

CLARK REGIONAL WASTEWATER DISTRICT

Commercial/Industrial - Pretreatment Pre-Application

1. Business Name: _____
2. Facility Address: _____
Street City State Zip
3. Mailing Address: _____
(if different from facility) Street City State Zip
4. Contact Person: _____
(who Clark Regional Wastewater District can contact) Name
Phone _____
Title _____
5. Nature of business: _____

6. Number of employees: _____ Normal operation hours: _____
Hours/Day _____ Days/Week _____

7. **Check if true:** a. This business or facility will *only* discharge domestic or sanitary wastewater to sewer. *(i.e. there are no washdown, batch or process drains)*
- b. Facility processes will not discharge to Clark Regional Wastewater District.

If you checked box 7a or 7b above, the survey is complete. Sign the certification below and return to Clark Regional Wastewater District at PO BOX 8979, Vancouver, WA 98668-8979, attention Don Young, Pretreatment Coordinator. For assistance please call (360) 993-8817. Please include a \$25.00 check payable to the Clark Regional Wastewater District for engineering and field review (this is a one-time charge).

8. Check this box if there will be discharges other than domestic or if you have floor or process drains, then complete the other side of this survey (questions 9-12).

Comments: _____

CERTIFICATION STATEMENT:

I certify under penalty of law that 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.

Signature

Date

Printed Name

Title

**Return to: Clark Regional Wastewater District
PO Box 8979
Vancouver, WA 98668-8979**

Note: Yearly updates may be requested (no fee required) based on any changes, which may occur in your business.

9. **RAW MATERIALS AND CHEMICALS USED IN PROCESS**

Chemical or Active Ingredient	Brand Name	Purpose	Daily Amounts	
			Avg.	Max.

10. **COMMON PRIORITY POLLUTANTS IN DISCHARGE**

Check box if present in wastewater:

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Antimony | <input type="checkbox"/> Arsenic |
| <input type="checkbox"/> Barium | <input type="checkbox"/> Benzene | <input type="checkbox"/> Beryllium |
| <input type="checkbox"/> Boron | <input type="checkbox"/> Bromide | <input type="checkbox"/> Cadmium |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Cobalt | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Cyanide | <input type="checkbox"/> Fluoride | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Mercury | <input type="checkbox"/> Molybdenum |
| <input type="checkbox"/> Nickel | <input type="checkbox"/> Phenols | <input type="checkbox"/> Radioactivity |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> Silver | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Sulfate | <input type="checkbox"/> Sulfide | <input type="checkbox"/> Sulfite |
| <input type="checkbox"/> Titanium | <input type="checkbox"/> Tin | <input type="checkbox"/> Total Petroleum Hydrocarbons |
| <input type="checkbox"/> Vanadium | <input type="checkbox"/> Zinc | <input type="checkbox"/> Toxic Organics (please specify) _____ |

11. **WASTEWATER PRETREATMENT**

Indicate type(s) of treatment given:

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Biological Treatment |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Holding tank |
| <input type="checkbox"/> Oil & water separator | <input type="checkbox"/> pH adjustment |
| <input type="checkbox"/> Screening | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Other _____ | |

12. **WATER BALANCE**

Water Used for:	WATER RECEIVED FROM (in gallons per day)		WASTEWATER DISCHARGED TO (in gallons per day)	
	Water Provider	Other (indicate)	Clark Regional Wastewater District	Other (indicate)
Sanitary				
Processes				
Other				
TOTAL				

**** If you have questions on completing this pre-application form, please contact the Industrial Pretreatment Coordinator at (360) 993-8817.**