

CLARK REGIONAL WASTEWATER DISTRICT

Commercial/Industrial - Pretreatment Survey

Failure to complete and return to the District within 30 days of receipt is a violation of District Code 5.52.170.

Business Name: _____

Web Page: _____

Facility Address: _____

Street
City
State
Zip

Mailing Address: _____
(if different from facility)

Street
City
State
Zip

Contact Person: _____
(Name of person Clark Regional Wastewater District can contact for site visit) Phone _____

E-Mail: _____ Title: _____

Nature of business: _____

Number of employees: _____

Full-time
Part-time
 Normal operation hours: _____

Hours/Day: _____ Days/Week: _____

Check if true: This business or facility will *only* discharge domestic or sanitary wastewater to sewer. *(i.e. there are no washdown, batch or process drains, grease trap or amalgam separator.)*

Facility processes will not discharge to Clark Regional Wastewater District.

Check this box if there will be discharges other than domestic or if you have floor or process drains.

WASTEWATER PRETREATMENT

Indicate type(s) of treatment given:

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

WATER BALANCE

	WATER RECEIVED FROM <small>Circle one: GPD / CFD</small>		WASTEWATER DISCHARGED TO <small>Circle one: GPD / CFD</small>	
	Water Provider	Other (indicate)	Clark Regional Wastewater District	Other (indicate)
Water Used for:				
Sanitary				
Processes				
Other				
TOTAL				

GPD – Gallons per Day / CFD – Cubic Feet per Day

RAW MATERIALS AND CHEMICALS USED IN PROCESS

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

COMMON PRIORITY POLLUTANTS IN DISCHARGE

Check box if present in wastewater:

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Antimony | <input type="checkbox"/> Arsenic |
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Benzene | <input type="checkbox"/> Beryllium |
| <input type="checkbox"/> Barium | <input type="checkbox"/> Bromide | <input type="checkbox"/> Cadmium |
| <input type="checkbox"/> Boron | <input type="checkbox"/> Cobalt | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Fluoride | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> Cyanide | <input type="checkbox"/> Mercury | <input type="checkbox"/> Molybdenum |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Phenols | <input type="checkbox"/> Radioactivity |
| <input type="checkbox"/> Nickel | <input type="checkbox"/> Silver | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> Sulfide | <input type="checkbox"/> Sulfite |
| <input type="checkbox"/> Sulfate | <input type="checkbox"/> Tin | <input type="checkbox"/> Total Petroleum Hydrocarbons |
| <input type="checkbox"/> Titanium | <input type="checkbox"/> Zinc | <input type="checkbox"/> Toxic Organics (please specify) _____ |
| <input type="checkbox"/> Vanadium | | |

Comments: _____

**** If you have questions on completing this pre-application form, please contact the Industrial Pretreatment Coordinator at (360) 993-8833. ****

Sign the certification below and mail to the return address listed. Please include a \$25.00 check payable to the Clark Regional Wastewater District for engineering and field review (this is a one-time charge).

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
Attn: Pretreatment Coordinator
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.