



City of Springfield, ESD
 225 Fifth Street
 Springfield, Oregon 97477
 (541) 726-3693
 (541) 726-2309 FAX

WASTEWATER DISCHARGE SURVEY – Environmental Services Division

The purpose of this survey is to obtain general information needed by the City of Springfield to comply with State permit requirements. Please fill out the form completely and return it to the address listed above with 30 days of receipt. If you have questions regarding this form, please contact Jane Thompson at 736-1018 or Bill Hamann at 726-3693. **Survey due by:**

| | | |
|-------------------|------|---------|
| Company Name: | | |
| Facility Address: | | |
| Mailing Address: | | |
| Contact Person: | | Title: |
| Phone: | FAX: | E-mail: |

| |
|---|
| Brief description of manufacturing or service activities performed at this facility |
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|--|
| Number of Employees: Day: _____ Swing: _____ Grave: _____ Total: _____ |
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| | | | |
|------------------------------------|--|--|--|
| Applicable SIC and/or NAIC code(s) | | | |
| SIC: | | | |
| NAIC: | | | |

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|--|
| Does your company use water for anything other than restrooms/lunchrooms?: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have floor drains or other outlets to the sanitary sewer in your production area?: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|---|---|---|
| Type of wastewater discharged to the City wastewater collection system (check all that apply) | | | |
| <input type="checkbox"/> Domestic Waste | <input type="checkbox"/> Food Service Waste | <input type="checkbox"/> Medical/Dental Waste | <input type="checkbox"/> Equipment Cleaning |
| <input type="checkbox"/> Process Wastewater, describe: | | | |
| <input type="checkbox"/> Other, describe: | | | |
| Nondomestic discharge characteristics: <input type="checkbox"/> Acid <input type="checkbox"/> Alkaline <input type="checkbox"/> Metallic <input type="checkbox"/> Organics <input type="checkbox"/> Color <input type="checkbox"/> Chem | | | |
| Estimate total volume of wastewater discharged to City (gallons per 24 hour period) | | | |

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|---|------------|
| <i>I certify that I have personally examined and am familiar with the information in this questionnaire. Furthermore, based on my inquiry of those persons immediately responsible for obtaining the information contained in this questionnaire, I believe that the information is true, accurate, and complete.</i> | |
| Name (print): | Signature: |
| Title: | Date: |