



King County

Industrial Waste Program Survey

*Fill out this form and make a photocopy for your records. Return completed form to:
King County Industrial Waste Program
201 S. Jackson Street, Suite 513, Seattle, WA 98104*

Part I. General Company Information

Company business name

Facility mailing address/P.O. Box

City

State

Zip code

Facility physical address

City

State

Zip code

Contact person

Title

Telephone

Fax

E-mail

Applicable SIC Code(s): _____

Number of hours worked daily: _____ **Number of employees:** _____

Circle days of operation: Sun Mon Tue Wed Thu Fri Sat

Describe manufacturing or service activities performed at this facility:

Have you previously received written authorization to discharge industrial wastes into the King County sewer system? No Yes (attach copy of document)

List any other Environmental Permits: _____

Year Business Established: _____

Part II. Process Information

Industrial Activities and Processes Using Water

Does your company use water for:	Is the water used in this process discharged to the sanitary sewer?			
Cooling	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify use) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Production and/or Manufacturing	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify uses) _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Adding to product	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify use) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parts or product washing and/or rinsing	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify uses) _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Boiler feed/blow down	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify use) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cleaning of production area and/or equipment	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify use) _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Vehicle/truck washing	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify use) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Other water uses (specify use and disposal method): _____

Water Utility, Account Number, and Water Consumption

Facility's water utility: _____

For each account, attach photocopies of water billings received from your water utility for the past six-month period OR calculate the average daily water usage in gallons per day (gpd) for the past six-month period (see instructions):

Check this box if you chose to attach copies of your water bills:

Facility's water account number	Daily water usage
	gallons per day
	gallons per day
	gallons per day

If your company does not directly receive a water bill (this may be the case for some companies located in business parks), the daily water usage must be estimated. Indicate the methods, and assumptions used to calculate your facility's water use (see instructions):

Estimated daily water usage: _____ gallons per day (gpd)

Part II. Process Information (continued)

Does your business use, store, or mix liquid chemicals? No Yes

If yes, indicate the top five chemicals (based on quantity) used at the site and their uses:

Chemical	Use
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If yes, are these chemicals for resale? No Yes

Does your building have floor drains, trenches, catch basins, sumps or sinks, or any other outlets to the sanitary sewer in production/manufacturing or chemical/waste storage areas?

No Yes (specify): _____

Does your company dispose of liquid wastes by means other than discharge into the sanitary sewer? No Yes (specify waste types and disposal method):

Liquid Waste	Disposal Method
_____	_____
_____	_____
_____	_____
_____	_____

Part III. Certification Statement and Signatory Requirement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter tested.

Signature **Date**

Name **Title**