



City of Vancouver Industrial Information Form

Business Name: _____

Facility Address: _____

Mailing Address: _____
(if different)

Name of Contact: _____

Title: _____

E-mail: _____

Phone #: _____ **Fax No:** _____

For Office Use Only.

Eng No.: _____

Possible Classified? Y N

WRP Staff: _____

Date IP App sent: _____

Date IP App due: _____

IP Staff Assigned: _____

Comments: _____

Reviewed By: _____

Nature of business: (Briefly describe your business AND any activities that produce wastewater.)

Please answer each of the following questions:

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is this business or facility connected to the city's sanitary sewers? <i>(Are there toilets, sinks or drains in the facility connected to the city sewer system?)</i>				
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business or facility discharge ANYTHING OTHER THAN domestic (toilet and sink) wastewater to city sanitary sewers? <i>(Will process industrial or commercial wastewater be sent to floor drains, batch or process drains, and then discharged to the city sanitary sewers?)</i> <i>If you answered Yes, please circle one of the following estimates (in gallons per day).</i> Estimated process wastewater discharges: <u> </u> 0-99 <u> </u> 100-999 <u> </u> 1000-3999 <u> </u> >4000 GPD				
3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business have shop or facility floor drains (other than those in restrooms)?				
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business store chemicals or petroleum products in containers of more than 5 gallons? <i>If you answered Yes, please provide information on materials stored. (Use extra sheet if needed.)</i>				
		Chemical or Active Ingredient	Brand Name	Purpose	Container Size, gallons	Estimated Amounts On Site	
						Avg., gallons.	Max., gallons
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this facility perform vehicle maintenance or vehicle/equipment washing onsite?				

If you have questions on completing this form, please contact the Industrial Pretreatment or Water Protection at (360)487-7130. Please fax the signed form to (360) 487-7139 or mail to PO Box 1995, Vancouver, WA 98668.

CERTIFICATION STATEMENT:

I certify that this document and all attachments were prepared under my direction and to the best of my knowledge and belief, true, accurate, and complete.

Signature

Date

Printed Name

Title