ATTACHMENT

Industrial Waste Surveys

SIGNIFICANT & MINOR INDUSTRIAL USERS

ANNUAL REPORT ~ 2019 ACTIVITIES

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.

1.	Company Name: The bake	SHOK)	.,,	
2.	Division Name:				
3.	Physical address of facility discharging was Street: 4007 mm/m	tewater:			
	City: Union Gap	State:	Washington	Zip:	98903
4.	Mailing address; if different from physical a	ddress:			T-0.011.000 and 0.010.000
	Street (or P.O. Box):				
	City:			Zip:	
5. ·	Emergency contact person: Name: Yablo (1007) 12 Title: (50) 901-273 Cell:	(५७१)	3149041 Fax: ()		
6.	Standard Industrial Classification number (S	IC Code	e): 		
	Select the SIC Code that best applies to yo log onto www.osha.gov and find the correct		•	s not list	ed, please
	Automotive Repair Shops	753	Meat & Fish Market	542	
	Department Store	531	Miscellaneous Services	899	•
	Doctors Offices & Clinics	108	Motor Vehicle Dealer	551	1
	Eating or Drinking Establishments	581		999	
	Family Clothing Store	565		523	1
	Gasoline Station	554	Pharmaceutical (Drugs)	283	1

541

525

701

Plastic Materials

Variety Store

282

533

Grocery Store

Hardware Stores

Hotels & Motels

	Number of employees: Full-Time Part-Time
	Normal operating schedule: hours per day days per week.
	Is the facility presently connected to the public sewer system? Yes No
	Do you, or will you, discharge process wastewater other than domestic waste from bathrooms, toilets, etc. into the public wastewater system? Yes
	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 Permit? If "Yes", please provide the permit number(s) and attach copies to this survey. Yes
	State Permit Number: Federal Permit Number:
	Do you, or will you, have chemical storage other than household cleaners? Yes
	Could an accidental spill in the manufacturing or storage area lead to a discharge into: Public Sewer System? Storm Drainage System? Yes No
the	d on your answers on this questionnaire, you may be asked to provide additional information. If this e case, you will be notified by the City's Wastewater Division and given a description of the nation requested.
Uii	the representative completing this form, the information provided in this survey is to the best of my reledge true and complete.
th	

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WASTEWATER SURVEY

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	_				
1.	Company Name: Perez 215-	1-	buting Fr		7. /1
2.	Division Name: Pera 215+	Jbu	ting VAKI	MA	1) / K
3.	Physical address of facility discharging was	tewater			
	Street: 1408 114AC	,			
	•	State		7:	00000
4			. Washington	Zip:	98903
4.	Mailing address; if different from physical a				
	Name: Same				
	Street (or P.O. Box):				
	City:	State		Zip:	
5 . ·	Emergency contact person:			,	
	Name: Emeteric	Der	~ ?		
	Title: DWNI-R	7			
		(CF4.)	360-9326 Fax: ()		
6.					
υ.	Standard Industrial Classification number (S	IC Code	e):		
	5141 514	9			
	Select the SIC Code that best applies to yo	ur busii	ness. If your business' code i	s not liste	d. please
	log onto ww.osha.gov and find the correct of	ode by	searching under SIC Manual.		a, prodoc
	_	•	The state of the s		
	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		523	
	Gasoline Station	554	Pharmaceutical (Drugs)	283	
	Grocery Store	541		282	
	Hardware Stores	525	Variety Store	533	
	Hotels & Motels	701			

7.	Brief description of business, principal products and services: B. Groce	ミみし	<u>es</u>
8.	Number of employees: Full-Time Part-Time		
9.	Number of employees: Full-Time Part-Time 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?	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 Permi please provide the permit number(s) and attach copies to this survey.		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 into: Public Sewer System? Storm Drainage System?	Yes Yes	
is the	d on your answers on this questionnaire, you may be asked to provide additional information case, you will be notified by the City's Wastewater Division and given a descripmation requested.	tion. I	f this f the
	e representative completing this form, the information provided in this survey is to the ledge true and complete.	best o	f my
ex	Name & Title Signature Date	14-	19

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WASTEWATER SURVEY

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

1.	Company Name:	Knobel's Electric	, Inc.					
2.	Division Name:							
3.	Physical address of							
	Street:	801 Tennant Lane						
		Union Gap	Yakima	State:	Washington		Zip:	98901 98903
4.	Mailing address; i	f different from	physical ac	ddress:				
	Name:		***************************************		Marrows now when constant the bound Marky of an Ethiophysic Frie			
							Zip:	
5. ·	Emergency contac	t person:	•		•			
	Name:	Eugene Knobel						
	Title:							
))		
6.	Standard Industria	Classification	number (S 304)	0				Allelian
	Select the SIC Co						not list	ed, please

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		Annual Control

7.	Brief description of business, principal products and services:Electrical Contractor	
8.	Number of employees: Full-Time	
9.	Normal operating schedule:8 hours per day5 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?	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 Permi please provide the permit number(s) and attach copies to this survey.	t? If "Yes", 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? Storm Drainage System?	Yes No
s the	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 descripnation requested.	ation. If this option of the
As th mow	e representative completing this form, the information provided in this survey is to the ledge true and complete.	best of my
itE	Percy MATTHS OFF MAR Stury Multipo 1/2 Name & Title Signature Date	2/19

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WASTEWATER SURVEY

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

1.	Company Name: Budget	<u>C</u> ,	AR GALES	· · ·	·
2.	Division Name:				
3.	Physical address of facility discharging wastew	ater:			
	Street: 3811 MAIW		<u> </u>		
	City: Union Gap S	State:	Washington	Zip:	98903
4.	Mailing address; if different from physical addr	ess:			
	Name: Stre	······································			
	Street (or P.O. Box):				
		State:		Zip:	
5. ·			•		
	Name: 14/2/4/1)	4	ulliams		
	Name: MARILYN Title: WIFE				***************************************
	Phone: () Cell: (<				
6.	Standard Industrial Classification number (SIC		-		
υ.	551	Code	<i>)</i> .		
	331		· · · · · · · · · · · · · · · · · · ·		
	Select the SIC Code that best applies to your log onto www.osha.gov and find the correct cod		_	s not list	ed, 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		523	
	Gasoline Station		Pharmaceutical (Drugs)	283	
	Grocery Store	541		282	
	Hardware Stores	525	Variety Store	533	

701

Hotels & Motels

8,	Number of employees: Full-Time Owver 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	om bathr	ooms,
	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 Penplease provide the permit number(s) and attach copies to this survey.	nit? If '	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 into: Public Sewer System? Storm Drainage System?	Yes Yes	NO NO
is the	d on your answers on this questionnaire, you may be asked to provide additional infore case, you will be notified by the City's Wastewater Division and given a description requested.	mation.	If this of the
	ne representative completing this form, the information provided in this survey is to reledge true and complete.	the best	of my
,	Denvis WillAMS Challes 1 Name & Title Signature Date	-29-	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@cityofunlongap.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: The Mystal The Division Name:		7 00	_	
Physical address of facility discharging wastewater	Harri	1 AN		
Street: \(\) \(\) \(\) \(\)	71() 11 0	<u> </u>		
City: Union Gap State	e: <u>V</u>	/ashington	Zip:	9890.
Mailing address; if different from physical address:				
Name:				
Street (or P.O. Box):				
City: State	3:		Zip:	
Emergency contact person:			•	
Name:	Annin	NI		
Title: NIMUR				4
Phone: GM) 4211-9UH Cell: ()Sam	() Fax: (MA	
Standard Industrial Classification number (SIC Co	de):		, 🗸 ,	
6 \$1				
<u> 581</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 Establishments	581	Non-Classifiable Establishments	999
Family Clothing Store	and the second second	Paint & Glass Store	523
Gasoline Station	and a supplied to the property of the	Pharmaceutical (Drugs)	283
Grocery Store		Plastic Materials	282
Hardware Stores	and the control of th	Variety Store	533
Hotels & Motels	701		

7.	Brief description of business, principal products and services: FOOT THICK SCIVING TALOS, STICLES &	
	matoloka Brinks	
8.	Number of employees: Full-Time 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
	Do you, or will you, discharge process wastewater other than domestic waste from toilets, etc. into the public wastewater system?	bathrooms, 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 please proyide the permit number(s) and attach copies to this survey.	? If "Yes", 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? Storm Drainage System?	Yes No No
s the	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 descripmation requested.	
	e representative completing this form, the information provided in this survey is to the ledge true and complete.	best of my
<u>₩\</u> rint l	Name & Title Sunor Omytil Sturney 1-2 Date	9-19

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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: Megaladon Proporty Manyours
3.	Physical address of facility discharging wastewater:
	Street: 1901-1919 S. 1444 Street
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: Magalodon Proposty Maragoment
	Street (or P.O. Box): 901 Summit west Aug. Suite 250
	City: Yakımu State: WA Zip: 98902
5.	Emergency contact person:
	Name: Santiago Servano
	Title: Marytenauca Supervisa-
	Phone: (509) 453-8161 Cell(509) 930-3007 Fax:(509) 453-8189
6.	Standard Industrial Classification number (SIC Code):
	653

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	Real Estate Ageds/Managers	
		I Real CSVAIR MARRY Managers	653

7.	Brief description of business, principal products and services: Revolution Agends For Real Estatel	
9.	Number of employees: Full-Time Part-Time Part-Time Normal operating schedule: Normal operations of 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 f 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 Discharge 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 dischar 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 Digiven a description of the information requested.	litional vision and
1	As the representative completing this form, the information provided in this su the best of my knowledge true and complete.	rvey is to
	Print Name & Title Signature	2(26/2019 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

This email does not

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 Cap
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 1215 Antanum 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: Warda Kiel
	Title: General Monager
	Phone: (509) 902 - 800(Cell (509) 480 //40 Fax: (509) 902 - 800 /
6.	Standard Industrial Classification number (SIC Code):
	701

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, p	principal products and services:	
Normal operating schedule:	Time7Part-Time3/hours_week_ected to the public sewer system? ch entity bills your sewer Union Gap) (E) No
 Do you, or will you, discharg bathrooms, toilets, etc. into t 	e process wastewater other than domestic wast the public wastewater system?	te from Yes No
12. Do you, or will you, discharge	e oil, grease or fats into the public sewer?	Yes (No.)
ii ies, please provide the po	or Federal Environmental Wastewater Discha ermit number(s) and attach copies to this surve Federal Permit Number	rge Permit? ey Yes No
	mical storage other than household cleaners?	Yes (No
Based on your answers on thi	ne manufacturing or storage area lead to a disch Public Sewer System? Storm Drainage System? s questionnaire, you may be asked to provide a c, you will be notified by the City's Wastewater or promation requested.	Yes (No) Yes (No)
As the representative complet the best of my knowledge true	ing this form, the information provided in this and complete.	survey is to
Wanda A. Riel Print Name & Title	Wards A. Rul Signature	3/4/19

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

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1.	Company Name: L&L Rentals
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 710 w washington are
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: Byan Velasco
	Street (or P.O. Box): 1201 5 154 94/247
	City: York Ma State: WA Zip: Cligo!
5.	Emergency contact person:
	Name: <u>SAM</u>
	Title: Sadher
	Phone: (5,7)(52-7/5(Cell() N/A Fax:() N/A
6.	Standard Industrial Classification number (SIC Code):
	<u></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.	& table	,	
	Rentals for exents.		
8.	Number of employees: Full-Time Part-Time	t	
9.	Normal operating schedule: hours per day days per week.		
10.	Is the facility presently connected to the public sewer system?	Yes	160
11.	Do you, or will you, discharge process wastewater other than domestic was toilets, etc. into the public wastewater system?	te from bathro	ooms,
	tonota, etc. med the public master agreem	Yes	Ø
12.	Do you, or will you, discharge oils, grease or fats into the public sewer?	Yes	1
13.	Have you been issued a State or Federal Environmental Wastewater Discharge please provide the permit number(s) and attach copies to this survey.	e Permit? If " Yes	
	State Permit Number: Federal Permit Number:		
14	Do you, or will you, have chemical storage other than household cleaners?	Yes	©
15.	Could an accidental spill in the manufacturing or storage area lead to a discharge Public Sewer System Storm Drainage System	1? Yes	6 0
is the	d on your answers on this questionnaire, you may be asked to provide additional case, you will be notified by the City's Wastewater Division and given a mation requested.	information. I	If this of the
	the representative completing this form, the information provided in this survey reledge true and complete.	is to the best o	of my
BA	van Velugo Bryan Velusco	2-22-	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

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1.	Company Name: GlASPCY / AMarum LCC
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Physical address of facility discharging wastewater: Street: 2502 5 6 7 7 7 7
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: 10 B 335 8
	Street (or P.O. Box):
	City: (Much GAP State: WTZip: 98985
5.	Emergency contact person:
	Name: FRANK 6 Napry
	Title: MGR
	Phone: (SO) 24847 Cell(SO) 8333(16Fax:())
6.	
	999

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		1333

7. Brief description of business, principal products and services:	
8. Number of employees: Full-Time Part-Time 9. Normal operating schedule: hours per day _/ O hours/wee 10. Is the facility presently connected to the public sewer system? If "Yes", please indicate which entity bills your sewer Yakima Union Gap	ek Yes No
11. Do you, or will you, discharge process wastewater other than domestic w bathrooms, toilets, etc. into the public wastewater system?	raste 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 Disc If "Yes", please provide the permit number(s) and attach copies to this su State Permit Number Federal Permit Number	harge Permit? urvey 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 di Public Sewer System? Storm Drainage System?	scharge 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 Wastewatt given a description of the information requested.	e additional er Division and
As the representative completing this form, the information provided in the best of my knowledge true and complete.	nis survey is to
JEANK GLASpey Seel Fleyry -	3/1/19
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: Lizandro Barragen
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 205 Whatcom 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 Sanche?
	Title:
	Phone: (500) 457-347 Cell (509) 930-44 Fax: ()
6.	Standard Industrial Classification number (SIC Code): 34

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		1333

7.	Brief description of business, principal p	roducts and services:	ent-	
9.	Number of employees: Full-Time Normal operating schedule: Is the facility presently connected to t If "Yes", please indicate which entity b Yakima	hours per dayhou he public sewer system?	and the second s	Yes No
11.	Do you, or will you, discharge process bathrooms, toilets, etc. into the public	wastewater other than dom wastewater system?	* * * * * * * * * * * * * * * * * * *	n ès No
12.	Do you, or will you, discharge oil, grea	se or fats into the public sev	ver? Ye	es No
	Have you been issued a State or Feder: f "Yes", please provide the permit num	nber(s) and attach copies to	this survey Ye	ermit? s (No
1	State Permit Number	Federal Permit Number	er	AMPONION.
4.]	Oo you, or will you, have chemical stor	age other than household cl	eaners? Ye	s No
5. (Could an accidental spill in the manufa	cturing or storage area lead	to a discharge	into:
		Public Sewer System?		No No
		Storm Drainage System	_	s No
L	ased on your answers on this questior nformation. If this is the case, you will iven a description of the information r	be notified by the City's Wa	provide additio stewater Divisio	nal on and
A tl	s the representative completing this for ne best of my knowledge true and com	orm, the information provid plete.	ed in this surve	y is to
	-izando Rama 2	Jun Aster 1.	2 2	1-72-10
P	rint Name & Title	Signature) Consider Day	to (

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: 2/26 ROCK AND
	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: Kashy Cul
	Title: First Assistant
	Phone: () <u>Cell(56</u>) 571-3504 Fax:()
6.	Standard Industrial Classification number (SIC Code):
	_855/

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:	
	Children us provide care for children in our community	
8.	Number of employees: Full-Time Part-Time	
9.	Normal operating schedule: 24 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 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	***************************************
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?	charge into: Yes No
	Storm Drainage System?	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
	As the representative completing this form, the information provided in th the best of my knowledge true and complete.	is survey is to
	Amelia Gir owner Ameli GO	3/6/2019
	Print Name & Title Signature	Date

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WASTEWATER SURVEY

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

1.	Company Name	: Meadowlands Est	tates LLC		<u> </u>		***************************************
2.	Division Name:						
3.	Physical address	of facility discharge	ing wastewater:				
	Street:_	2802 S 5th Ave					
	City:	Union Gap	State:	Was	hington	Zip:	98903
4.	Mailing address;	if different from ph	ysical address:				
	Name:	Meadowlands Estat	es LLC				
	Street (d	or P.O. Box): 221 N	1ain Street, Suite #2	2039			
		Los Altos,	State:	CA		Zip:	94023
5. ·	Emergency conta	ict person:	•				•
	Name:	Dan Durand					
	Title:	Manager					
	Phone: (Cell: (509)65	4-2220	Fax: ()	
5.	Standard Industri	al Classification nu	mber (SIC Code):				
	5311	10					

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store		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		

	Manufacturd housing communit	ty			
	Number of employees: Full-Time	me	Part-Time 1 part time	contract	or
	Normal operating schedule: val	ries hours per day	days per week.		
•	Is the facility presently connected	ed to the public sewer syste	em?	Yes) No
	Do you, or will you, discharg toilets, etc. into the public waste	· -	er than domestic waste fro		ooms
	Do you, or will you, discharge of	oils, grease or fats into the	public sewer?	Yes Yes	(A)
	Have you been issued a State of please provide the permit number.	er(s) and attach copies to t		nit? If " Yes	Yes",
	Do you, or will you, have chemi			Yes	₫
	Could an accidental spill in the	manufacturing or storage a	rea lead to a discharge into: Public Sewer System? Storm Drainage System?	Yes Yes	(40) (9)
the on	d on your answers on this questice case, you will be notified by nation requested.	the City's Wastewater	Division and given a desc	ription o	f the
w	e representative completing this ledge true and complete.	from, the information pro	ovided in this survey is to t	ne oesi c	n my
	Kelman, Manager of dowland Estates LLC's manager	Signature Jel B	Kelmer 4/12,	/19	
nt	Name & Title	Signature	Date		

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WASTEWATER SURVEY

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

1.	Company Name: Horbin Manufacturing Solutions LLC
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: BOI ROSE St.
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: 7603 Antanum Ad.
	Street (or P.O. Box):
	City: Yakima State: WA. Zip: 98903
5. ·	Emergency contact person:
	Name: 1620 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 hest 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		

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 Permit please provide the permit number(s) and attach copies to this survey.	t? 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 into: Public Sewer System? Storm Drainage System?	Yes Yes	No No
s the	d on your answers on this questionnaire, you may be asked to provide additional informations, you will be notified by the City's Wastewater Division and given a descrimation requested.	ation. I	f this of the
	e representative completing this form, the information provided in this survey is to the ledge true and complete.	e best o	of my
	Name & Title Signature Date	<i>C</i>	_

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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: 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 Gaf State: Wa Zip: 98903
5.	Emergency contact person:
	Name: Jorge Meza
	Title: Friend
	Phone: (509)9022277 Cell() Fax:()
6.	Standard Industrial Classification number (SIC Code):
	753

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: Extenor Delail, Interior Detail, Fleet Detail, Engine Octail, Leather cleaning & conditioning, Headligth Restoration, wrap Installian,	
8.	Number of employees: Full-Time Part-Time Normal operating schedule: hours per day hours/week	
9. 10.	Is the facility presently connected to the public sewer system?	(Var) No
	If "Yes", please indicate which entity bills your sewer	Yes) No
	Yakima Union Gap	
11.	Do you, or will you, discharge process wastewater other than domestic was	te 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 Dischalf "Yes", please provide the permit number(s) and attach copies to this surv	arge Permit? vey Yes No
	State Permit Number Federal Permit Number	Adventure (British April) programmy area
14.	Do you, or will you, have chemical storage other than household cleaners?	Tes No
15.	Could an accidental spill in the manufacturing 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 questionnaire, you may be asked to provide information. If this is the case, you will be notified by the City's Wastewater given a description of the information requested.	additional · Division and
	As the representative completing this form, the information provided in thit the best of my knowledge true and complete.	s survey is to
,	Ernesto Perre Owner Entoponer	Apr. 3, 2016
	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.

	repes Dakery &
1.	Company Name: Pepes 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):
	5444 533 899

753	Meat & Fish Market	542
531	Miscellaneous Services	899
801	Motor Vehicle Dealer	551
581	Non-Classifiable Establishments	999
565	Paint & Glass Store	523
554	Pharmaceutical (Drugs)	283
541	Plastic Materials	282
525	Variety Store	533
701		
	531 801 581 565 554 541 525	531 Miscellaneous Services 801 Motor Vehicle Dealer 581 Non-Classifiable Establishments 565 Paint & Glass Store 554 Pharmaceutical (Drugs) 541 Plastic Materials 525 Variety Store



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	
9.	Number of employees: Full-Time Part-Time Normal operating schedule: hours per day 48 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.	litional vision and
	As the representative completing this form, the information provided in this so the best of my knowledge true and complete.	ırvey is to
	Anna M. Gutjerrez Amam Hutenez Print Name & Title Owner Signature	4-1-19 Date

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WASTEWATER SURVEY

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

1.	Company Name: Bigfort Esoresso Consany Inc.
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 2532 SIZE 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: ITOTIAC: COM ~ CED JOUNEN
	Phone: (509)985-0769Cell(509)985-0769Fax:(509) 469-4921
6.	Standard Industrial Classification number (SIC Code):
	<u>581</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		_ 333

7.	Brief description of business, principal productions of business, principal production which for events and stationary monday three friday.	his mobile (van)			
9.	Is the facility presently connected to the part of "Yes", please indicate which entity bills	nours per day OO hours/week public sewer system?	Yes No		
11.	Do you, or will you, discharge process wa bathrooms, toilets, etc. into the public wa	stewater other than domestic waste fi stewater system?	rom 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 E If "Yes", please provide the permit number	Environmental Wastewater Discharge er(s) and attach copies to this survey	Permit? Yes No.		
	State Permit Number	Federal Permit Number	-		
14.	Do you, or will you, have chemical storage	e other than household cleaners?	Yes No		
15.	Could an accidental spill in the manufactu		ge into: Yes No 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 best of my knowledge true and comple	n, the information provided in this su ete.	rvey is to		
•	Hope Langer Owner Print Name & Title	Hope Lange Signature	Dit		
•	THE MAINE & THE	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: DR TRUCKING SERVICES 116
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 4205 Sva 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: MION AUP State: (1) CL Zip: 98003
5.	Emergency contact person:
	Name: MAN ANN LANSILLE
	Title: a(b) -3114
	Phone: 60 Co Collins () Fax:()
6.	Standard Industrial Classification number (SIC Code):
	4913

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 pro	oducts and services:	
9.	Number of employees: Full-Time Normal operating schedule: Is the facility presently connected to the	hours per dayhours/week ne public sewer system?	Yes No
	If "Yes", please indicate which entity be Yakima	ills your sewer Union Gap	
11.	Do you, or will you, discharge process bathrooms, toilets, etc. into the public	wastewater other than domestic wast wastewater system?	e from Yes No
12.	Do you, or will you, discharge oil, greas	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 Dischar aber(s) and attach copies to this surve	rge Permit? ey Yes No
	State Permit Number	Federal Permit Number	
14.	Do you, or will you, have chemical store	age other than household cleaners?	Yes No
15.	Could an accidental spill in the manufa	cturing or storage area lead to a discl Public Sewer System?	narge into
		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 r	be notified by the City's Wastewater	dditional Division and
	As the representative completing this for the best of my knowledge true and com	orm, the information provided in this plete.	survey is to
) Ave Ransier/owner	AJC.	5-23-1-
	Print Name & Title	Signature	Date

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WASTEWATER SURVEY

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

1.	Company Name: Dara & Candice Rogers
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 1920 CORNELL QUE
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: 1918 CORNELL Que
	Street (or P.O. Box):
	City: Union Gas State: WAZip: 98903
5.	Emergency contact person:
	Name: Carrier Rogers
	Title: Owner
	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 p	products and services:		
8.	Number of employees: Full-Time	Part-Time		
9. 10.	Normal operating schedule: Is the facility presently connected to if "Yes", please indicate which entity Yakima	the public sewer system?	ours/week	Yes No
11.	Do you, or will you, discharge process bathrooms, toilets, etc. into the public	s wastewater other than do c wastewater system?	mestic waste	from Yes No
12.	Do you, or will you, discharge oil, gre	ase or fats into the public s	ewer?	Yes No
13.	Have you been issued a State or Federal If "Yes", please provide the permit nu	ral Environmental Wastew mber(s) and attach copies t	ater Discharg to this survey	ge Permit? Yes No
	State Permit Number	Federal Permit Num	ber	
14.	Do you, or will you, have chemical sto	orage other than household	cleaners?	Yes No
15.	Could an accidental spill in the manu	facturing or storage area lea Public Sewer System Storm Drainage Syst	n?	arge into: Yes No Yes No
	Based on your answers on this question information. If this is the case, you wi given a description of the information	ll be notified by the City's V	to provide ad Vastewater D	ditional Pivision and
	As the representative completing this the best of my knowledge true and cor	form, the information prov	ided in this s	eurvey is to
	Candice Rogers Car Print Name & Title	ndice Roolis Signature	-	<u>3-14-</u> 19

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WASTEWATER SURVEY

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

1.	Company Name: Yakima Va	lley	Urgent Care		
2.	Division Name:	_			
3.	Physical address of facility discharging waste	ewater:		d	
	City: Union Gap				98903
4.	Mailing address; if different from physical ac	ddress:			
	Name:	······································			
	Street (or P.O. Box):				
	City:				
5. '	Emergency contact person:		•	Ť	
	Name: David Woo	d			
	Title: Owner				
	Phone: () Cell:	(5 09)	899-6179 Fax: (509)	201-	-1760
6.	Standard Industrial Classification number (Sl				
	Select the SIC Code that best applies to you log onto www.osha.gov and find the correct of	ur busir	ness. If your business' code is	s not list	ed, please
	Automotive Repair Shops	753	Meat & Fish Market	542	
•	Department Store	• 531		899	•
	Doctors Offices & Clinics	801		551	
	Eating or Drinking Establishments	581		999	I
	Family Clothing Store		Paint & Glass Store	523	: İ
	Gasoline Station		Pharmaceutical (Drugs) Plastic Materials	283 282	İ
	Grocery Store Hardware Stores		Variety Store	533	
	Hotels & Motels	701		223	

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 toilets, etc. into the public wastewater system?	bathrooms, 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 Permi please provide the permit number(s) and attach copies to this survey.	t? If "Yes", 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? Storm Drainage System?	Yes No
s th	ed on your answers on this questionnaire, you may be asked to provide additional information requested.	
	the representative completing this form, the information provided in this survey is to the vledge true and complete.	e best of my
a <u>ul</u> Print	Name & Title Signature $\frac{4/2/1}{Date}$	9

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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: #RILLOIAS AUTUMOTIVE INC
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 350/ Majn JT
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name:
	Street (or P.O. Box): P. U. BUx 7226
_	City: UNION 611) State: CINZID: 96907
5.	Emergency contact person:
	Name: VUIS SPACES
	Title: OUN EX-
	Phone: () Cell(109) 9302737 Fax:()
6.	Standard Industrial Classification number (SIC Code):

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	Turioty blote	533

7.	Brief description of business, principal products and services:	
	DUTO SSIES, DUTO REPORTE	
8.	Number of employees: Full-TimePart-Time	
9.	Normal operating schedule:hours per dayhours/week	
10.	Is the facility presently connected to the public sewer system?	
	If "Yes" please indicate which with him	Yes No
	If "Yes", please indicate which entity bills your sewer	
	Yakima Union Gap	
11	Do you awaiii ii ii	
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?	
	grease or lats into the public sewer?	Yes No
13.	Have you been issued a State on Follows Free	
	Have you been issued a State or Federal Environmental Wastewater Discharg	ge Permit?
	If "Yes", please provide the permit number(s) and attach copies to this survey	Yes No)
	State Permit Number Federal Permit Number	
	1 cacra i etinit 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	
	Dublic Grand Co. 1	
	Public Sewer System?	Yes No
	Storm Drainage System?	Yes No
1	Based on your answers on this questions in	
i	Based on your answers on this questionnaire, you may be asked to provide add	ditional
-	information. If this is the case, you will be notified by the City's Wastewater D	ivision and
•	given a description of the information requested.	
Δ	As the representative and I if the	
	As the representative completing this form, the information provided in this st	ırvey is to
L	he best of my knowledge true and complete.	•
		1
	MILLER STANDA SUMBLE DEL	-10
É	1040 AMO/1 - JMO/1) 08/	12/20/5
P	rint 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: AMO/15 AUTOMOTIVE INC
2.	Division Name:
3.	Physical address of facility discharging wastewater:
	Street: 3612 Main 57 6
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: P.O. 86/ 1226
	Street (or P.O. Box):
_	City: UNIONGAS State: WS Zip: F8907
5.	
	Name: \(\(\sqrt{UU0} \) \(\AMto/\) \(\text{8} \)
	Name: OWNER Title:
	Phone: () Cell(509) 9302717 Fax:()
6.	Standard Industrial Classification number (SIC Code):
	755 551

$\overline{}$		
_J 753 J	Meat & Fish Market	542
531		
801		899
581		(551) 999
565	Paint & Glass Store	523
554		283
541	Plastic Materials	282
525		
701		533
	801 581 565 554 541 525	State Constitution State Constitution

7.	Brief description of business, princip	al product	s and services:		
	AUTO S1/E	5, 80	TO RE	DALK	
8. o	Number of employees: Full-Time_	4	Part-Time_		-
10.	Is the facility presently connected if "Yes", please indicate which enti	to the pul ty bills yo Uni	ors per day plic sewer sys pur sewer ion Gap	hours/w etem?	Yes No
11.	Do you, or will you, discharge proc bathrooms, toilets, etc. into the pul	ess waste olic waste	water other t water system	han domestic 1?	waste from Yes No
12.	Do you, or will you, discharge oil, g	rease or f	ats into the p	oublic sewer?	Yes No
13.]	Have you been issued a State or Fed f "Yes", please provide the permit r	leral Env number(s	ironmental V) and attach (Vastewater Di	scharge Permit? survey Yes No
			ederal Permi		
14. I	Oo you, or will you, have chemical s	torage ot	her than hou	sehold cleaner	rs? Yes No
15. (ould an accidental spill in the man	ŀ	g or storage a Public Sewer Storm Draina	System?	discharge into Yes No Yes/No
	ased on your answers on this quest formation. If this is the case, you we wen a description of the information	all be not	ified by the C	asked to provi City's Wastewa	ide additional ater Division and
A: th	s the representative completing this e best of my knowledge true and co	s form, th	e informatio	n provided in	this survey is to
***************************************	JUCIO AKAKOLA	-	Lower	ield)	08/12/2019
Pr	int Name & Title	Sign	ature		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: Boston & Sons Inc.
2.	Division Name: Borton Packing Center
3.	Physical address of facility discharging wastewater:
	Street: 2300 Africana Rd.
	City: Union Gap State: Washington Zip: 98903
4.	Mailing address; if different from physical address:
	Name: Botton & Sons
	Street (or P.O. Box): Z550 Boken Rd.
	City: Yakim 1 State: (NA Zip: 98903
5.	Emergency contact person:
	Emergency contact person: Name: Andy Birlay - Malcolm HANKS-Gel 509-945-3717
	Title: Director of Wheetonse Operature - Plant Engineer
	Phone: (505) 823 2718 Cell(509) 823-2718 Fax:(1)
6.	Standard Industrial Classification number (SIC Code): 509 - 949 - 9281
	4222

Automotive Repair Shops	753	Meat & Fish Market	542
Department Store	531	Miscellaneous Services	899
Doctors Offices & Clinics	801	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, Facking & Shipping of Fresh fruit.	
9.	Number of employees: Full-Time 320 Part-Time Normal operating schedule: 17 hours per day 95 hours/weed. Is the facility presently connected to the public sewer system? If "Yes", please indicate which entity bills your sewer Yakima Union Gap	k Yes) No
11.	Do you, or will you, discharge process wastewater other than domestic w bathrooms, toilets, etc. into the public wastewater system?	aste 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 Disc If "Yes", please provide the permit number(s) and attach copies to this su State Permit Number W&G 94 + 353 Federal Permit Number	charge Permit? arvey 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 d Public Sewer System? Storm Drainage System?	ischarge into: Yes No Yes No
	Based on your answers on this questionnaire, you may be asked to provious information. If this is the case, you will be notified by the City's Wastewagiven a description of the information requested.	le additional ter Division and
	As the representative completing this form, the information provided in the best of my knowledge true and complete.	his survey is to
	Print Name & Title Signature	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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.

	•					
1.	Company Name: MLM E	nta	Ctainment.	LLC.		
2.	Division Name: Sticky	Bud 2	2 '			
3.	Physical address of facility discharging was	tewater:				
	Street: 2309 5. 3 Ro					
	City: Union Gap	State	: WA Washington	Zip:	98903	
4.	Mailing address; if different from physical a	ddress:				
	Name:					
	Street (or P.O. Box):					
	City:			Zip:		
5. ·	Emergency contact person:		•	•		
	Name: Jamie Muff	it				
	Title: <i>CLO</i>					
				- · · · · · · · · · · · · · · · · · · ·		
	Phone: () Cell:	(509)	952-3569 Fax: ()		
6.	Standard Industrial Classification number (SIC Code):					
	COLO		.,,.			
	80/-					
	Select the SIC Code that best applies to yo	un busis	agg Tf von business and		, ,	
	Select the SIC Code that best applies to yo log onto www.osha.gov and find the correct of t	rode by	searching under SIC Monne	e is not liste	d, please	
	is some in which is a series of the correct to	Joue by	searching under SIC Manua	<u>11</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 Establishments	581	Non-Classifiable Establishment			
	Family Clothing Store	565		523		
	Gasoline Station	554		283		
	Grocery Store	541		282		
	Hardware Stores	525	Variety Store	533		

701

Hotels & Motels

7.	Brief description of business, principal products and services: Malifuana					
	PROCHAGER TILL 3. Packaging and manufa	Ctusm. of				
	110015508 an Malijuana	ideame.				
8.	Number of employees: Full-Time <u>32</u> Part-Time <u>3</u>					
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 bathrooms,				
		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 Permi	t? 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? Stonn Drainage System?	Yes (No) Yes (No)				
is the	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 descript nation requested.	tion. If this otion of the				
As th know	e representative completing this form, the information provided in this survey is to the ledge true and complete.	best of my				
,	$ \int d\Omega d $					
	60 Jn ### 3-1	19-2019				
Print !	Name & Title Signature Date					