · · ·
	Name: Nereida Apodaca
	Title: Optical
	Phone: (509) 48() - 420 Tell: () 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 ww.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 Re	tail	
8.	Number of employees: Full-Time Part-Time		
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 toilets, etc. into the public wastewater system?	n bathro	ooms,
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 Perm please provide the permit number(s) and attach copies to this survey.	it? If " Yes	Yes",
	State Permit Number: Federal Permit Number:	<u>·</u>	
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? Storm Drainage System?	Yes Yes	NO NO NO NO NO NO NO NO NO NO NO NO NO N
is th	d on your answers on this questionnaire, you may be asked to provide additional informe case, you will be notified by the City's Wastewater Division and given a descrimation requested.	iation. I	If this of the
	ne representative completing this form, the information provided in this survey is to the vieldge true and complete.	ie best o	of my
Kar Print	en Belonge - Tax Manager Name & Title Signature Date	<u> </u>	

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

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 & Mead Ave
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: Ty's Welding & Redail ICC
	Street (or P.O. Box): DO BOX 10948
	City: Vakima State: Wa Zip: 98909
5.	Emergency contact person:
	Name: Tyrail Markaraf
	Title: Owner
	Phone: () Cell(50°1)930 0365Fax:()
6.	Standard Industrial Classification number (SIC Code):
	3548 7692 3496

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

7. Brief description of business, principal	products and services:	
Company welds	on building	
Character 150	· STATICE (S)	
		5.
WIND WELL ON IV	rigation pipe.	
8. Number of employees: Full-Time	December 1	
9. Normal operating schedule:	Part-Time	
9. Normal operating schedule:	nours per dayhours/week	:
10. Is the facility presently connected to	the public sewer system?	(Yes No
If "Yes", please indicate which entity Yakima		
rakima (Union Gap	
11 Do you or will you died.		
11. Do you, or will you, discharge proces	ss wastewater other than domestic was	ste from
bathrooms, toilets, etc. into the publ	ic wastewater system?	Yes (No)
12 Do you or will recording to		\sim
12. Do you, or will you, discharge oil, gre	ease or fats into the public sewer?	Yes (No)
13. Have you been issued a State on Eal-		4
13. Have you been issued a State or Fede	eral Environmental Wastewater Disch	arge Permit?
If "Yes", please provide the permit nu	imber(s) and attach copies to this surv	ey Yes (No)
State Permit Number	Federal Permit Number	
14 Danier III		
14. Do you, or will you, have chemical sto	orage other than household cleaners?	Yes No
15. Could an accidental spill in the manuf	facturing or storage area lead to a disc	harge into
	Public Sewer System?	Yes /No
	Storm Drainage System?	Yes No
Roand on warmen		(1
Based on your answers on this question information. If this is the same of	onnaire, you may be asked to provide a	additional
morniation. If this is the case, you will	ll be notified by the City's Wastoweter	Division and
given a description of the information	requested.	
As the representation and I is all the	•	
As the representative completing this the best of my knowledge true and a second	form, the information provided in this	survey is to
the best of my knowledge true and con	nplete.	•
	0	
		<i>t</i>
Sawnintha Markaraf		•
	7000	12-19
Print Name & Title	Signature /	Date

Public Works & Community Development Office 3106 1st 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 <u>circle</u> the applicable answer so it remains legible.

10111	into logitoto.
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 Upsan / Ron Piercy - (509) 759-517
	Title: Owner Owner
	Phone: (509) 833-4840 Cell: (509) 833 - 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 ww.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

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	108	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	
o	Number of employees: Full-Time Part-Time		
8. 9.	Normal operating schedule: 8-6 hours per day 6 b 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 toilets, etc. into the public wastewater system?	from bathro	ooms, 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 P please provide the permit number(s) and attach copies to this survey.	ermit? If " Yes	Yes",
	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 in Public Sewer System? Storm Drainage System	Yes	(Z) (S)
s the	d on your answers on this questionnaire, you may be asked to provide additional infe case, you will be notified by the City's Wastewater Division and given a demation requested.		
	ne representative completing this form, the information provided in this survey is talledge true and complete.	to the best of	of my
<u>Jar</u> Print	a location Source	7 - 8 ·	19

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

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.

Company Name: RC Motorwerks
Division Name:
Physical address of facility discharging wastewater:
Street: 1/2 W. Washington Ave Unit #18
City: Union Gap State: Washington Zin: 98903
Mailing address; if different from physical address:
Name: Ramiro Centreras
Street (or P.O. Box): 806 5 7th Air
City: Yakima State: WA Zip: 98902
Emergency contact person:
Name: <u>Reynalda</u> Contreras
Title: Mother
Phone: (509) 416 1698 Cell() Fax:()
Standard Industrial Classification number (SIC Code):
<u>_163</u>

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

7.	A . The state of outsiness, bringing	I products and services:	
9.	Number of employees: Full-Time_ Normal operating schedule: 6-8	hours per day 4/0 hours	s/week
20	Is the facility presently connected to If "Yes", please indicate which entity Yakima	o the public sewer system? y bills your sewer Union Gap	(Yes No
	Do you, or will you, discharge proce bathrooms, toilets, etc. into the publ	lic wastewater system?	Yes No
12.	Do you, or will you, discharge oil, gr	ease or fats into the public sew	er? Yes(No)
13.	Have you been issued a State or Fede If "Yes", please provide the permit n	eral Environmental Wastewate umber(s) and attach copies to t	Discharge Permit?
	State Permit Number	Federal Permit Number	
14.	Do you, or will you, have chemical st	orage other than household cle	aners? Yes (10)
15.	Could an accidental spill in the manu	rfacturing or storage area lead t Public Sewer System? Storm Drainage System	Yes No N/A
•	Based on your answers on this question of the case, you wighter in the case, you wighter and the case, you wighter a description of the information	ll be notified by the City's Was	rovide additional ewater Division and
t	as the representative completing this he best of my knowledge true and cor	form, the information provided	l in this survey is to
li	?	11	
Ţ	Contreras	Klim / Shiften	07/26/19
P	rint Name & Title	Signature C	Date

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

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: Varguez Auto Repair
2.	Division Name: Danke Verzouge
3.	Physical address of facility discharging wastewater
	Street: 32 1/2 W. washington Acce.
	City: Union Gap State: Washington Zin: 98903
4.	Mailing address; if different from physical address:
	Name: Daniel Varguez
	Street (or P.O. Box): 1731 Scrome Are
	City: Yakine State: /WA Zin: GSOO?
5.	Emergency contact person:
	Name: Yolander Hernander.
	Title:
	Phone: (509)95239/9Cell() Fax:()
6.	Standard Industrial Classification number (SIC Code):
	7538 7539 7690

Select the SIC Code that best applies to your business. If your business code is not listed, please log onto 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	
Doctors Offices & Clinics	801	Motor Vehicle Dealer	899
Eating or Drinking Establishment	581	Non-Classifiable Establishments	551
Family Clothing Store	565	Paint & Glass Store	999
Gasoline Station	554	Pharmaceutical (Drugs)	523
Grocery Store	541	Plastic Materials	283
Hardware Stores	525	Variety Store	282
Hotels & Motels	701	Valiety Store	533

DEC 12 2019

Revised 10.8.13

7.	Brief description of business, principa	al products and services: we use	
	sump part they	e services on cors and	
8.	Number of employees: Full Time	l District	
9.	Normal operating schedule:	hours per day 40 hours from 1	ζ
10	as the racinty presently connected to	O the public sewer system?	Yes No
	If "Yes", please indicate which entit Yakima		
	Takilla	Union Gap	
11.	Do you, or will you, discharge proced bathrooms, toilets, etc. into the pub	ess wastewater other than domestic wa blic wastewater system?	ste from Yes 🏽 🍎
12.	Do you, or will you, discharge oil, gr	rease or fats into the public sewer?	Yes No
	res , please provide the permit n	leral Environmental Wastewater Disch number(s) and attach copies to this sur	arge Permit? vey Yes No
	State Permit Number	Federal Permit Number	
14.	Do you, or will you, have chemical st	torage other than household cleaners?	Yes No
15.	Could an accidental spill in the many	ufacturing or storage area lead to a disc	charge into:
	·	Public Sewer System?	Yes (No
		Storm Drainage System?	Yes (No
-	Based on your answers on this questi nformation. If this is the case, you w iven a description of the information	ionnaire, you may be asked to provide rill be notified by the City's Wastewater n requested.	additional Division and
t	s the representative completing this he best of my knowledge true and co	s form, the information provided in this	s survey is to
	~ 1 :	A	
-	Dannel Varguez	_blusing	-12-19
P	rint Name & Title	Signature	Date

DEC 1 2 2019

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

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: 310 15 3 val 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: 609)910.04 (bal() Fax:()			
6.	Standard Industrial Classification number (SIC Code):			
	999			

753	Meat & Fish Market	1
	Miscellaneous Comi	542
		(899)
		351
	Point & Cl. Stablishments	999
		523
	Pharmaceutical (Drugs)	283
		282
	Variety Store	533
	753 531 801 581 565 554 541 525 701	531 Miscellaneous Services 801 Motor Vehicle Dealer 581 Non-Classifiable Establishments 565 Paint & Glass Store 554 Pharmaceutical (Drugs) 541 Plastic Materials 525 Variety Store

8. Number of employees: Full-Time	7.	Brief description of business Hour Cuts	, principal prod , SMOW	lucts and service	es:	
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.	7.	Is the facility presently con If "Yes", please indicate wh	nected to the ich entity bills	hours per day ₋ public sewer sy s your sewer	f	4
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 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.		, , , , , , , , , , , , , , , , , , , ,	me public wa	stewater system	m?	
State Permit Number Federal Permit Number	12.	Do you, or will you, dischar	ge oil, grease o	or fats into the	public sewer?	Yes No
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.		i i i i i i i i i i i i i i i i i i i	CITILL HUMBE	is) and attach	Wastewater Discha copies to this surv	arge Permit? 'ey 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.					nit Number	
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 Zwwn Dwner Dave Dave Dave Dave Dave Dave Dave Dave						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 Brint Name & Will	15. C	ould an accidental spill in t	he manufactur	Lublic Sewer	System?	
David Brown Owner Done Brown 9-30-19				re, you may be		\mathcal{O}
Print Name Control	A: th	the representative complet e best of my knowledge true	ing this form, and complete	the informatio	on provided in this	survey is to
	Pri	OAVID BYOWN nt Name & Title			Brom	9-30-19

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

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: JCB ACQUISITIONS
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 2001 3no ST
	City: Union Gap State: Washington Zip: 98903
4.	
	Name:
	Street (or P.O. Box):
_	City: State: Zip:
5.	Emergency contact person:
	Name: PATILICE WE ANTIONICY LAPE
	Title: BLOTHER DENEL SOT, 406, 7857
	Phone: (See Giff at a Cell()) Fav:()
6.	Standard Industrial Classification number (SIC Code):
	1999 INTELLET BACEN CONST
	51005

Automotive Repair Shops	753	Meat & Fish Market	540
Department Store	531	Miscellaneous Services	542
Doctors Offices & Clinics	801	Motor Vehicle Dealer	899
Eating or Drinking Establishment	581	Non-Classifiable Establishments	551
Family Clothing Store	565	Paint & Glass Store	999
Gasoline Station	554		523
Grocery Store	541	Pharmaceutical (Drugs)	283
Hardware Stores		Plastic Materials	282
Hotels & Motels	525	Variety Store	533
Trotels & Wotels	701		

7	Brief description of business, principal products and services: MISC. PERML INTELLET SALES
9.	Number of employees: Full-Time Part-Time Normal operating schedule: hours per day hours/week Normal operating schedule: hours per day hours/week Normal operating schedule: hours per day Normal No
11.	Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes
12.	Do you, or will you, discharge oil, grease or fats into the public sewer? Yes No
ι 3 .	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
4.	Do you, or will you, have chemical storage other than household cleaners? Yes No
5.	Could an accidental spill in the manufacturing or storage area lead to a discharge into Public Sewer System? Yes 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.
t	As the representative completing this form, the information provided in this survey is to the best of my knowledge true and complete.
_	Anthony Lite Charge # 9-4-19
P	Print Name & Title Signature Date

Public Works & Community Development Office 3106 1st 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 <u>circle</u> the applicable answer so it remains legible.

١.	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

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		

Normal operating schedule: hours per day days per week. Is the facility presently connected to the public sewer system?	Yes×	N
	Yes×	N
Do you, or will you, discharge process wastewater other than domestic waste from toilets, etc. into the public wastewater system?	bathro	011
	Yes	N
Do you, or will you, discharge oils, grease or fats into the public sewer?	Yes	N
Have you been issued a State or Federal Environmental Wastewater Discharge Permit please provide the permit number(s) and attach copies to this survey.	? If"Y	'es
	Yes	N
State Permit Number: Federal Permit Number:		
Do you, or will you, have chemical storage other than household cleaners?	Yes	Ν
Could an accidental spill in the manufacturing or storage area lead to a discharge into: Public Sewer System?	Yes Ves	N N
F	Have you been issued a State or Federal Environmental Wastewater Discharge Permit blease provide the permit number(s) and attach copies to this survey. State Permit Number: Federal Permit Number:	Yes 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 Hate Permit Number: Federal Permit Number: Yes Yes Could an accidental spill in the manufacturing or storage area lead to a discharge into: Public Sewer System? Yes Storm Drainage System? Yes

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

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			
ı.	Company Name: SOLIS TOWNS		
2.	Division Name: WA		
3.	Physical address of facility discharging wastewater:		
	Street: 1802 Cayey St		
	City: Union Gap State: Washington Zip: 98903		
4.	Mailing address; if different from physical address: Do 200 0 10 50 1	><	or mic
	Name: 105 W Was hing tun All	.(3	garcia
	Street (or P.O. Box): $()$ $()$ $()$ $()$ $()$		
_	City: Nikal Man States 1) A Zin CATE 12		
5.	Emergency contact person:	•	
	Name: Liset Mercido		
	Title: Irgend		
	Phone: () Cell 360 306 23 Park)		
6.	Standard Industrial Classification number (SIC Code):	-	
	5100		

Automotive Repair Shops	753	Meat & Fish Market	1542
Department Store	531	Miscellaneous Services	542
Doctors Offices & Clinics	801	Motor Vehicle Dealer	899
Eating or Drinking Establishment	581	Non-Classifiable Establishments	551
Family Clothing Store	565	Paint & Glass Store	999
Gasoline Station	554		523
Grocery Store	541	Pharmaceutical (Drugs)	283
Hardware Stores	525	Plastic Materials	282
Hotels & Motels		Variety Store	533
- Indiana Controlors	701		

7. Brief description of business, princip	oal products and services.	
obina to be m	outha Cats tom	
	C O Vada alla	
dia in a later	13 201000	
	world through to be	- Egon P Trops.
8. Number of employees: Full-Time	Part-Time	
9. Normal operating schedule:		
10. Is the facility presently connected	hours per day 54 Rours/we	ek
If "Yes", please indicate which ent	to the public sewer system?	Yes 1NO
Yakima		
	Union Gap	
11. Do you, or will you, discharge production bathrooms toilets etc. into the production of the produc	2000 **********************************	
bathrooms, toilets, etc. into the pu	blic wastewater other than domestic w	aste from
or of the pu	one wastewater system?	Yes No
12. Do you, or will you, discharge oil, g	moone on fatal and a second	
, and you, albeharge on,	rease or lats into the public sewer?	Yes (Vo)
13. Have you been issued a State or Fe If "Yes", please provide the permit	deral Environmental Management	
If "Yes", please provide the permit	number(s) and attach copies to this su	harge Permit?
	number(s) and attach copies to this su	rvey Yes No
State Permit Number	Federal Permit Number	
14. Do you, or will you, have chemical s	storage other than household cleaners	2 Vac Na
15. Could an accidental spill in the man	ufacturing or storage area lead to a di	scharge into
•	Public Sewer System?	Yes No
	Storm Drainage System?	Yes No
		_
Based on your answers on this ques	tionnaire, you may be asked to provide	additional
The state of the case. You wanted	VIII DE NOTITION by the CSL-2- 117	er Division and
given a description of the information	n requested.	Division and
	•	
As the representative completing thi	s form, the information provided in th	is survey is to
the best of my knowledge true and co	omplete.	10 Dai Vey 15 to
		·
Millow Sils acres		0 0
Millrua Sous exacia Print Name & Title		9-24-19
rime name & 1416	Signature	Date

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

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.

_	
l.	Company Name: Fodos Chirofrachi P. S.
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 3816 Main' St
	City: Union Gap State: Washington Zin: 98903
4.	Mailing address; if different from physical address:
	Name: Same
	Street (or P.O. Box):
	City: State: Zip:
5.	Emergency contact person:
	Name: Tros Fodo/
	Title: / owner
	Phone: (569) 839-497/Cell(569) 840-21/3Fax:()
6.	Standard Industrial Classification number (SIC Code):
	801

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

7. Brief description of business, principal p	products and services: Chirapro	ectic
8 Number of and 1 7 1		
8. Number of employees: Full-Time 9. Normal operating schedule:	Part-Time_/	
10. Is the facility presently connected to t	he public server exercises	
If "Yes", please indicate which entity h	ne public sewer system? pills yo ur s ewer	(Yes) No
Yakima	Union Gap	
11 Do you an will be a second		
 Do you, or will you, discharge process bathrooms, toilets, etc. into the public 	wastewater other than domestic wast wastewater system?	re from Yes No
12. Do you, or will you, discharge oil, grea	se or fats into the public sewer?	Yes No
13. Have you been issued a State or Federa If "Yes", please provide the permit num	al Environmental Wastewater Discha nber(s) and attach copies to this surve	rge Permit? y Yes No
State Permit Number	Federal Permit Number	
14. Do you, or will you, have chemical store	age other than household cleaners?	Yes
15. Could an accidental spill in the manufa	cturing or storage area lead to a disch Public Sewer System?	
	Storm Drainage System?	Yes No
Based on your answers on this question information. If this is the case, you will given a description of the information re	naire, you may be asked to provide ac be notified by the City's Wastewater I equested.	lditional Division and
As the representative completing this fo the best of my knowledge true and comp	rm, the information provided in this	survey is to
and company with the said company	Jiele.	
Troy Fodor OWNEr	Just fear 1	021-19
Print Name & Title	Signature	Date

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

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 VIDE Coffee
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 205 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: Tay ler Lime
	Title: WHEN
	Phone: (509) Cell (509) 73 / 543 (Fax:())
6.	Standard Industrial Classification number (SIC Code):
	<u> 581</u>

753	Meat & Fish Market	542
531		
801		899
		551
	Paint & Glass Store	999
		523
	Plastia Matarial	283
		282
	variety Store	533
		531 Miscellaneous Services 801 Motor Vehicle Dealer 581 Non-Classifiable Establishments 565 Paint & Glass Store 554 Pharmaceutical (Drugs) 541 Plastic Materials 525 Variety Store

Based information given As the best the best the best through the best the	Storm Drainage System? If on your answers on this questionnaire, you may be asked to provide add mation. If this is the case, you will be notified by the City's Wastewater Diva a description of the information requested. The representative completing this form, the information provided in this suest of my knowledge true and complete. Signature	vision and
Based information given	Storm Drainage System? If on your answers on this questionnaire, you may be asked to provide add mation. If this is the case, you will be notified by the City's Wastewater Diva description of the information requested. The representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing this form, the information provided in this sweet representative completing the comp	itional vision and
Based information	Storm Drainage System? d on your answers on this questionnaire, you may be asked to provide add mation. If this is the case, you will be notified by the City's Wastewater Div a description of the information requested.	itional vision and
	Storm Drainage System?	
	Storm Drainage System 2	V/VI- 1
5. Coul	d an accidental spill in the manufacturing or storage area lead to a dischar Public Sewer System?	Yes No
	ou, or will you, have chemical storage other than household cleaners?	Yes No
State	e Permit Number Federal Permit Number	Yes (No)
13. Hav If "Y	e you been issued a State or Federal Environmental Wastewater Discharg es", please provide the permit number(s) and attach copies to this survey	e Permit?
12. Do y	ou, or will you, discharge oil, grease or fats into the public sewer?	Yes No
11. Dog bath	you, or will you, discharge process wastewater other than domestic waste arooms, toilets, etc. into the public wastewater system?	from Yes No
10. 15	rmal operating schedule:hours per dayhours/week he facility presently connected to the public sewer system? Yes", please indicate which entity bills your sewer Yakima Union Gap	Hes No
8. Nu	mber of employees: Full-Time Part-Time	
	ef description of business, principal products and services: <u>DNU-T</u> WA OFFEL BWP (OFFEL) DRAKS, Ugut Food	16h

Public Works & Community Development Office 3106 Ist 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 <u>circle</u> the applicable answer so it remains legible.

101114	and legiote,				
1.	Company Name: YRC Freight	<u> </u>			······································
2.	Division Name: YAC WE				
3.	Physical address of facility discharging waste	water:			
	Street: 1928 - C Ruc	IKin	r Read		
				7:	98903
	City: Union Gap	State:	Washington	Zip:	98903
4.	Mailing address; if different from physical ad	ldress:			
Name: YRC: Worldwide					
Street (or P.O. Box): 10990 Roe Ave - 45-650					
	City: Overland Park				1621
5. ·	Emergency contact person:			.•	•
	Name. Preside 16 CV	N Y-		.,	
Name: Kerin Mc Clary Title: Terminal Manager					
	Phone: (509) 452-4903Cell: (
6.	Standard Industrial Classification number (SI	C Code);		
	4231				
	1201	······			
	Select the SIC Code that best applies to you	ır busin	ess. If your business' code is	s not list	ted, please
	log onto ww.osha.gov and find the correct co				•
					1
	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, prin	ncipal products and services: Long Chish	CANCE
8.	Number of employees: Full-Time	e Part-Time	
9.	Normal operating schedule:	hours per day 5 days per week.	
10.	Is the facility presently connected	I to the public sewer system?	Yes No
11.	Do you, or will you, discharge toilets, etc. into the public wastew	process wastewater other than domestic waste vater system?	from bathrooms, Yes No
12.	Do you, or will you, discharge oil	s, grease or fats into the public sewer?	Yes No
13.	Have you been issued a State or please provide the permit number	Federal Environmental Wastewater Discharge P (s) and attach copies to this survey.	ermit? If "Yes", Yes No
	State Permit Number:	Federal Permit Number:	
14	Do you, or will you, have chemica	al storage other than household cleaners?	Yes No
15.	Could an accidental spill in the ma	anufacturing or storage area lead to a discharge int Public Sewer System? Storm Drainage System	Yes No
is the		naire, you may be asked to provide additional info he City's Wastewater Division and given a de	
	e representative completing this fo ledge true and complete.	orm, the information provided in this survey is to	the best of my
Che Print 1	Vame & Title	Signature Da	-15-19 te
Terro	op. Coordinator		