

Exhibit C

Survey of Nonresidential Establishments - Completion Required for Service

SECTION A - GENERAL INFORMATION (Required for all customers)

1. Company Name: OAK HARBOR ELKS
2. Telephone Number 360-675-1321
3. Full Mailing Address of Business Offices: 155 NE ERNST ST
OAK HARBOR, WA
98277
4. Facility address (If different) SAME
5. Name of environmental contact JIM SCHURR Phone # 360-675-1321
(Person empowered by the authorized representative to represent the Company in dealings with the Sewer Authority and/or City, or responsible for the proper completion of this survey form.)
6. Primary business category: FRATERNAL SOCIAL NONPROFIT MUMS & DADS LODGE
operations conducted. (Include any activities from which waste water is produced.)

LIMITED SOCIAL GATHERINGS INCLUDING CATERING + HYDRA SERVICE

7. Unified Business Identification Number (UBI#) 153 00 17 16
8. Applicable Standard Industrial Classification (SIC) Code(s) 864012
9. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, a storm drain, or the ground? Yes ☒ No
10. IF THE ANSWER TO QUESTION 9 (ABOVE) IS NO, SIGN THE BELOW STATEMENT AND STOP HERE, otherwise complete the rest of the survey and then sign below. The survey cannot be accepted as complete until properly signed.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative: Gwen Schurr Date: 10/4/22

Name GWEN SCHURR Phone number (360) 675-1321

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(l))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

INTERNAL USE: Form Sent on _____ Received on _____ Form control # _____

SECTION B - WATER USE AND DISCHARGE VOLUME INFORMATION

1. This facility uses _____ gallons / day of water from the following sources:
- | | | | | |
|---------------------|-----------|-----------------------------------|-----------------------------------|----------------------------------|
| Reclaimed Water | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Public Water Supply | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Private Well | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Surface Water | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |

If applicable: Water Right Permit Number: _____

Legal Description: _____ 1/4S, _____ 1/4S, _____ Section, _____ TWN, _____ R

2. This facility uses this water for the following purposes:

- | | Gallons/day: | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
|-------------------------------------|--------------|-----------------------------------|-----------------------------------|
| A. Non-Commercial Domestic Uses | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| B. Non-Contact Cooling water | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| C. Boiler or Cooling Tower Blowdown | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| D. Contact Cooling Water | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| E. Process Water | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| F. Equipment or Facility Washdown | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| G. Air Pollution Control Unit | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| H. Stormwater Runoff to Sewer | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| I. Other: _____ | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |

3. The wastewater generated is disposed of in the following ways:

- | | Gallons/day: | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
|--|--------------|-----------------------------------|-----------------------------------|
| A. Total of all flows to the sanitary sewer: | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| B. Total of all flows to ground (drainfields, wetwell) | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| C. Total of all flows to storm sewers
(other than non-contact stormwater) | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| D. Total of all flows to open waters, rivers, ocean | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| E. Total of all flows taken by waste haulers | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| F. Volume lost by evaporation on-site | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |
| G. Other means of disposal: (list in Section H) | _____ | <input type="checkbox"/> estimate | <input type="checkbox"/> measured |

4. List all environmental permits held for this facility (i.e., Air, Hazardous Waste, Shoreline, NPDES) except for water supply (see question #1 of this page), and DW Identification number (see section H).

Permit for: _____ Issued by: _____ Permit Number: _____

5. Is there an accidental spill prevention plan prepared for this facility: ☐ YES ☒ NO

6. Number of employee shifts worked per 24-hour day: 1

7. If more than one shift: List average number of employees per shift: _____

1. Starting times of each shift: 1st _____ am/pm 2nd _____ am/pm 3rd _____ am/pm

SECTION C - PRODUCTION DATA

*** ATTACH ADDITIONAL COPIES OF THIS PAGE FOR EACH SEPARATE WASTE STREAM ***

1. List the principal products produced: NONE

OCCASIONAL FWD SAMPLES

2. List all raw materials used (attach Material Safety Data Sheets if uncertain of technical names).

Food

3. List the incidental materials used or stored on site: (i.e. paints, solvents, cleaners, release agents, lubricants, greases, pigments, boiler additives, etc.)

Household cleaning agents

4. Production type: ☒ Batch ☐ Continuous ☐ Both: ____ % Batch / ____ % Continuous

5. Wastewater Discharge type: ☐ Batch (frequency: ____ / ____) ☐ Continuous ☒ Both

6. Hours of operation: ____ Days of operation per 30 day month: ____

7. Is product subject to seasonal variation ☐ YES ☐ NO If yes, describe the seasonal production cycle to include the months of highest and lowest production and the rate of production during those months, and the projected average yearly rate of production:

NO Product

8. Are any process changes or expansions planned during the next three years? ☐ YES ☒ NO
(If yes, describe below or on attached sheets the nature of planned changes or expansions.)

SECTION D: CATEGORICAL PROCESS INFORMATION -- If your facility conducts activities or employs processes which fall into any of the below categories, place a check beside the category or business activity (check all the apply). You may call Ecology or the POTW for assistance or consult the listed Regulations for guidance.

<u>Industrial Category</u>	<u>40 CFR part</u>
<input type="checkbox"/> Aluminum Forming (Pr: 10/83).....	467
<input type="checkbox"/> Asbestos Manufacturing (Pr: 2/74)	427
<input type="checkbox"/> Battery Manufacturing (Pr: 3/83)	461
<input type="checkbox"/> Builder's Paper and Board Mills (Pr: 12/86)	431
<input type="checkbox"/> Carbon Black Manufacturing (Pr: 1/78)	458
<input type="checkbox"/> Centralized Waste Treatment (to be final 6/96)	437
<input type="checkbox"/> Coil Coating and Canmaking (Pr: 12/82 & 11/83).....	465
<input type="checkbox"/> Copper Forming (Pr: 8/83).....	468
<input type="checkbox"/> Electrical and Electronic Components (Pr: 4/83).....	469
<input type="checkbox"/> Electroplating (Pr: 1/81)	413
<input type="checkbox"/> Feedlots (Pr: 2/74).....	412

NA

<input type="checkbox"/>	Ferroalloy Manufacturing (Pr: 7/86)	424
<input type="checkbox"/>	Fertilizer Manufacturing (Pr: 8/79)	418
<input type="checkbox"/>	Glass Manufacturing (Pr: 7/86)	426
<input type="checkbox"/>	Grain Mills (Pr: 7/86)	406
<input type="checkbox"/>	Ink Formulation (7/75)	447
<input type="checkbox"/>	Industrial Laundries** (NPRM 12/96, final 12/98)	441
<input type="checkbox"/>	Inorganic Chemicals (Pr: 6/82)	415
<input type="checkbox"/>	Iron and Steel Manufacturing (Pr: 5/82)	420
<input type="checkbox"/>	Landfills and Incinerators** (NPRM 3/97, Final 3/99)	437
<input type="checkbox"/>	Leather Tanning and Finishing (Pr: 11/82)	425
<input type="checkbox"/>	Metal Finishing (Pr: 7/83)	433
<input type="checkbox"/>	Metal Molding and Casting (Pr: 10/85)	464
<input type="checkbox"/>	Metal Products & Machinery Phase 1	438
<input type="checkbox"/>	Metal Products and Machinery Phase 2 (NPRM 1/98)	438
<input type="checkbox"/>	Nonferrous Metals Forming and Metal Powders (Pr: 8/85)	471
<input type="checkbox"/>	Nonferrous metals Manufacturing (Pr: 6/84)	421
<input type="checkbox"/>	Organic Chemicals, Plastics, & Synthetic Fibers (Pr: 11/87)	414
<input type="checkbox"/>	Paint Formulation (Pr: 7/75)	446
<input type="checkbox"/>	Paving and Roofing Materials (Pr: 7/75)	443
<input type="checkbox"/>	Pesticide Formulation, Packaging, & Repackaging (NEW)	455
<input type="checkbox"/>	Petroleum Refining (Pr: 10/82)	419
<input type="checkbox"/>	Pharmaceutical Manufacturing (Pr: 10/83 REVISED 2/96)	439
<input type="checkbox"/>	Porcelain Enameling (Pr: 11/82)	466
<input type="checkbox"/>	Pulp, Paper, and Paperboard (NEW - 11/95?)	430/431
<input type="checkbox"/>	Rubber Manufacturing (Pr: 2/74)	428
<input type="checkbox"/>	Soap and Detergent Manufacturing (Pr: 4/74)	417
<input type="checkbox"/>	Steam Electric Power Generating (Pr: 11/82, study 12/95)	423
<input type="checkbox"/>	Sugar Processing (Pr: 7/86)	409
<input type="checkbox"/>	Timber Products Processing (Pr: 1/81)	429
<input type="checkbox"/>	Transportation Equipment Cleaning (NPRM 12/96)	442
OTHER TYPICALLY SIGNIFICANT NON-CATEGORICAL BUSINESS ACTIVITIES:		
<input type="checkbox"/>	Dairy Products	
<input type="checkbox"/>	Slaughter / Meat Packing / Rendering	
<input type="checkbox"/>	Food / Edible Products Processor including <input type="checkbox"/> Beverage Bottling or Brewery	

SECTION E - PRETREATMENT DEVICES OR PROCESSES:

Pretreatment is the elimination or reduction in the amount of pollutants discharged, or alteration to the nature of pollutant properties in the wastewater either before or instead of sending such pollutants to a POTW. This includes physical, chemical, or biological processes, process changes, or other means (except dilution, which is prohibited). Control equipment such as equalization tanks or facilities for protection against surges or slug loadings that might be incompatible with the POTW are also pretreatment devices to be identified.

Identify each discrete wastestream discharged below, and then write the number of the corresponding wastestream, (1,2,3, etc.) by all types of treatment performed on that waste stream.

PART 1: LISTING OF DISCRETE WASTE STREAMS

Wastestream (#):	Activities Generating the wastewater:	Flow:	Pollutants known or suspected present:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PART 2: TREATMENT METHODS (Put number of wastestream by all types of treatment done)

Physical:

- ☐ Spill protection devices i.e.: berms / dry sumps
☐ Oil-Water Separator i.e.: gravity / coalescing plate / API
☐ Physical fractioning i.e.: clarifiers or separators
☐ Dissolved Air Floatation
☐ Filtration i.e. filter canisters, presses, or bags
☐ Physical Sludge Dewatering i.e.: centrifuge or vacuum
☐ Other physical treatment: _____
- ☐ Flow Equalization
☐ Screening
☒ Grease trap
☐ Grit removal
☐ Reverse Osmosis
☐ Evaporation

Chemical:

- ☐ pH neutralization (to pH of _____)
☐ Chemical Replacement Cartridge
☐ Chlorination: (breakpoint chlorination or other)
☐ Chemical Precipitation (circle all used: coagulants / flocculants / co-precipitates / other)
☐ Other chemical treatment: _____
- ☐ Ion Exchange
☐ Ozonation
☐ Carbon Filter

Biological:

- ☐ Type of biological treatment: _____

OTHER:

- ☐ Electrolytic metals reduction
☐ Other: _____
- ☐ Electrolytic decomposition

Provide a narrative description of the treatment system: _____

SECTION F: POLLUTANT INFORMATION

This section requests information on Priority Pollutants and other Pollutants of Concern. When more than one wastestream is discharged, identify the wastestream by writing the wastestream number (from section E) in the appropriate column (i.e. under "Known Present", "Suspect Present", "Known Absent", or "Believe Absent").

1. Attached to this survey form is a list of all priority pollutants. LIST BELOW ALL PRIORITY POLLUTANTS KNOWN OR SUSPECTED TO BE PRESENT IN ANY WASTESTREAM AT ANY CONCENTRATION. Pay particular attention to the list of metals. Provide information on ALL priority pollutants where data was obtained from analysis of a representative sample using methods approved by 40 CFR part 136. NOTE: Priority Pollutants not listed should be those the company suspects are absent.

PRIORITY POLLUTANT:	Known Present	Suspect Present	Known Absent	Sample Taken	Range of(mg/l) Measurements.....Average	Detection Limit
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____

(Attach additional sheets if necessary)

2. Provide available information on the below additional parameters of concern:

PARAMETER OF CONCERN:	Known Present	Suspect Present	Believed Absent	Known..... Absent	Range of Measurements	(mg/l) Average	Detection Limit
Fats, Oil, and Grease	_____	_____	_____	_____	_____	_____	_____
Ammonia - N	_____	_____	_____	_____	_____	_____	_____
Total-phosphate - P	_____	_____	_____	_____	_____	_____	_____
Total Chlorine Residual	_____	_____	_____	_____	_____	_____	_____
Chloride	_____	_____	_____	_____	_____	_____	_____
Total Sulfates	_____	_____	_____	_____	_____	_____	_____
Molybdenum	_____	_____	_____	_____	_____	_____	_____
pH (in Std Units)	_____	_____	_____	_____	_____	N/A	N/A
Conductivity (in micro-mho's - μ)	_____	_____	_____	_____	_____	N/A	_____
Total Dissolved Solids	_____	_____	_____	_____	_____	_____	_____
Total Suspended Solids	_____	_____	_____	_____	_____	_____	_____
BOD	_____	_____	_____	_____	_____	_____	_____
COD	_____	_____	_____	_____	_____	_____	_____
TKN - N	_____	_____	_____	_____	_____	_____	_____

SECTION G - STORMWATER:

- Have you applied for a Washington State NPDES Storm Water General Permit? ☐ Yes ☐ No
- Have you received notice of coverage under the Storm Water NPDES General Permit? ☐ Yes ☐ No
If yes, please list the permit number here: _____
[NOTE: If you answered "Yes" to questions 1 or 2 you may skip the remainder of this page.]
- Do you have any storm water quality or quantity information? ☐ Yes ☐ No
- Identify the total size of each type of area from which storm water runoff is expected or has occurred:
☐ Unpaved areas _____ ft^2 , ☐ Paved areas _____ ft^2 , ☐ Other collection areas (i.e. roofs) _____ ft^2
- Identify all the mechanisms through which storm water exits the facility:
 - ☐ Flowing to the sanitary sewer.
 - ☐ Flowing to a storm sewer system.
 - ☐ Flowing directly to surface waters such as a river, lake, creek, or ocean.
 - ☐ Flowing indirectly to surface waters by a ditch or over adjacent property.
 - ☐ Infiltration into the ground through a: ☐ Dry well, ☐ Drainfield, or ☐ Other _____.
- Identify all of the following types of activities or facilities owned or managed in support of this business:
 - ☐ Manufacturing building(s)
 - ☐ External assembly or manufacturing areas.
 - ☐ Roads or rail lines where materials are handled
 - ☐ Materials handling equipment storage areas
 - ☐ Outside sanding, sandblasting or paint removal areas
 - ☐ Vehicle maintenance and/or refueling facilities
 - ☐ Outside materials handling, loading, or storage areas that are: ☐ Covered and/or ☐ Uncovered
 - ☐ Waste treatment, storage, or disposal areas: (☐ Materials treated would otherwise be regulated wastes)
 - ☐ Vehicle washing areas using: ☐ Water, ☐ High pressure, ☐ Steam, and/or ☐ Soaps or chemicals
 - ☐ Other outdoor cleaning areas using: ☐ Water, ☐ High pressure, ☐ Steam, and/or ☐ Soaps or chemicals
(* If washing or cleaning is done outside, where does this wastewater go? _____)
- Identify the types of materials handled or stored outdoors:
 - ☐ Solventsg. ☐ Dangerous or Hazardous wastes
 - ☐ Scrap metalh. ☐ Acids or alkalies
 - ☐ Pesticides, insecticides, fungicidesi. ☐ Paints or coating products
 - ☐ Plating solutions or productsj. ☐ Woodtreating chemicals or products
 - ☐ Fuel, oil, or petrochemical productsk. ☐ Leachable materials (list: _____)

f. ☐ Other chemicals which would be a "hazardous waste" if discarded (list: _____)

8. Identify the types of treatment or management practices currently employed for storm waters:

- a. ☐ Oil/Water Separator (oils removal)g. ☐ Detention system (discharge flow restriction)
b. ☐ Catch basins (solids settling)h. ☐ Retention system (on-site containment)
c. ☐ Overhead Cover Systemi. ☐ Infiltration system: Pond(s), Basin(s), or Drainfields
d. ☐ Spill Prevention Planj. ☐ Stormwater Pollution Prevention Plan
e. ☐ Vegetation Use & Managementk. ☐ Surface Leachate Collection
f. ☐ Polluted & clean water separationl. ☐ Other: _____

9. Which stormwater facilities have an established maintenance cycle? _____

10. How often are paved areas swept? _____

SECTION H: OTHER WASTE DISPOSAL OPTIONS USED:

1. List any wastes discharged to the POTW which, if treated or otherwise disposed of, would be a "hazardous waste" under 40 CFR part 261, or a "dangerous waste" or "extremely hazardous waste" under Chapter 173-303 WAC: (This satisfies the notification requirement of 40 CFR 403.12(p) for discharges less than 100 kg per month to a POTW but Domestic Sewage Exclusion requirements of 173-303-070 WAC still apply)

Name -(40 CFR 261EPA Hazardous Waste # Type of discharge Quantity per Month:
or Ch. 173-303 WAC)or State-Only Waste code (batch, continuous, etc.) Discharged to POTW

2. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

- ☐ NO - skip the remainder of this section.
☐ YES - answer the following questions as best as possible:

3. These wastes may be described and quantified as: (quantify as pounds or gallons per day, month, or year)

Quantity: ...	Type:	Quantity:	Type:
_____	Acids and Alkalies	_____	Heavy Metal Sludges
_____	Inks / Dyes	_____	Pretreatment Sludges
_____	Animal or Vegetable Oil and/or Grease	_____	Organic Compounds
_____	Petroleum Based Oils and/or Lubricants	_____	Paints
_____	Plating/anodizing Wastes	_____	Pesticides
_____	Hazardous Wastes (list below)	_____	Solvents / Thinners

4. These wastes are handled in the following manners (check all that apply)

- ☐ On-site storage ☐ Off-site storage
☐ On-site disposal ☐ Off-site disposal

5. If wastes are hauled off-site, the hauler is: ☐ Company employee ☐ Contracted service ☐ Both

6. Waste (describe): _____ is hauled to: _____
Waste (describe): _____ is hauled to: _____

Waste (describe): _____ is hauled to: _____

7. Do you maintain manifests of wastes hauled from the facility? ☐ Yes ☐ No

8. Have any of the above wastes been "designated" according to Chapter 173-303 WAC? ☐ Yes ☐ No

9. Do you have a "dangerous waste" identification number? ☐ Yes: I.D. number _____, ☐ No

10. Describe any other methods of disposing of "dangerous wastes" (other than identified above): _____

Survey of Nonresidential Establishments – Completion Required for Service

SECTION A - GENERAL INFORMATION (Required for all customers)

1. Company Name: the HIVE SALON 2. Telephone Number 757 831 4478
3. Full Mailing Address of Business Offices: 3368 ANNEPAT RENT DR
OAK HARBOR WA
98271 4. Facility address (If different) 239 NEWIDWAT RD
STE 13
OAK HARBOR WA 98271
5. Name of environmental contact Albert Ono Phone # 757 831 4478
(Person empowered by the authorized representative to represent the Company in dealings with the Sewer Authority and/or City, or responsible for the proper completion of this survey form.)
6. Primary business category: Hair Salon Narrative description of the types of operations conducted. (Include any activities from which waste water is produced.)
SPACE WITH KIMBLE SULLIVAN ON 11 OCT 22

7. Unified Business Identification Number (UBI#) 60A165039

8. Applicable Standard Industrial Classification (SIC) Code(s) _____

9. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, a storm drain, or the ground? ☐ Yes ☒ No

10. IF THE ANSWER TO QUESTION 9 (ABOVE) IS NO, SIGN THE BELOW STATEMENT AND STOP HERE, otherwise complete the rest of the survey and *then* sign below. The survey cannot be accepted as complete until properly signed.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative* [Signature] Date: 11 OCT 22

Name ALBERT ONO Phone number (757) 831 4478

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(l))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

INTERNAL USE: Form Sent on _____ Received on _____ Form control # _____

SECTION B - WATER USE AND DISCHARGE VOLUME INFORMATION

1. This facility uses _____ gallons / day of water from the following sources:
- | | | | | |
|---------------------|-----------|-----------------------------------|-----------------------------------|----------------------------------|
| Reclaimed Water | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Public Water Supply | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Private Well | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Surface Water | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |

If applicable: Water Right Permit Number: _____

Legal Description: _____ 1/4S, _____ 1/4S, _____ Section, _____ TWN, _____ R

2. This facility uses this water for the following purposes:

	Gallons/day:		
A. Non-Commercial Domestic Uses	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Non-Contact Cooling water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Boiler or Cooling Tower Blowdown	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Contact Cooling Water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Process Water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Equipment or Facility Washdown	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Air Pollution Control Unit	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
H. Stormwater Runoff to Sewer	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
I. Other: _____	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

3. The wastewater generated is disposed of in the following ways:

	Gallons/day:		
A. Total of all flows to the sanitary sewer:	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Total of all flows to ground (drainfields, wetwell)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Total of all flows to storm sewers (other than non-contact stormwater)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Total of all flows to open waters, rivers, ocean	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Total of all flows taken by waste haulers	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Volume lost by evaporation on-site	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Other means of disposal: (list in Section H)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

4. List all environmental permits held for this facility (i.e., Air, Hazardous Waste, Shoreline, NPDES) except for water supply (see question #1 of this page), and DW Identification number (see section H).

Permit for: _____ Issued by: _____ Permit Number: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Is there an accidental spill prevention plan prepared for this facility: ☐ YES ☐ NO
6. Number of employee shifts worked per 24-hour day: _____
7. If more than one shift: List average number of employees per shift: _____
1. Starting times of each shift: 1st _____ am/pm 2nd _____ am/pm 3rd _____ am/pm

SECTION C - PRODUCTION DATA

*** ATTACH ADDITIONAL COPIES OF THIS PAGE FOR EACH SEPARATE WASTE STREAM ***

1. List the principal products produced: _____
- _____

Survey of Nonresidential Establishments – Completion Required for Service

SECTION A - GENERAL INFORMATION (Required for all customers)

1. Company Name: WOODY'S CAR WASH - BONA WASH Telephone Number 425.766.4344
3. Full Mailing Address 171 W. RIO VISTA A 4. Facility address 1551 SPOCKSMADE
of Business Offices: BURLINGTON, WA (If different) OAK Harbor, WA
98223 98227
5. Name of environmental contact David H. Wilson Phone # 425.766.4344
(Person empowered by the authorized representative to represent the Company in dealings with the Sewer Authority and/or City, or responsible for the proper completion of this survey form.)
6. Primary business category: _____ Narrative description of the types of operations conducted. (Include any activities from which waste water is produced.)

7. Unified Business Identification Number (UBI#) 604 795 970

8. Applicable Standard Industrial Classification (SIC) Code(s) 81192

9. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, a storm drain, or the ground? ☒ Yes ☐ No

10. IF THE ANSWER TO QUESTION 9 (ABOVE) IS NO, SIGN THE BELOW STATEMENT AND STOP HERE, otherwise complete the rest of the survey and then sign below. The survey cannot be accepted as complete until properly signed.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative* David H. Wilson Date: 10/18/22

Name David H. Wilson Phone number (425) 766 - 4344

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(l))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

INTERNAL USE: Form Sent on _____ Received on _____ Form control # _____

SECTION B - WATER USE AND DISCHARGE VOLUME INFORMATION

1. This facility uses _____ gallons / day of water from the following sources:
- | | | | | |
|---------------------|----------------|-----------------------------------|-----------------------------------|----------------------------------|
| Reclaimed Water | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Public Water Supply | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Private Well | <u>N/A</u> gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Surface Water | <u>N/A</u> gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |

If applicable: Water Right Permit Number: N/A
Legal Description: _____ 1/4S, _____ 1/4S, _____ Section, _____ TWN, _____ R

2. This facility uses this water for the following purposes:

	Gallons/day:	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
A. Non-Commercial Domestic Uses	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Non-Contact Cooling water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Boiler or Cooling Tower Blowdown	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Contact Cooling Water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Process Water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Equipment or Facility Washdown	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Air Pollution Control Unit	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
H. Stormwater Runoff to Sewer	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
I. Other: _____	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

3. The wastewater generated is disposed of in the following ways:

	Gallons/day:	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
A. Total of all flows to the sanitary sewer:	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Total of all flows to ground (drainfields, wetwell)	<u>N/A</u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Total of all flows to storm sewers (other than non-contact stormwater)	<u>N/A</u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Total of all flows to open waters, rivers, ocean	<u>N/A</u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Total of all flows taken by waste haulers	<u>N/A</u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Volume lost by evaporation on-site	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Other means of disposal: (list in Section H)	<u>N/A</u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

4. List all environmental permits held for this facility (i.e., Air, Hazardous Waste, Shoreline, NPDES) except for water supply (see question #1 of this page), and DW Identification number (see section H).

Permit for: _____ Issued by: _____ Permit Number: _____

5. Is there an accidental spill prevention plan prepared for this facility: ☐ YES ☐ NO

6. Number of employee shifts worked per 24-hour day: 1

7. If more than one shift: List average number of employees per shift: _____

1. Starting times of each shift: 1st _____ am/pm 2nd _____ am/pm 3rd _____ am/pm

SECTION C - PRODUCTION DATA

*** ATTACH ADDITIONAL COPIES OF THIS PAGE FOR EACH SEPARATE WASTE STREAM ***

1. List the principal products produced: _____

2. List all raw materials used (attach Material Safety Data Sheets if uncertain of technical names).

3. List the incidental materials used or stored on site: (i.e. paints, solvents, cleaners, release agents, lubricants, greases, pigments, boiler additives, etc.)

4. Production type: ☐ Batch ☐ Continuous ☐ Both: ____% Batch / ____% Continuous

5. Wastewater Discharge type: ☐ Batch (frequency: ____/____) ☐ Continuous ☐ Both

6. Hours of operation: 24 Days of operation per 30 day month: 30

7. Is product subject to seasonal variation ☐ YES ☒ NO If yes, describe the seasonal production cycle to include the months of highest and lowest production and the rate of production during those months, and the projected average yearly rate of production:

8. Are any process changes or expansions planned during the next three years? ☐ YES ☒ NO
(If yes, describe below or on attached sheets the nature of planned changes or expansions.)

SECTION D: CATEGORICAL PROCESS INFORMATION -- If your facility conducts activities or employs processes which fall into any of the below categories, place a check beside the category or business activity (check all the apply). You may call Ecology or the POTW for assistance or consult the listed Regulations for guidance.

<u>Industrial Category</u>	<u>40 CFR part</u>
<input type="checkbox"/> Aluminum Forming (Pr. 10/83)	467
<input type="checkbox"/> Asbestos Manufacturing (Pr: 2/74)	427
<input type="checkbox"/> Battery Manufacturing (Pr: 3/83)	461
<input type="checkbox"/> Builder's Paper and Board Mills (Pr: 12/86)	431
<input type="checkbox"/> Carbon Black Manufacturing (Pr. 1/78)	458
<input type="checkbox"/> Centralized Waste Treatment (to be final 6/96)	437
<input type="checkbox"/> Coil Coating and Canmaking (Pr: 12/82 & 11/83)	465
<input type="checkbox"/> Copper Forming (Pr: 8/83)	468
<input type="checkbox"/> Electrical and Electronic Components (Pr: 4/83)	469
<input type="checkbox"/> Electroplating (Pr: 1/81)	413
<input type="checkbox"/> Feedlots (Pr: 2/74)	412

<input type="checkbox"/>	Ferroalloy Manufacturing (Pr: 7/86)	424
<input type="checkbox"/>	Fertilizer Manufacturing (Pr: 8/79)	418
<input type="checkbox"/>	Glass Manufacturing (Pr: 7/86)	426
<input type="checkbox"/>	Grain Mills (Pr: 7/86)	406
<input type="checkbox"/>	Ink Formulation (7/75)	447
<input type="checkbox"/>	Industrial Laundries** (NPRM 12/96, final 12/98)	441
<input type="checkbox"/>	Inorganic Chemicals (Pr: 6/82)	415
<input type="checkbox"/>	Iron and Steel Manufacturing (Pr: 5/82)	420
<input type="checkbox"/>	Landfills and Incinerators** (NPRM 3/97, Final 3/99)	437
<input type="checkbox"/>	Leather Tanning and Finishing (Pr: 11/82)	425
<input type="checkbox"/>	Metal Finishing (Pr: 7/83)	433
<input type="checkbox"/>	Metal Molding and Casting (Pr: 10/85)	464
<input type="checkbox"/>	Metal Products & Machinery Phase I	438
<input type="checkbox"/>	Metal Products and Machinery Phase 2 (NPRM 1/98)	438
<input type="checkbox"/>	Nonferrous Metals Forming and Metal Powders (Pr: 8/85)	471
<input type="checkbox"/>	Nonferrous metals Manufacturing (Pr: 6/84)	421
<input type="checkbox"/>	Organic Chemicals, Plastics, & Synthetic Fibers (Pr: 11/87)	414
<input type="checkbox"/>	Paint Formulation (Pr: 7/75)	446
<input type="checkbox"/>	Paving and Roofing Materials (Pr: 7/75)	443
<input type="checkbox"/>	Pesticide Formulation, Packaging, & Repackaging (NEW)	455
<input type="checkbox"/>	Petroleum Refining (Pr: 10/82)	419
<input type="checkbox"/>	Pharmaceutical Manufacturing (Pr: 10/83 REVISED 2/96)	439
<input type="checkbox"/>	Porcelain Enameling (Pr: 11/82)	466
<input type="checkbox"/>	Pulp, Paper, and Paperboard (NEW - 11/95?)	430/431
<input type="checkbox"/>	Rubber Manufacturing (Pr: 2/74)	428
<input type="checkbox"/>	Soap and Detergent Manufacturing (Pr: 4/74)	417
<input type="checkbox"/>	Steam Electric Power Generating (Pr: 11/82, study 12/95)	423
<input type="checkbox"/>	Sugar Processing (Pr: 7/86)	409
<input type="checkbox"/>	Timber Products Processing (Pr: 1/81)	429
<input type="checkbox"/>	Transportation Equipment Cleaning (NPRM 12/96)	442
OTHER TYPICALLY SIGNIFICANT NON-CATEGORICAL BUSINESS ACTIVITIES:		
<input type="checkbox"/>	Dairy Products	
<input type="checkbox"/>	Slaughter / Meat Packing / Rendering	
<input type="checkbox"/>	Food / Edible Products Processor including <input type="checkbox"/> Beverage Bottling or Brewery	

SECTION E - PRETREATMENT DEVICES OR PROCESSES:

Pretreatment is the elimination or reduction in the amount of pollutants discharged, or alteration to the nature of pollutant properties in the wastewater either before or instead of sending such pollutants to a POTW. This includes physical, chemical, or biological processes, process changes, or other means (except dilution, which is prohibited). Control equipment such as equalization tanks or facilities for protection against surges or slug loadings that might be incompatible with the POTW are also pretreatment devices to be identified.

Identify each discrete wastestream discharged below, and then write the number of the corresponding wastestream, (1,2,3, etc.) by all types of treatment performed on that waste stream.

PART 1: LISTING OF DISCRETE WASTE STREAMS

Wastestream (#):	Activities Generating the wastewater:	Flow:	Pollutants known or suspected present:
1.	_____	_____
2.	_____	_____
3.	_____	_____

PART 2: TREATMENT METHODS (Put number of wastestream by all types of treatment done)

Physical:

- ☐ Spill protection devices i.e.: berms / dry sumps
☒ Oil-Water Separator i.e.: gravity / coalescing plate / API
☐ Physical fractioning i.e.: clarifiers or separators
☐ Dissolved Air Floatation
☐ Filtration i.e. filter canisters, presses, or bags
☐ Physical Sludge Dewatering i.e.: centrifuge or vacuum
☐ Other physical treatment: _____
- ☐ Flow Equalization
☐ Screening
☐ Grease trap
☐ Grit removal
☐ Reverse Osmosis
☐ Evaporation

Chemical:

- ☐ pH neutralization (to pH of ____ - ____)
☐ Chemical Replacement Cartridge
☐ Chlorination: (breakpoint chlorination or other)
☐ Chemical Precipitation (circle all used: coagulants / flocculants / co-precipitates / other)
☐ Other chemical treatment: _____
- ☐ Ion Exchange
☐ Ozonation
☐ Carbon Filter

Biological:

- ☐ Type of biological treatment: _____

OTHER:

- ☐ Electrolytic metals reduction
☐ Other: _____
- ☐ Electrolytic decomposition

Provide a narrative description of the treatment system: _____

SECTION F: POLLUTANT INFORMATION

This section requests information on Priority Pollutants and other Pollutants of Concern. When more than one wastestream is discharged, identify the wastestream by writing the wastestream number (from section E) in the appropriate column (i.e. under "Known Present", "Suspect Present", "Known Absent", or "Believe Absent").

1. Attached to this survey form is a list of all priority pollutants. LIST BELOW ALL PRIORITY POLLUTANTS KNOWN OR SUSPECTED TO BE PRESENT IN ANY WASTESTREAM AT ANY CONCENTRATION. Pay particular attention to the list of metals. Provide information on ALL priority pollutants where data was obtained from analysis of a representative sample using methods approved by 40 CFR part 136. NOTE: Priority Pollutants not listed should be those the company suspects are absent.

PRIORITY POLLUTANT:	Known Present	Suspect Present	Known Absent	Sample Taken	Range of(mg/l) Measurements.....Average	Detection Limit
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____

(Attach additional sheets if necessary)

2. Provide available information on the below additional parameters of concern:

PARAMETER OF CONCERN:	Known Present	Suspect Present	Believed Absent	Known..... Absent.....	Range of Measurements	(mg/l) Average	Detection Limit
Fats, Oil, and Grease							
Ammonia - N							
Total-phosphate - P							
Total Chlorine Residual							
Chloride							
Total Sulfates							
Molybdenum							
pH (in Std Units)						N/A	N/A
Conductivity (in micro-mho's - μ)						N/A	
Total Dissolved Solids							
Total Suspended Solids							
BOD							
COD							
TKN - N							

SECTION G - STORMWATER:

- Have you applied for a Washington State NPDES Storm Water General Permit? ☐ Yes ☐ No
- Have you received notice of coverage under the Storm Water NPDES General Permit? ☐ Yes ☐ No
If yes, please list the permit number here: _____
[NOTE: If you answered "Yes" to questions 1 or 2 you may skip the remainder of this page.]
- Do you have any storm water quality or quantity information? ☐ Yes ☐ No
- Identify the total size of each type of area from which storm water runoff is expected or has occurred:
☐ Unpaved areas _____ ft^2 , ☐ Paved areas _____ ft^2 , ☐ Other collection areas (i.e. roofs) _____ ft^2
- Identify all the mechanisms through which storm water exits the facility:
 - ☐ Flowing to the sanitary sewer.
 - ☒ Flowing to a storm sewer system.
 - ☐ Flowing directly to surface waters such as a river, lake, creek, or ocean.
 - ☐ Flowing indirectly to surface waters by a ditch or over adjacent property.
 - ☐ Infiltration into the ground through a: ☐ Dry well, ☐ Drainfield, or ☐ Other _____
- Identify all of the following types of activities or facilities owned or managed in support of this business:
 - ☐ Manufacturing building(s)
 - ☐ External assembly or manufacturing areas.
 - ☐ Roads or rail lines where materials are handled
 - ☐ Materials handling equipment storage areas
 - ☐ Outside sanding, sandblasting or paint removal areas
 - ☐ Vehicle maintenance and/or refueling facilities
 - ☐ Outside materials handling, loading, or storage areas that are: ☐ Covered and/or ☐ Uncovered
 - ☐ Waste treatment, storage, or disposal areas: (☐ Materials treated would otherwise be regulated wastes)
 - ☐ Vehicle washing areas using: ☐ Water, ☐ High pressure, ☐ Steam, and/or ☐ Soaps or chemicals
 - ☐ Other outdoor cleaning areas using: ☐ Water, ☐ High pressure, ☐ Steam, and/or ☐ Soaps or chemicals
 (* If washing or cleaning is done outside, where does this wastewater go? _____)
- Identify the types of materials handled or stored outdoors:
 - ☐ Solventsg. ☐ Dangerous or Hazardous wastes
 - ☐ Scrap metalh. ☐ Acids or alkalies
 - ☐ Pesticides, insecticides, fungicidesi. ☐ Paints or coating products
 - ☐ Plating solutions or productsj. ☐ Woodtreating chemicals or products
 - ☐ Fuel, oil, or petrochemical productsk. ☐ Leachable materials (list: _____)

f. ☐ Other chemicals which would be a "hazardous waste" if discarded (list: _____)

8. Identify the types of treatment or management practices currently employed for storm waters:

- a. ☐ Oil/Water Separator (oils removal)g. ☐ Detention system (discharge flow restriction)
b. ☒ Catch basins (solids settling)h. ☐ Retention system (on-site containment)
c. ☐ Overhead Cover Systemi. ☐ Infiltration system: Pond(s), Basin(s), or Drainfields
d. ☐ Spill Prevention Planj. ☐ Stormwater Pollution Prevention Plan
e. ☐ Vegetation Use & Managementk. ☐ Surface Leachate Collection
f. ☐ Polluted & clean water separationl. ☐ Other: _____

9. Which stormwater facilities have an established maintenance cycle? _____

10. How often are paved areas swept? _____

SECTION H: OTHER WASTE DISPOSAL OPTIONS USED:

1. List any wastes discharged to the POTW which, if treated or otherwise disposed of, would be a "hazardous waste" under 40 CFR part 261, or a "dangerous waste" or "extremely hazardous waste" under Chapter 173-303 WAC: (This satisfies the notification requirement of 40 CFR 403.12(p) for discharges less than 100 kg per month to a POTW but Domestic Sewage Exclusion requirements of 173-303-070 WAC still apply)

Name -(40 CFR 261EPA Hazardous Waste # Type of discharge Quantity per Month:
or Ch. 173-303 WAC)or State-Only Waste code (batch, continuous, etc.) Discharged to POTW

2. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

- ☐ NO - skip the remainder of this section.
☐ YES - answer the following questions as best as possible:

3. These wastes may be described and quantified as: (quantify as pounds or gallons per day, month, or year)

Quantity: ...	Type:	Quantity:	Type:
_____	Acids and Alkalies	_____	Heavy Metal Sludges
_____	Inks / Dyes	_____	Pretreatment Sludges
_____	Animal or Vegetable Oil and/or Grease	_____	Organic Compounds
_____	Petroleum Based Oils and/or Lubricants	_____	Paints
_____	Plating/anodizing Wastes	_____	Pesticides
_____	Hazardous Wastes (list below)	_____	Solvents / Thinners

4. These wastes are handled in the following manners (check all that apply)

- ☐ On-site storage ☐ Off-site storage
☐ On-site disposal ☐ Off-site disposal

5. If wastes are hauled off-site, the hauler is: ☐ Company employee ☐ Contracted service ☐ Both

6. Waste (describe): _____ is hauled to: _____
Waste (describe): _____ is hauled to: _____

Waste (describe): _____ is hauled to: _____

7. Do you maintain manifests of wastes hauled from the facility? ☐ Yes ☐ No

8. Have any of the above wastes been "designated" according to Chapter 173-303 WAC? ☐ Yes ☐ No

9. Do you have a "dangerous waste" identification number? ☐ Yes: I.D. number _____, ☐ No

10. Describe any other methods of disposing of "dangerous wastes" (other than identified above): _____

Survey of Nonresidential Establishments – Completion Required for Service

SECTION A - GENERAL INFORMATION (Required for all customers)

1. Company Name: Emerald Auto 2. Telephone Number 360 675 3300
3. Full Mailing Address of Business Offices: 1500 SW Beekman
Oak Harbor WA
98277 4. Facility address (If different) _____
5. Name of environmental contact Eugene Schollen Phone # 360 675 3300
(Person empowered by the authorized representative to represent the Company in dealings with the Sewer Authority and/or City, or responsible for the proper completion of this survey form.)
6. Primary business category: Auto detailing Narrative description of the types of operations conducted. (Include any activities from which waste water is produced.)
Car washing

7. Unified Business Identification Number (UBI#) 604 603522914
8. Applicable Standard Industrial Classification (SIC) Code(s) 7542 , _____

9. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, a storm drain, or the ground? ☐ Yes ☒ No

10. IF THE ANSWER TO QUESTION 9 (ABOVE) IS NO, SIGN THE BELOW STATEMENT AND STOP HERE, otherwise complete the rest of the survey and *then* sign below. The survey cannot be accepted as complete until properly signed.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative* Eugene Schollen Date: 10-15-2022

Name Eugene Schollen Phone number (360) 675-3300

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(I))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

INTERNAL USE: Form Sent on _____ Received on _____ Form control # _____

SECTION B - WATER USE AND DISCHARGE VOLUME INFORMATION

1. This facility uses 60 gallons / day of water from the following sources:
- | | | | | |
|---------------------|---------------------|--|-----------------------------------|----------------------------------|
| Reclaimed Water | <u>60</u> gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Public Water Supply | <u>60</u> gpd | <input checked="" type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Private Well | <u> </u> gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Surface Water | <u> </u> gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |

If applicable: Water Right Permit Number: NA
 Legal Description: %S, %S, Section, TWN, R

2. This facility uses this water for the following purposes:

	Gallons/day:	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
A. Non-Commercial Domestic Uses	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Non-Contact Cooling water	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Boiler or Cooling Tower Blowdown	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Contact Cooling Water	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Process Water	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Equipment or Facility Washdown	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Air Pollution Control Unit	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
H. Stormwater Runoff to Sewer	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
I. Other: <u>washing cars</u>	<u>60</u>	<input checked="" type="checkbox"/> estimate	<input type="checkbox"/> measured

3. The wastewater generated is disposed of in the following ways:

	Gallons/day:	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
A. Total of all flows to the sanitary sewer:	<u>60</u>	<input checked="" type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Total of all flows to ground (drainfields, wetwell)	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Total of all flows to storm sewers (other than non-contact stormwater)	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Total of all flows to open waters, rivers, ocean	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Total of all flows taken by waste haulers	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Volume lost by evaporation on-site	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Other means of disposal: (list in Section H)	<u> </u>	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

4. List all environmental permits held for this facility (i.e., Air, Hazardous Waste, Shoreline, NPDES) except for water supply (see question #1 of this page), and DW Identification number (see section H).

Permit for: Issued by: Permit Number:

5. Is there an accidental spill prevention plan prepared for this facility: ☒ YES ☐ NO

6. Number of employee shifts worked per 24-hour day: 2

7. If more than one shift: List average number of employees per shift: 2

1. Starting times of each shift: 1st 8 am/pm 2nd am/pm 3rd 5 am/pm

SECTION C - PRODUCTION DATA

*** ATTACH ADDITIONAL COPIES OF THIS PAGE FOR EACH SEPARATE WASTE STREAM ***

1. List the principal products produced: clean cars

2. List all raw materials used (attach Material Safety Data Sheets if uncertain of technical names).

• wire wheel cleaner
• red hot all purpose cleaner
• EZ-suds by Automajic

3. List the incidental materials used or stored on site: (i.e. paints, solvents, cleaners, release agents, lubricants, greases, pigments, boiler additives, etc.)

• laquer thinner
• Normal household cleaning products

4. Production type: ☐ Batch ☐ Continuous ☐ Both: ___% Batch / ___% Continuous

5. Wastewater Discharge type: ☐ Batch (frequency: ___/___) ☐ Continuous ☐ Both

6. Hours of operation: 24 Days of operation per 30 day month: _____

7. Is product subject to seasonal variation ☒ YES ☐ NO If yes, describe the seasonal production cycle to include the months of highest and lowest production and the rate of production during those months, and the projected average yearly rate of production:

Summer - busy
Winter - slow

8. Are any process changes or expansions planned during the next three years? ☐ YES ☒ NO
(If yes, describe below or on attached sheets the nature of planned changes or expansions.)

SECTION D: CATEGORICAL PROCESS INFORMATION -- If your facility conducts activities or employs processes which fall into any of the below categories, place a check beside the category or business activity (check all the apply). You may call Ecology or the POTW for assistance or consult the listed Regulations for guidance.

<u>Industrial Category</u>	<u>40 CFR part</u>
<input type="checkbox"/> Aluminum Forming (Pr: 10/83).....	467
<input type="checkbox"/> Asbestos Manufacturing (Pr: 2/74)	427
<input type="checkbox"/> Battery Manufacturing (Pr: 3/83)	461
<input type="checkbox"/> Builder's Paper and Board Mills (Pr: 12/86)	431
<input type="checkbox"/> Carbon Black Manufacturing (Pr: 1/78)	458
<input type="checkbox"/> Centralized Waste Treatment (to be final 6/96)	437
<input type="checkbox"/> Coil Coating and Canmaking (Pr: 12/82 & 11/83)	465
<input type="checkbox"/> Copper Forming (Pr: 8/83)	468
<input type="checkbox"/> Electrical and Electronic Components (Pr: 4/83)	469
<input type="checkbox"/> Electroplating (Pr: 1/81)	413
<input type="checkbox"/> Feedlots (Pr: 2/74)	412

<input type="checkbox"/>	Ferroalloy Manufacturing (Pr: 7/86)	424
<input type="checkbox"/>	Fertilizer Manufacturing (Pr: 8/79)	418
<input type="checkbox"/>	Glass Manufacturing (Pr: 7/86)	426
<input type="checkbox"/>	Grain Mills (Pr: 7/86)	406
<input type="checkbox"/>	Ink Formulation (7/75)	447
<input type="checkbox"/>	Industrial Laundries** (NPRM 12/96, final 12/98)	441
<input type="checkbox"/>	Inorganic Chemicals (Pr: 6/82)	415
<input type="checkbox"/>	Iron and Steel Manufacturing (Pr: 5/82)	420
<input type="checkbox"/>	Landfills and Incinerators** (NPRM 3/97, Final 3/99)	437
<input type="checkbox"/>	Leather Tanning and Finishing (Pr: 11/82)	425
<input type="checkbox"/>	Metal Finishing (Pr: 7/83)	433
<input type="checkbox"/>	Metal Molding and Casting (Pr: 10/85)	464
<input type="checkbox"/>	Metal Products & Machinery Phase 1	438
<input type="checkbox"/>	Metal Products and Machinery Phase 2 (NPRM 1/98)	438
<input type="checkbox"/>	Nonferrous Metals Forming and Metal Powders (Pr: 8/85)	471
<input type="checkbox"/>	Nonferrous metals Manufacturing (Pr: 6/84)	421
<input type="checkbox"/>	Organic Chemicals, Plastics, & Synthetic Fibers (Pr: 11/87)	414
<input type="checkbox"/>	Paint Formulation (Pr: 7/75)	446
<input type="checkbox"/>	Paving and Roofing Materials (Pr: 7/75)	443
<input type="checkbox"/>	Pesticide Formulation, Packaging, & Repackaging (NEW)	455
<input type="checkbox"/>	Petroleum Refining (Pr: 10/82)	419
<input type="checkbox"/>	Pharmaceutical Manufacturing (Pr: 10/83 REVISED 2/96)	439
<input type="checkbox"/>	Porcelain Enameling (Pr: 11/82)	466
<input type="checkbox"/>	Pulp, Paper, and Paperboard (NEW - 11/95?)	430/431
<input type="checkbox"/>	Rubber Manufacturing (Pr: 2/74)	428
<input type="checkbox"/>	Soap and Detergent Manufacturing (Pr: 4/74)	417
<input type="checkbox"/>	Steam Electric Power Generating (Pr: 11/82, study 12/95)	423
<input type="checkbox"/>	Sugar Processing (Pr: 7/86)	409
<input type="checkbox"/>	Timber Products Processing (Pr: 1/81)	429
<input type="checkbox"/>	Transportation Equipment Cleaning (NPRM 12/96)	442
OTHER TYPICALLY SIGNIFICANT NON-CATEGORICAL BUSINESS ACTIVITIES:		
<input type="checkbox"/>	Dairy Products	
<input type="checkbox"/>	Slaughter / Meat Packing / Rendering	
<input type="checkbox"/>	Food / Edible Products Processor including <input type="checkbox"/> Beverage Bottling or Brewery	

SECTION E - PRETREATMENT DEVICES OR PROCESSES:

Pretreatment is the elimination or reduction in the amount of pollutants discharged, or alteration to the nature of pollutant properties in the wastewater either before or instead of sending such pollutants to a POTW. This includes physical, chemical, or biological processes, process changes, or other means (except dilution, which is prohibited). Control equipment such as equalization tanks or facilities for protection against surges or slug loadings that might be incompatible with the POTW are also pretreatment devices to be identified.

Identify each discrete wastestream discharged below, and then write the number of the corresponding wastestream, (1,2,3, etc.) by all types of treatment performed on that waste stream.

PART 1: LISTING OF DISCRETE WASTE STREAMS

Wastestream (#):	Activities Generating the wastewater:	Flow:	Pollutants known or suspected present:
1.	_____	_____
2.	_____	_____
3.	_____	_____

PART 2: TREATMENT METHODS (Put number of wastestream by all types of treatment done)

Physical:

- ☐ Spill protection devices i.e.: berms / dry sumps
☐ Oil-Water Separator i.e.: gravity / coalescing plate / API
☐ Physical fractioning i.e.: clarifiers or separators
☐ Dissolved Air Floatation
☐ Filtration i.e. filter cannisters, presses, or bags
☐ Physical Sludge Dewatering i.e.: centrifuge or vacuum
☐ Other physical treatment: _____
- ☐ Flow Equalization
☐ Screening
☐ Grease trap
☐ Grit removal
☐ Reverse Osmosis
☐ Evaporation

Chemical:

- ☐ pH neutralization (to pH of ____ - ____)
☐ Chemical Replacement Cartridge
☐ Chlorination: (breakpoint chlorination or other)
☐ Chemical Precipitation (circle all used: coagulants / flocculants / co-precipitates / other)
☐ Other chemical treatment: _____
- ☐ Ion Exchange
☐ Ozonation
☐ Carbon Filter

Biological:

- ☐ Type of biological treatment: _____

OTHER:

- ☐ Electrolytic metals reduction
☐ Other: _____
- ☐ Electrolytic decomposition

Provide a narrative description of the treatment system: _____

SECTION F: POLLUTANT INFORMATION

This section requests information on Priority Pollutants and other Pollutants of Concern. When more than one wastestream is discharged, identify the wastestream by writing the wastestream number (from section E) in the appropriate column (i.e. under "Known Present", "Suspect Present", "Known Absent", or "Believe Absent").

1. Attached to this survey form is a list of all priority pollutants. LIST BELOW ALL PRIORITY POLLUTANTS KNOWN OR SUSPECTED TO BE PRESENT IN ANY WASTESTREAM AT ANY CONCENTRATION. Pay particular attention to the list of metals. Provide information on ALL priority pollutants where data was obtained from analysis of a representative sample using methods approved by 40 CFR part 136. NOTE: Priority Pollutants not listed should be those the company suspects are absent.

PRIORITY POLLUTANT:	Known Present	Suspect Present	Known Absent	Sample Taken	Range of(mg/l) Measurements.....Average	Detection Limit
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____

(Attach additional sheets if necessary)

2. Provide available information on the below additional parameters of concern:

PARAMETER OF CONCERN:	Known Present	Suspect Present	Believed Absent	Known Absent	Range of Measurements	(mg/l) Average	Detection Limit
Fats, Oil, and Grease							
Ammonia - N							
Total-phosphate - P							
Total Chlorine Residual							
Chloride							
Total Sulfates							
Molybdenum							
pH (in Std Units)						N/A	N/A
Conductivity (in micro-mho's - μ)						N/A	
Total Dissolved Solids							
Total Suspended Solids							
BOD							
COD							
TKN - N							

SECTION G - STORMWATER:

- Have you applied for a Washington State NPDES Storm Water General Permit? ☐ Yes ☒ No
- Have you received notice of coverage under the Storm Water NPDES General Permit? ☐ Yes ☒ No
If yes, please list the permit number here: _____
[NOTE: If you answered "Yes" to questions 1 or 2 you may skip the remainder of this page.]
- Do you have any storm water quality or quantity information? ☐ Yes ☒ No
- Identify the total size of each type of area from which storm water runoff is expected or has occurred:
☐ Unpaved areas _____ ft^2 , ☐ Paved areas _____ ft^2 , ☐ Other collection areas (i.e. roofs) _____ ft^2
- Identify all the mechanisms through which storm water exits the facility:
 - ☒ Flowing to the sanitary sewer.
 - ☐ Flowing to a storm sewer system.
 - ☐ Flowing directly to surface waters such as a river, lake, creek, or ocean.
 - ☐ Flowing indirectly to surface waters by a ditch or over adjacent property.
 - ☐ Infiltration into the ground through a: ☐ Dry well, ☐ Drainfield, or ☐ Other _____
- Identify all of the following types of activities or facilities owned or managed in support of this business:
 - ☐ Manufacturing building(s)
 - ☐ External assembly or manufacturing areas.
 - ☐ Roads or rail lines where materials are handled
 - ☐ Materials handling equipment storage areas
 - ☐ Outside sanding, sandblasting or paint removal areas
 - ☐ Vehicle maintenance and/or refueling facilities
 - ☐ Outside materials handling, loading, or storage areas that are: ☐ Covered and/or ☐ Uncovered
 - ☐ Waste treatment, storage, or disposal areas: (☐ Materials treated would otherwise be regulated wastes)
 - * ☒ Vehicle washing areas using: ☒ Water, ☒ High pressure, ☒ Steam, and/or ☒ Soaps or chemicals
 - * ☐ Other outdoor cleaning areas using: ☐ Water, ☐ High pressure, ☐ Steam, and/or ☐ Soaps or chemicals
 (* If washing or cleaning is done outside, where does this wastewater go? _____)
- Identify the types of materials handled or stored outdoors:
 - ☐ Solventsg. ☐ Dangerous or Hazardous wastes
 - ☐ Scrap metalh. ☐ Acids or alkalies
 - ☐ Pesticides, insecticides, fungicidesi. ☐ Paints or coating products
 - ☐ Plating solutions or productsj. ☐ Woodtreating chemicals or products
 - ☐ Fuel, oil, or petrochemical productsk. ☐ Leachable materials (list: _____)

f. ☐ Other chemicals which would be a "hazardous waste" if discarded (list: _____)

8. Identify the types of treatment or management practices currently employed for storm waters:

- a. ☐ Oil/Water Separator (oils removal)g. ☐ Detention system (discharge flow restriction)
b. ☐ Catch basins (solids settling)h. ☐ Retention system (on-site containment)
c. ☐ Overhead Cover Systemi. ☐ Infiltration system: Pond(s), Basin(s), or Drainfields
d. ☐ Spill Prevention Planj. ☐ Stormwater Pollution Prevention Plan
e. ☐ Vegetation Use & Managementk. ☐ Surface Leachate Collection
f. ☐ Polluted & clean water separationl. ☐ Other: _____

9. Which stormwater facilities have an established maintenance cycle? NA

10. How often are paved areas swept? Never

SECTION H: OTHER WASTE DISPOSAL OPTIONS USED:

1. List any wastes discharged to the POTW which, if treated or otherwise disposed of, would be a "hazardous waste" under 40 CFR part 261, or a "dangerous waste" or "extremely hazardous waste" under Chapter 173-303 WAC: (This satisfies the notification requirement of 40 CFR 403.12(p) for discharges less than 100 kg per month to a POTW but Domestic Sewage Exclusion requirements of 173-303-070 WAC still apply)

Name -(40 CFR 261EPA Hazardous Waste # Type of discharge Quantity per Month:
or Ch. 173-303 WAC)or State-Only Waste code (batch, continuous, etc.) Discharged to POTW

2. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

☒ NO - skip the remainder of this section.

☐ YES - answer the following questions as best as possible:

3. These wastes may be described and quantified as: (quantify as pounds or gallons per day, month, or year)

Quantity:	Type:	Quantity:	Type:
_____	Acids and Alkalies	_____	Heavy Metal Sludges
_____	Inks / Dyes	_____	Pretreatment Sludges
_____	Animal or Vegetable Oil and/or Grease.....	_____	Organic Compounds
_____	Petroleum Based Oils and/or Lubricants	_____	Paints
_____	Plating/anodizing Wastes.....	_____	Pesticides
_____	Hazardous Wastes (list below).....	_____	Solvents / Thinners

4. These wastes are handled in the following manners (check all that apply)

- ☐ On-site storage ☐ Off-site storage
☐ On-site disposal ☐ Off-site disposal

5. If wastes are hauled off-site, the hauler is: ☐ Company employee ☐ Contracted service ☐ Both

6. Waste (describe): _____ is hauled to: _____
Waste (describe): _____ is hauled to: _____

Waste (describe): _____ is hauled to: _____

7. Do you maintain manifests of wastes hauled from the facility? ☐ Yes ☐ No

8. Have any of the above wastes been "designated" according to Chapter 173-303 WAC? ☐ Yes ☐ No

9. Do you have a "dangerous waste" identification number? ☐ Yes: I.D. number _____, ☐ No

10. Describe any other methods of disposing of "dangerous wastes" (other than identified above): _____

Survey of Nonresidential Establishments – Completion Required for Service

SECTION A - GENERAL INFORMATION (Required for all customers)

1. Company Name: Rustic Entertainment Concepts 2. Telephone Number 360.675.4053
3. Full Mailing Address of Business Offices: 670 SE Pioneer Way
Site 102 4. Facility address (If different) _____
5. Name of environmental contact Mercedes Fulwiler Phone # 360-675-4053
(Person empowered by the authorized representative to represent the Company in dealings with the Sewer Authority and/or City, or responsible for the proper completion of this survey form.)
6. Primary business category: restaurant Narrative description of the types of operations conducted. (Include any activities from which waste water is produced.)
full service restaurant

7. Unified Business Identification Number (UBI#) _____

8. Applicable Standard Industrial Classification (SIC) Code(s) _____

9. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, a storm drain, or the ground? ☐ Yes ☒ No

10. IF THE ANSWER TO QUESTION 9 (ABOVE) IS NO, SIGN THE BELOW STATEMENT AND STOP HERE, otherwise complete the rest of the survey and then sign below. The survey cannot be accepted as complete until properly signed.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative* Mercedes Fulwiler Date: 10/8/22

Name Mercedes Fulwiler Phone number (360) 675-4053

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(l))

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

INTERNAL USE: Form Sent on _____ Received on _____ Form control # _____

SECTION B - WATER USE AND DISCHARGE VOLUME INFORMATION

1. This facility uses _____ gallons / day of water from the following sources:
- | | | | | |
|---------------------|-----------|-----------------------------------|-----------------------------------|----------------------------------|
| Reclaimed Water | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Public Water Supply | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Private Well | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |
| Surface Water | _____ gpd | <input type="checkbox"/> estimate | <input type="checkbox"/> measured | <input type="checkbox"/> metered |

If applicable: Water Right Permit Number: _____

Legal Description: _____ 1/4S, _____ 1/4S, _____ Section, _____ TWN, _____ R

2. This facility uses this water for the following purposes:

	Gallons/day:		
A. Non-Commercial Domestic Uses	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Non-Contact Cooling water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Boiler or Cooling Tower Blowdown	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Contact Cooling Water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Process Water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Equipment or Facility Washdown	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Air Pollution Control Unit	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
H. Stormwater Runoff to Sewer	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
I. Other: _____	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

3. The wastewater generated is disposed of in the following ways:

	Gallons/day:		
A. Total of all flows to the sanitary sewer:	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
B. Total of all flows to ground (drainfields, wetwell)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
C. Total of all flows to storm sewers (other than non-contact stormwater)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
D. Total of all flows to open waters, rivers, ocean	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
E. Total of all flows taken by waste haulers	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
F. Volume lost by evaporation on-site	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
G. Other means of disposal: (list in Section H)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

4. List all environmental permits held for this facility (i.e., Air, Hazardous Waste, Shoreline, NPDES) except for water supply (see question #1 of this page), and DW Identification number (see section H).

Permit for:

Issued by:

Permit Number:

5. Is there an accidental spill prevention plan prepared for this facility: ☐ YES ☐ NO

6. Number of employee shifts worked per 24-hour day: _____

7. If more than one shift: List average number of employees per shift:

1. Starting times of each shift: 1st _____ am/pm 2nd _____ am/pm 3rd _____ am/pm

SECTION C - PRODUCTION DATA

*** ATTACH ADDITIONAL COPIES OF THIS PAGE FOR EACH SEPARATE WASTE STREAM ***

1. List the principal products produced: _____

2. List all raw materials used (attach Material Safety Data Sheets if uncertain of technical names).

3. List the incidental materials used or stored on site: (i.e. paints, solvents, cleaners, release agents, lubricants, greases, pigments, boiler additives, etc.)

4. Production type: ☐ Batch ☐ Continuous ☐ Both: ___ % Batch / ___ % Continuous

5. Wastewater Discharge type: ☐ Batch (frequency: ___ / ___) ☐ Continuous ☐ Both

6. Hours of operation: _____ Days of operation per 30 day month: _____

7. Is product subject to seasonal variation ☐ YES ☐ NO If yes, describe the seasonal production cycle to include the months of highest and lowest production and the rate of production during those months, and the projected average yearly rate of production:

8. Are any process changes or expansions planned during the next three years? ☐ YES ☐ NO
(If yes, describe below or on attached sheets the nature of planned changes or expansions.)

SECTION D: CATEGORICAL PROCESS INFORMATION -- If your facility conducts activities or employs processes which fall into any of the below categories, place a check beside the category or business activity (check all the apply). You may call Ecology or the POTW for assistance or consult the listed Regulations for guidance.

<u>Industrial Category</u>	<u>40 CFR part</u>
<input type="checkbox"/> Aluminum Forming (Pr: 10/83).....	467
<input type="checkbox"/> Asbestos Manufacturing (Pr: 2/74)	427
<input type="checkbox"/> Battery Manufacturing (Pr: 3/83)	461
<input type="checkbox"/> Builder's Paper and Board Mills (Pr: 12/86)	431
<input type="checkbox"/> Carbon Black Manufacturing (Pr: 1/78).....	458
<input type="checkbox"/> Centralized Waste Treatment (to be final 6/96)	437
<input type="checkbox"/> Coil Coating and Canmaking (Pr: 12/82 & 11/83).....	465
<input type="checkbox"/> Copper Forming (Pr: 8/83).....	468
<input type="checkbox"/> Electrical and Electronic Components (Pr: 4/83).....	469
<input type="checkbox"/> Electroplating (Pr: 1/81)	413
<input type="checkbox"/> Feedlots (Pr: 2/74).....	412

<input type="checkbox"/>	Ferroalloy Manufacturing (Pr: 7/86)	424
<input type="checkbox"/>	Fertilizer Manufacturing (Pr: 8/79)	418
<input type="checkbox"/>	Glass Manufacturing (Pr: 7/86)	426
<input type="checkbox"/>	Grain Mills (Pr: 7/86)	406
<input type="checkbox"/>	Ink Formulation (7/75)	447
<input type="checkbox"/>	Industrial Laundries** (NPRM 12/96, final 12/98)	441
<input type="checkbox"/>	Inorganic Chemicals (Pr: 6/82)	415
<input type="checkbox"/>	Iron and Steel Manufacturing (Pr: 5/82)	420
<input type="checkbox"/>	Landfills and Incinerators** (NPRM 3/97, Final 3/99)	437
<input type="checkbox"/>	Leather Tanning and Finishing (Pr: 11/82)	425
<input type="checkbox"/>	Metal Finishing (Pr: 7/83)	433
<input type="checkbox"/>	Metal Molding and Casting (Pr: 10/85)	464
<input type="checkbox"/>	Metal Products & Machinery Phase 1	438
<input type="checkbox"/>	Metal Products and Machinery Phase 2 (NPRM 1/98)	438
<input type="checkbox"/>	Nonferrous Metals Forming and Metal Powders (Pr: 8/85)	471
<input type="checkbox"/>	Nonferrous metals Manufacturing (Pr: 6/84)	421
<input type="checkbox"/>	Organic Chemicals, Plastics, & Synthetic Fibers (Pr: 11/87)	414
<input type="checkbox"/>	Paint Formulation (Pr: 7/75)	446
<input type="checkbox"/>	Paving and Roofing Materials (Pr: 7/75)	443
<input type="checkbox"/>	Pesticide Formulation, Packaging, & Repackaging (NEW)	455
<input type="checkbox"/>	Petroleum Refining (Pr: 10/82)	419
<input type="checkbox"/>	Pharmaceutical Manufacturing (Pr: 10/83 REVISED 2/96)	439
<input type="checkbox"/>	Porcelain Enameling (Pr: 11/82)	466
<input type="checkbox"/>	Pulp, Paper, and Paperboard (NEW - 11/95?)	430/431
<input type="checkbox"/>	Rubber Manufacturing (Pr: 2/74)	428
<input type="checkbox"/>	Soap and Detergent Manufacturing (Pr: 4/74)	417
<input type="checkbox"/>	Steam Electric Power Generating (Pr: 11/82, study 12/95)	423
<input type="checkbox"/>	Sugar Processing (Pr: 7/86)	409
<input type="checkbox"/>	Timber Products Processing (Pr: 1/81)	429
<input type="checkbox"/>	Transportation Equipment Cleaning (NPRM 12/96)	442
OTHER TYPICALLY SIGNIFICANT NON-CATEGORICAL BUSINESS ACTIVITIES:		
<input type="checkbox"/>	Dairy Products	
<input type="checkbox"/>	Slaughter / Meat Packing / Rendering	
<input type="checkbox"/>	Food / Edible Products Processor including <input type="checkbox"/> Beverage Bottling or Brewery	

SECTION E - PRETREATMENT DEVICES OR PROCESSES:

Pretreatment is the elimination or reduction in the amount of pollutants discharged, or alteration to the nature of pollutant properties in the wastewater either before or instead of sending such pollutants to a POTW. This includes physical, chemical, or biological processes, process changes, or other means (except dilution, which is prohibited). Control equipment such as equalization tanks or facilities for protection against surges or slug loadings that might be incompatible with the POTW are also pretreatment devices to be identified.

Identify each discrete wastestream discharged below, and then write the number of the corresponding wastestream, (1,2,3, etc.) by all types of treatment performed on that waste stream.

PART 1: LISTING OF DISCRETE WASTE STREAMS

Wastestream (#):	Activities Generating the wastewater:	Flow:	Pollutants known or suspected present:
1.	_____	_____
2.	_____	_____
3.	_____	_____

PART 2: TREATMENT METHODS (Put number of wastestream by all types of treatment done)

Physical:

- | | |
|---|--|
| <input type="checkbox"/> Spill protection devices i.e.: berms / dry sumps | <input type="checkbox"/> Flow Equalization |
| <input type="checkbox"/> Oil-Water Separator i.e.: gravity / coalescing plate / API | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Physical fractioning i.e.: clarifiers or separators | <input type="checkbox"/> Grease trap |
| <input type="checkbox"/> Dissolved Air Floatation | <input type="checkbox"/> Grit removal |
| <input type="checkbox"/> Filtration i.e. filter canisters, presses, or bags | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Physical Sludge Dewatering i.e.: centrifuge or vacuum | <input type="checkbox"/> Evaporation |
| <input type="checkbox"/> Other physical treatment: _____ | |

Chemical:

- | | |
|---|--|
| <input type="checkbox"/> pH neutralization (to pH of ____ - ____) | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Chemical Replacement Cartridge | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Chlorination: (breakpoint chlorination or other) | <input type="checkbox"/> Carbon Filter |
| <input type="checkbox"/> Chemical Precipitation (circle all used: coagulants / flocculants / co-precipitates / other) | |
| <input type="checkbox"/> Other chemical treatment: _____ | |

Biological:

- ☐
- Type of biological treatment: _____

OTHER:

- | | |
|--|---|
| <input type="checkbox"/> Electrolytic metals reduction | <input type="checkbox"/> Electrolytic decomposition |
| <input type="checkbox"/> Other: _____ | |

Provide a narrative description of the treatment system: _____

SECTION F: POLLUTANT INFORMATION

This section requests information on Priority Pollutants and other Pollutants of Concern. When more than one wastestream is discharged, identify the wastestream by writing the wastestream number (from section E) in the appropriate column (i.e. under "Known Present", "Suspect Present", "Known Absent", or "Believe Absent").

1. Attached to this survey form is a list of all priority pollutants. LIST BELOW ALL PRIORITY POLLUTANTS KNOWN OR SUSPECTED TO BE PRESENT IN ANY WASTESTREAM AT ANY CONCENTRATION. Pay particular attention to the list of metals. Provide information on ALL priority pollutants where data was obtained from analysis of a representative sample using methods approved by 40 CFR part 136. NOTE: Priority Pollutants not listed should be those the company suspects are absent.

PRIORITY POLLUTANT:	Known Present	Suspect Present	Known Absent	Sample Taken	Range of(mg/l) Measurements.....Average	Detection Limit
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____
_____	_____	_____	_____	Y/N	_____ - _____	_____

(Attach additional sheets if necessary)

2. Provide available information on the below additional parameters of concern:

PARAMETER OF CONCERN:	Known Present	Suspect Present	Believed Absent	Known Absent	Range of Measurements	(mg/l) Average	Detection Limit
Fats, Oil, and Grease	_____	_____	_____	_____	_____	_____	_____
Ammonia - N	_____	_____	_____	_____	_____	_____	_____
Total-phosphate - P	_____	_____	_____	_____	_____	_____	_____
Total Chlorine Residual Chloride	_____	_____	_____	_____	_____	_____	_____
Total Sulfates	_____	_____	_____	_____	_____	_____	_____
Molybdenum	_____	_____	_____	_____	_____	_____	_____
pH (in Std Units)	_____	_____	_____	_____	_____	N/A	N/A
Conductivity (in micro-mho's - μ)	_____	_____	_____	_____	_____	N/A	_____
Total Dissolved Solids	_____	_____	_____	_____	_____	_____	_____
Total Suspended Solids	_____	_____	_____	_____	_____	_____	_____
BOD	_____	_____	_____	_____	_____	_____	_____
COD	_____	_____	_____	_____	_____	_____	_____
TKN - N	_____	_____	_____	_____	_____	_____	_____

SECTION G - STORMWATER:

- Have you applied for a Washington State NPDES Storm Water General Permit? ☐ Yes ☐ No
- Have you received notice of coverage under the Storm Water NPDES General Permit? ☐ Yes ☐ No
If yes, please list the permit number here: _____
[NOTE: If you answered "Yes" to questions 1 or 2 you may skip the remainder of this page.]
- Do you have any storm water quality or quantity information? ☐ Yes ☐ No
- Identify the total size of each type of area from which storm water runoff is expected or has occurred:
☐ Unpaved areas _____ ft^2 , ☐ Paved areas _____ ft^2 , ☐ Other collection areas (i.e. roofs) _____ ft^2
- Identify all the mechanisms through which storm water exits the facility:
 - ☐ Flowing to the sanitary sewer.
 - ☐ Flowing to a storm sewer system.
 - ☐ Flowing directly to surface waters such as a river, lake, creek, or ocean.
 - ☐ Flowing indirectly to surface waters by a ditch or over adjacent property.
 - ☐ Infiltration into the ground through a: ☐ Dry well, ☐ Drainfield, or ☐ Other _____
- Identify all of the following types of activities or facilities owned or managed in support of this business:
 - ☐ Manufacturing building(s)
 - ☐ External assembly or manufacturing areas.
 - ☐ Roads or rail lines where materials are handled
 - ☐ Materials handling equipment storage areas
 - ☐ Outside sanding, sandblasting or paint removal areas
 - ☐ Vehicle maintenance and/or refueling facilities
 - ☐ Outside materials handling, loading, or storage areas that are: ☐ Covered and/or ☐ Uncovered
 - ☐ Waste treatment, storage, or disposal areas: (☐ Materials treated would otherwise be regulated wastes)
 - * ☐ Vehicle washing areas using: ☐ Water, ☐ High pressure, ☐ Steam, and/or ☐ Soaps or chemicals
 - * ☐ Other outdoor cleaning areas using: ☐ Water, ☐ High pressure, ☐ Steam, and/or ☐ Soaps or chemicals
(* If washing or cleaning is done outside, where does this wastewater go? _____)
- Identify the types of materials handled or stored outdoors:
 - ☐ Solvents
 - ☐ Scrap metal
 - ☐ Pesticides, insecticides, fungicides
 - ☐ Plating solutions or products
 - ☐ Fuel, oil, or petrochemical products
 - ☐ Dangerous or Hazardous wastes
 - ☐ Acids or alkalies
 - ☐ Paints or coating products
 - ☐ Woodtreating chemicals or products
 - ☐ Leachable materials (list: _____)

f. ☐ Other chemicals which would be a "hazardous waste" if discarded (list: _____)

8. Identify the types of treatment or management practices currently employed for storm waters:

- a. ☐ Oil/Water Separator (oils removal) g. ☐ Detention system (discharge flow restriction)
b. ☐ Catch basins (solids settling) h. ☐ Retention system (on-site containment)
c. ☐ Overhead Cover System i. ☐ Infiltration system: Pond(s), Basin(s), or Drainfields
d. ☐ Spill Prevention Plan j. ☐ Stormwater Pollution Prevention Plan
e. ☐ Vegetation Use & Management k. ☐ Surface Leachate Collection
f. ☐ Polluted & clean water separation l. ☐ Other: _____

9. Which stormwater facilities have an established maintenance cycle? _____

10. How often are paved areas swept? _____

SECTION H: OTHER WASTE DISPOSAL OPTIONS USED:

1. List any wastes discharged to the POTW which, if treated or otherwise disposed of, would be a "hazardous waste" under 40 CFR part 261, or a "dangerous waste" or "extremely hazardous waste" under Chapter 173-303 WAC: (This satisfies the notification requirement of 40 CFR 403.12(p) for discharges less than 100 kg per month to a POTW but Domestic Sewage Exclusion requirements of 173-303-070 WAC still apply)

Name -(40 CFR 261 EPA Hazardous Waste # Type of discharge Quantity per Month:
or Ch. 173-303 WAC) or State-Only Waste code (batch, continuous, etc.) Discharged to POTW

2. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

- ☐ NO - skip the remainder of this section.
☐ YES - answer the following questions as best as possible:

3. These wastes may be described and quantified as: (quantify as pounds or gallons per day, month, or year)

Quantity: ...	Type:	Quantity:	Type:
_____	Acids and Alkalies ..	_____	Heavy Metal Sludges
_____	Inks / Dyes	_____	Pretreatment Sludges
_____	Animal or Vegetable Oil and/or Grease.....	_____	Organic Compounds
_____	Petroleum Based Oils and/or Lubricants	_____	Paints
_____	Plating/anodizing Wastes.....	_____	Pesticides
_____	Hazardous Wastes (list below).....	_____	Solvents / Thinners

4. These wastes are handled in the following manners (check all that apply)

- ☐ On-site storage ☐ Off-site storage
☐ On-site disposal ☐ Off-site disposal

5. If wastes are hauled off-site, the hauler is: ☐ Company employee ☐ Contracted service ☐ Both

6. Waste (describe): _____ is hauled to: _____
Waste (describe): _____ is hauled to: _____

Waste (describe): _____ is hauled to: _____

7. Do you maintain manifests of wastes hauled from the facility? ☐ Yes ☐ No

8. Have any of the above wastes been "designated" according to Chapter 173-303 WAC? ☐ Yes ☐ No

9. Do you have a "dangerous waste" identification number? ☐ Yes: I.D. number _____, ☐ No

10. Describe any other methods of disposing of "dangerous wastes" (other than identified above): _____

