

CITY OF UNION GAP

ATTACHMENT

Industrial Waste Surveys

SIGNIFICANT & MINOR INDUSTRIAL USERS

ANNUAL REPORT ~ 2019 ACTIVITIES

CITY OF UNION GAP

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: The Bake Shop
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 4007 main St.
City: Union Gap State: WA Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: n/a
Street (or P.O. Box): _____
City: _____ State: _____ Zip: _____
5. Emergency contact person:
Name: Pablo Gonzalez
Title: owner
Phone: (509) 991-2736 Cell: (509) 314-9941 Fax: ()
6. Standard Industrial Classification number (SIC Code):
5912

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.

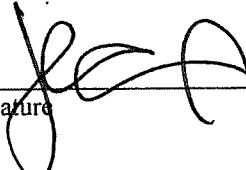
Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	Motor Vehicle Dealer	551
Eating or Drinking Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	565	Paint & Glass Store	523
Gasoline Station	554	Pharmaceutical (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: recreational
marijuana sales
8. Number of employees: Full-Time 4 Part-Time 4
9. Normal operating schedule: 12 hours per day 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.

Jade Villa, G.M.
Print Name & Title


Signature

1.10.2019
Date

CITY OF UNION GAP

Public Works & Community Development Office
3106 1st Street; P.O. Box 3008; Union Gap, WA 98903
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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: Perez Distributing Fresno, CA
2. Division Name: Perez Distributing YAKIMA
3. Physical address of facility discharging wastewater:
Street: 1408 LILAC LANE
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: Emeterio Perez
Title: OWNER
Phone: () Cell: (509) 260-9326 Fax: ()
6. Standard Industrial Classification number (SIC Code):
5141 5149

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	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: Groceries
Wholesalers

8. Number of employees: Full-Time 4 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

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.

Emetario Perez owner E. Perez 1-14-19
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: Knobel's Electric, Inc.
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 801 Tennant Lane
City: Union Gap ^{Yakima} State: Washington Zip: ⁹⁸⁹⁰¹ 98903
4. Mailing address; if different from physical address:
Name: _____
Street (or P.O. Box): _____
City: _____ State: _____ Zip: _____
5. Emergency contact person:
Name: Eugene Knobel
Title: _____
Phone: () Cell: (509 930-2110) Fax: ()
6. Standard Industrial Classification number (SIC Code):
1731 3648

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	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: Electrical Contractor

8. Number of employees: Full-Time 12 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 ☒

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.

SHERRY MATTHEWS OFF MGR Sherry Matthews 1/22/19
Print Name & Title Signature Date

CITY OF UNION GAP

Public Works & Community Development Office
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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: Budget CAR SALES
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: Same
Street (or P.O. Box): _____
City: _____ State: _____ Zip: _____
5. Emergency contact person:
Name: MARILYN WILLIAMS
Title: WIFE
Phone: () Cell: (509) 654-6063 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 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: Sell used vehicles

8. Number of employees: Full-Time OWNER Part-Time _____

9. Normal operating schedule: 8 hours per day 6 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.

DAVID WILLIAMS
Print Name & Title

[Signature]
Signature

1-29-19
Date

CITY OF UNION GAP

Public Works & Community Development Office
3106 1st Street; 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: The Crystal Touch/What I Crave Food Truck
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 107 Mobile Home 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: Crystal
Name: ~~Jeffrey~~ Enninger
Title: OWNER
Phone: (509) 420-9204 Cell: () Same Fax: () N/A
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 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:

Food Truck serving tacos, sliders &
nonalcoholic drinks

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

9. Normal operating schedule: 2-10 hours per day 2-4 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?

grey water

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.

Crystal Ehninger Owner

Print Name & Title

Crystal Ehninger

Signature

1-29-19

Date

RECEIVED

FEB 27 2019

Public Works

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

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: 14th St Building LLC
2. Division Name: Megalodon Property Management
3. Physical address of facility discharging wastewater:
 Street: 1901-1917 S. 14th Street
 City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
 Name: Megalodon Property Management
 Street (or P.O. Box): 901 Summitview Ave, Suite 250
 City: Yakima State: WA Zip: 98902
5. Emergency contact person:
 Name: Santiago Serrano
 Title: Maintenance Supervisor
 Phone: (509) 453-8161 Cell: (509) 930-3007 Fax: (509) 453-8189
6. Standard Industrial Classification number (SIC Code):
6531

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	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	<u>Real Estate Agents/Managers</u>	<u>6531</u>

7. Brief description of business, principal products and services: Rental Agents For Real Estate

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

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.

Gerald O'Hara, Controller/COO
Print Name & Title

[Signature]
Signature

2/26/2019
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

this email does not work.

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: Holiday Inn Express & Suites - Union Gap
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 1215 Ahtanum Ridge Drive
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: Wanda Riel
Title: General Manager
Phone: (509) 902-8000 Cell: (509) 480-1140 Fax: (509) 902-8001
6. Standard Industrial Classification number (SIC Code):
701

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	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: _____

Hotel

8. Number of employees: Full-Time 7 Part-Time 21

9. Normal operating schedule: 24 hrs hours per day 17 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.

Wanda A. Riel
Print Name & Title

Wanda A. Riel
Signature

3/4/19
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

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: L&L Rentals
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 710 W Washington Ave
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: Bryan Velasco
Street (or P.O. Box): 1201 S 1st Street
City: Yakima State: WA Zip: 98901
5. Emergency contact person:
Name: SAM
Title: Sanitary
Phone: (509) 952-7156 Cell: () N/A Fax: () N/A
6. Standard Industrial Classification number (SIC Code):
891

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	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: chair and table
Rentals for events.

8. Number of employees: Full-Time 0 Part-Time 1

9. Normal operating schedule: 5 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: N/A Federal Permit Number: N/A

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.

Bryan Velasco
Print Name & Title

Bryan Velasco
Signature

2-22-19
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

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: GLASPEY / Ahtanum LLC
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 2802 55th Ave #1
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: TOB 3338
Street (or P.O. Box): _____
City: Union Gap State: WA Zip: 98903
5. Emergency contact person:
Name: FRANK GLASPEY
Title: MGR
Phone: (509) 248-4738 Cell: (509) 933-1718 Fax: ()
6. Standard Industrial Classification number (SIC Code):
999

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	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: Office
8. Number of employees: Full-Time 0 Part-Time 0
9. Normal operating schedule: _____ hours per day / 2 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.

FRANK GLASPEY Frank Glaspey - 3/1/19
Print Name & Title Signature Date

CITY OF UNION GAP

Public Works Administration Office
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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: Liandra Barragan
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 205 Wheatcom 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: Tsidra Sanchez
Title: _____
Phone: (509) 457-3472 Cell: (509) 930-44 Fax: ()
6. Standard Industrial Classification number (SIC Code): 34

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	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: Rent

8. Number of employees: Full-Time _____ Part-Time 2
9. Normal operating schedule: _____ 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.

Lizandro Barragan B Lizandro Barragan 2-28-19
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

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: Kathy Early Learning
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 2126 Rock 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: Kathy
Title: First Assistant
Phone: () Cell: (509) 571-3504 Fax: ()
6. Standard Industrial Classification number (SIC Code):
8351

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	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: Childcare we provide care for children in our community
8. Number of employees: Full-Time 3 Part-Time 2
9. Normal operating schedule: 24 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.

Amelia Gil owner Amelia Gil 3/6/2019
Print Name & Title Signature Date

CITY OF UNION GAP

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: Meadowlands Estates LLC
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 2802 S 5th Ave
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: Meadowlands Estates LLC
Street (or P.O. Box): 221 Main Street, Suite #2039
City: Los Altos, State: CA Zip: 94023
5. Emergency contact person:
Name: Dan Durand
Title: Manager
Phone: () Cell: (509) 654-2220 Fax: ()
6. Standard Industrial Classification number (SIC Code):
531110

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	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: _____
Manufactured housing community

8. Number of employees: Full-Time _____ Part-Time 1 part time contractor

9. Normal operating schedule: varies 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.

Yoel Kelman, Manager of
Meadowland Estates LLC's manager

Print Name & Title

Signature

Yoel D. Kelman

4/12/19

Date

CITY OF UNION GAP

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: Korbin Manufacturing Solutions LLC
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 501 Rose St.
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: 7603 Antanum Rd.
Street (or P.O. Box): _____
City: Yakima State: WA Zip: 98903
5. Emergency contact person:
Name: Ken Davis
Title: Managing Member
Phone: (509) 966-4881 Cell: (509) 930-2010 Fax: (509) 453-4077
6. Standard Industrial Classification number (SIC Code):
39

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	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: Equipment Manufacturing

8. Number of employees: Full-Time 9 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

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.

Kenneth I. Davis Owner
Print Name & Title

Kenneth I. Davis
Signature

4-16-19
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

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: Alex Auto Detailing
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 112 W. Washington
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: Ernesto A. Perez T.
Street (or P.O. Box): 1919 Landon Ave.
City: Union Gap State: Wa Zip: 98903
5. Emergency contact person:
Name: Jorge Meza
Title: Friend
Phone: (509) 902 2237 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 and find the correct code by searching under SIC Manual.

Automotive Repair Shops	753	X	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: Exterior Detail, Interior Detail, Fleet Detail, Engine Detail, Leather cleaning & conditioning, Headlight Restoration, wrap Installation.

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

9. Normal operating schedule: 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?

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.

Ernesto Perez Owner
Print Name & Title

[Signature]
Signature

Apr 13, 2019
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

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: Pepe's Bakery & Cakes, LLC
2. Division Name: Pepe's Cakes
3. Physical address of facility discharging wastewater:
Street: 2642 Main St. Suite E
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: Anna Gutierrez
Title: Owner
Phone: (509) 854-2784 Cell: (509) 305-0077 Fax: () ☒
6. Standard Industrial Classification number (SIC Code):
5999 533 899

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	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: Sell products to make cakes such as airbrush colors, tips, pastry bags, spatulas and take cake orders
8. Number of employees: Full-Time 0 Part-Time 2
9. Normal operating schedule: 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.

Anna M. Gutierrez Anna M. Gutierrez 4-1-19
Print Name & Title Owner 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

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: Bigfoot Espresso Company, Inc.
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 2532 S 12th 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: Steven Lange
Title: ITD INC. COM ~ CEO / owner
Phone: (509) 985-0769 Cell: (509) 985-0769 Fax: (509) 469-4921
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 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: Coffee / Smoothie Van which is mobile (van)
for events and stationary @ Union Gap location
Monday thru Friday.
8. Number of employees: Full-Time Zero Part-Time Zero
9. Normal operating schedule: 10 hours per day 60 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.

Hope Lange - Owner Hope Lange _____
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

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: DR Trucking Services LLC
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 4205 3rd Street
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: _____
Street (or P.O. Box): 4205 3rd Street
City: Union Gap State: WA Zip: 98903
5. Emergency contact person:
Name: Mary Ann Kanski
Title: owner
Phone: 509-371-3714 Cell: () Fax: ()
6. Standard Industrial Classification number (SIC Code):
4212

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	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 _____ Part-Time _____

9. Normal operating schedule: _____ 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.

Dave Ransier / owner

Print Name & Title



Signature

5-23-17

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

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: Dana & Candice Rogers
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 1920 Cornell Ave
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: 1918 Cornell Ave
Street (or P.O. Box): ↓
City: Union Gap State: WA Zip: 98903
5. Emergency contact person:
Name: Candice Rogers
Title: owner
Phone: () Cell: 509 985 1155 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 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 _____ Part-Time _____
9. Normal operating schedule: _____ 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.

Candice Rogers Candice Rogers 3-14-14
Print Name & Title Signature Date

CITY OF UNION GAP
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: Yakima Valley Urgent Care
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 17 East Valley Mall Boulevard
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: David Wood
Title: Owner
Phone: () Cell: (509) 899-6179 Fax: (509) 201-1760
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 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: Urgent Care facility.
Provide quality, convenient, episodic care
for acute illness and injuries.

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

9. Normal operating schedule: 12 hours per day 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.

Paul D. Lopez President
Print Name & Title

[Signature]
Signature

4/2/19
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

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: ARLEO'S AUTOMOTIVE INC
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 3501 MAIN ST
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: _____
Street (or P.O. Box): P.O. Box 3226
City: Union Gap State: WA Zip: 98903
5. Emergency contact person:
Name: JULIO ARLEO'S
Title: OWNER
Phone: () Cell: (09) 9302735 Fax: ()
6. Standard Industrial Classification number (SIC Code):

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	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:
AUTO SALES, AUTO REPAIR
8. Number of employees: Full-Time 4 Part-Time _____
9. Normal operating schedule: _____ 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? 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.

Julio Amador
Print Name & Title

Julio Amador
Signature

08/12/2015
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

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: AMTOLAS AUTOMOTIVE INC
2. Division Name: _____
3. Physical address of facility discharging wastewater:
Street: 3612 MAIN ST
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: P.O. Box 3226
Street (or P.O. Box): _____
City: Union Gap State: WA Zip: 98903
5. Emergency contact person:
Name: Julio Amto/as
Title: OWNER
Phone: () Cell: (509) 9302778 Fax: ()
6. Standard Industrial Classification number (SIC Code):
753 551

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	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: _____

AUTO SALES, AUTO REPAIR

8. Number of employees: Full-Time 4 Part-Time _____
9. Normal operating schedule: _____ 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? 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.

JUCIO ARTEOLA
Print Name & Title

Jucio Arteola
Signature

08/12/2019
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

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: Boston & Sons Inc.
2. Division Name: Boston Parking Center
3. Physical address of facility discharging wastewater:
Street: 2300 Ahtanum Rd.
City: Union Gap State: Washington Zip: 98903
4. Mailing address; if different from physical address:
Name: Boston & Sons
Street (or P.O. Box): 2550 Boston Rd.
City: Yakima WA State: WA Zip: 98903
5. Emergency contact person:
Name: Andy Birley - Malcolm HANIKS Office 509-823-2719
Title: Director of Warehouse Operations Cell 509-945-3717
Phone: (509) 823-2718 Cell: (509) 823-2718 Fax: () - Plant Engineer
6. Standard Industrial Classification number (SIC Code): 509-949-9281
4222

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	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: _____

Cold Storage, Packing & Shipping
of Fresh Fruit.

8. Number of employees: Full-Time 320 Part-Time _____

9. Normal operating schedule: 17 hours per day 95 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 WAG. 99.4353 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.

Malcolm Hanks Engineer

Print Name & Title

Signature

Date

8-2-19

CITY OF UNION GAP

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: MLM Entertainment, LLC.
2. Division Name: Sticky Budz
3. Physical address of facility discharging wastewater:
Street: 2309 S. 3rd ave.
City: Union Gap State: WA 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: Jamie Muffitt
Title: CFO
Phone: () Cell: (509) 952-3569 Fax: ()
6. Standard Industrial Classification number (SIC Code):
8999

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	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: Marijuana
processor Tier 3. Packaging and Manufacturing of
processor on Marijuana Ideams.

8. Number of employees: Full-Time 22 Part-Time 3

9. Normal operating schedule: 9 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.

CEO
Print Name & Title

[Signature]
Signature

3-19-2019
Date