



City of Wilsonville – Industrial Pretreatment Program

## Industrial and Commercial Environmental Survey

**Facility:**

Issued:

PLEASE RETURN WITHIN  
TWO WEEKS OF RECEIVING

City of Wilsonville  
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## Industrial & Commercial Environmental Survey

The City of Wilsonville (the City) is required by the federally mandated Pretreatment Program (40 CFR 403.8(f)(2)), to develop and implement procedures that:

1. Identify and locate all possible industrial and commercial users that may be subject to federal pretreatment categorical regulations.
2. Characterize the type and volume of pollutants contributed to the POTW by the industrial and commercial users as identified under (1) above.

By completing this survey, you are helping the City complete its requirements.

### Confidential Information

As outlined in 40 CFR 403.14 (a)-(c) and ORS 192.430, any information submitted to the City under the Pretreatment Program requirements may be claimed as confidential by the submitter. Any such claim must be asserted at the time of submission in the matter prescribed on the application form or instructions, or, in the case of other submissions, by stamping the words “confidential business information” on each page containing such information. If no claim is made at the time of the submission, the City may make the information available to the public without further notice. If a claim is asserted, the information will be treated in accordance with the procedures in 40 CFR part 2 (public information) and ORSE 192.440(2).

### Hazardous Materials

40 CFR 403.-12(p)(1) specifies that an Industrial User (IU) shall notify the POTW of any discharge into the POTW of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR 261. If the IU discharges more than 100 kilograms of such waste per calendar month to the POTW, the notification shall also contain information to the extent such information is known and readily available to the IU. For information about Resource Conservation and Recovery Act (RCRA) hazardous waste, contact the Oregon Department of Environmental Quality at (503)229-5615 or (503)229-5165.

## Instructions

### Section A

- Enter the legal name of the company—i.e., the name of the company legally responsible for this facility.
- Enter the name of the facility, such as the name used on letterhead, correspondence or advertising brochures.
- Enter the street address where the facility is located.
- Enter the mailing address of the facility, if different from the facility street address above.
- Enter the name, title, telephone number and email address of the person who is most familiar with the facts reported on this form and who can be contacted by City staff.
- Check the appropriate box indicating type of facility. If facility type is strictly business office or retail, or combination, proceed to Section G. If facility type is strictly distribution, or combination of distribution, business office or retail, proceed to Section E. If the facility type is manufacturing/production, continue with Section B.

### Section B

1. Check the appropriate box. If you are uncertain whether this facility is connected to the City of Wilsonville's sanitary sewer system, check your water billing statement for sewer charges, or contact the City's Building Department at 503-682-4960 for sewer connection information.
  - a. Check the appropriate box.
  - b. Enter the approximate month and year for sewer connection.
2. Check the appropriate box. If you are uncertain whether this facility is connected to the City of Wilsonville's water system, check your water billing statement or contact the City's Building Department at 503-682-4960 for information.
  - a. Check the appropriate box. List three of your account number(s) in order of total volume used, with the largest first.
3. Check the appropriate box. If other, please specify.

### Section C

1. Check the box for each day of the week the facility conducts business.
2. Indicate the number of hours per day that the facility conducts business.
3. Supply the requested information for all industrial or commercial activity done at the facility.
4. Enter the approximate month and year that operations began, or are proposed to begin.
5. Check the appropriate box.
  - a. Check the appropriate box.
  - b. Check the appropriate box. A continuous discharge is described as an uninterrupted flow, while a batch discharge is the controlled discharge of a discrete volume of wastewater for a limited duration.
  - c. Check the appropriate box.
  - d. Estimate the amount of wastewater discharged per day (gallons).
  - e. Check the appropriate box.
  - f. If wastewater is treated before discharge, describe pretreatment processes.

### Section D

1. Check the appropriate box. (For questions 1 through 5).

2. Check the appropriate box. If you discharge a listed or a characteristic hazardous waste that is subject to the provisions of the RCRA into the City's sewer collection system, you must complete the RCRA Hazardous Waste Information questionnaire.

### Section E

1. Check the appropriate box(es). Parking lot run-off includes paved and concreted areas but excludes graveled areas. If Other, list all flows other than stormwater that flows to a storm sewer. A storm sewer is any sewer pipe conveyance not draining to a sewage treatment plant but draining to a creek, stream, river, pond, or other surface water.
2. Check the appropriate box(es). On-site infiltration systems may include but are not limited to, dry wells, soakage trenches, water quality ponds, etc.
3. Check the appropriate box.
  - a. If applicable, describe activities.
4. Check the applicable box(es).
  - a. Check the applicable box(es), indicating the number of each type in use on site. If Other, provide the information as requested.
  - b. Check the applicable box(es).
  - c. Check the appropriate box(es). If Other, describe how wash water is discharged.
5. Check the appropriate box.
  - a. If applicable, check the appropriate box.
6. Check all that apply.
  - a. Check the applicable box(es), indicating the number of each type serviced on site. If Other, please indicate the type of equipment and amount.
  - b. Check the appropriate box.
  - c. Check the appropriate box.
  - d. If applicable, describe disposal methods.
7. Check the appropriate box.
  - a. If applicable, check the appropriate box. If Other, explain.

### Section F

1. Check the appropriate box.
  - a. If applicable, check the appropriate box.

### Section G

Sign and date the survey, then return via US mail or hand deliver to addresses on page 9.

### **Section A. General Information**

Legal Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Business Registry Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Questionnaire Resources:**

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Affiliation:**

Company Representative

Consultant, Name of Firm: \_\_\_\_\_

**Facility Type:**

Business Office

Retail

Distribution

Manufacturing/Production

If the facility type is strictly business office or retail, or combination, proceed to **Section G**. If the facility type is strictly distribution, or combination of distribution, business office, or retail, proceed to **Section E**. If the facility type is not applicable to the above, continue with **Section B**. If the facility type is manufacturing/production, continue with a full survey.

**Section B: Water Use & Service:**

1. Is this facility connected to the City of Wilsonville’s sanitary sewer system? Y    N
  - a. If “No”, are there plans to connect? Y    N
  - b. If “Yes” to 1a, indicate when: (Month/Year): \_\_\_\_\_
2. Does this facility receive water or sewer billing statements from the City? Y    N
  - a. If “Yes”, list the water account number(s) with the largest water use volume:
    - Account No.: \_\_\_\_\_
    - Account No.: \_\_\_\_\_
    - Account No.: \_\_\_\_\_
3. Does this facility have any non-City sources of water? Well Rain Harvest
  - a. If other, please specify: \_\_\_\_\_

**Section C: Business Activity**

1. Days per week of operation:

Mon	Tues	Wed	Thur	Fri	Sat	Sun
-----	------	-----	------	-----	-----	-----
2. Hours per day of operation:

8	10	12	16	24	Other: _____
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3. Please check off the category of business activities or processes conducted at this facility:

- |   |                                   |
|---|-----------------------------------|
| Food or Beverage Production                             | Industrial Laundry                |
| Medical, Dental, Veterinary, or Chiropractic            | Paint or Ink Formulating          |
| Organic Chemical Manufacturing                          | Plastics Molding & Forming        |
| Battery Manufacturing                                   | Rubber Manufacturing or Extrusion |
| Cement Manufacturing/Paving & Roofing Materials         | Soap & Detergent Manufacturing    |
| Electrical & Electrical Component Manufacturing         | Transportation Equipment Cleaning |
| Glass Manufacturing                                     | Hauled Waste Treatment            |
| Metal Manufacturing/Metal Forming/Metal Finishing       | Petroleum or Chemical Storage     |
| Electroplating, Electroless Plating, Anodizing, Coating | Chemical Etching or Milling       |
| Printed Circuit Board Manufacturing                     |                                   |

If unsure, please see <https://www.epa.gov/eg/industrial-effluent-guidelines>

List SIC or NAICS Code(s) that apply: \_\_\_\_\_

4. Enter date when production began or will begin at this facility (Month/Day/Year): \_\_\_\_\_

5. Does your facility generate any process wastewater, excluding domestic wastewater?

Yes                      No

a. If “Yes”, is this wastewater discharged to the City’s sewer system?                      Yes                      No

b. If wastewater is discharged, is it continuous or batch?

Continuous                      Batch

c. If “Yes” to 5a, please check off all types of wastewaters generated at this facility:

- |                                 |                              |
|---------------------------------|------------------------------|
| Non-Contact Cooling Water       | Contact Cooling Water        |
| Boiler/Cooling Tower Blowdown   | Recycled Washwater           |
| Air Pollution Control Equipment | Stormwater to Sanitary Sewer |

Equipment/Facility Washdown, describe: \_\_\_\_\_

Process water, describe processes that generate wastewater: \_\_\_\_\_

d. Estimate Volume (gal/day): \_\_\_\_\_

e. Is this wastewater treated prior to discharge?                      Yes                      No

f. If “Yes” to 5e, briefly describe treatment process/equipment: \_\_\_\_\_

**Section D: Material Storage**

- |   |     |    |
|---|-----|----|
| 1. Do you use or store liquid chemicals?  | Yes | No |
| 2. Do you use or store dry chemicals?   | Yes | No |
| 3. Do you have floor drains in manufacturing or storage areas?                                | Yes | No |
| 4. Do you use or store materials, chemicals, products, equipment, or waste materials outside? | Yes | No |
| 5. Does this facility have a current, written spill contingency plan?                         | Yes | No |
| 6. Do you discharge hazardous waste to the sanitary sewer as defined by the EPA?              | Yes | No |
| a. If "Yes", complete the following:  |     |    |

**Hazardous Waste Information Questionnaire**

Facility EPA Identification Number: \_\_\_\_\_

Name of Waste	EPA Hazardous Waste Number	Disposal Method

**Section E: Stormwater and Wastewater Management**

- Indicate which of the following drains to a storm sewer system:  
 Parking Lot Run-off      Floor Drains      Roof Drains      Other: \_\_\_\_\_
- If stormwater from this facility does not drain to a City sewer system, does the stormwater drain:  
 Directly to a drainage way  
 To an on-site infiltration system  
 Other: \_\_\_\_\_
- Does stormwater come in contact with any material handling activities or equipment, raw materials, intermediate products, by-products, waste materials, or industrial machinery at this facility?  
 Yes      No  
 a. If "Yes", briefly describe the activities: \_\_\_\_\_
- Check all that apply:
  - Equipment or vehicles used on site. Indicate the number in use:  
 Forklifts: \_\_\_\_\_ Trucks: \_\_\_\_\_ Tractors: \_\_\_\_\_ Cranes: \_\_\_\_\_  
 Other (specify): \_\_\_\_\_
  - Equipment or vehicle cleaning:  
 Onsite      Offsite      Cleaned by facility  
 Mobile Cleaning Service

c. Wash water discharge:

Sanitary Sewer                      Storm Sewer                      Taken offsite                      100% Recycle

Other (specify): \_\_\_\_\_

5. Does this facility have an Oil/Water Separator or grease trap on a drainage line?                      Yes                      No

a. If "Yes", does the oil/water separator or grease trap discharge to:

Sanitary Sewer                      Storm Sewer                      Do not know

6. Check all that apply:

a. Equipment or vehicles serviced on site. Indicate the number serviced:

Forklifts: \_\_\_\_\_ Trucks: \_\_\_\_\_ Tractors: \_\_\_\_\_ Cranes: \_\_\_\_\_

Other (specify): \_\_\_\_\_

b. Mobile services used?                      Yes                      No

c. Where are the services performed?

Inside                      Outside

d. Describe how you dispose of used oil, steam cleaning waste, antifreeze, or other wastes:

\_\_\_\_\_

\_\_\_\_\_

7. Do you have ongoing groundwater remediation on site?                      Yes                      No

a. If "Yes", remediated groundwater is discharged to:

Sanitary Sewer                      Storm Sewer                      Other (specify): \_\_\_\_\_

**Section F: Miscellaneous Information**

1. Are expansion plans scheduled within the next three years?                      Yes                      No

a. If "Yes", check the appropriate box(es) concerning expansion plans:

Add new Product(s)

New Facility

Expand Current Facility

Same Product, Add Capacity



**Section G: Sign and Date Survey**

You have completed the *Industrial and Commercial Environmental Survey*

**Sign and return this survey to the Public Works Department, Industrial Pretreatment Program**

Hand Deliver:

City of Wilsonville  
Public Works  
ATTN: Pretreatment Program  
28625 SW Boberg Rd,  
Wilsonville, OR 97070

Mail:

City of Wilsonville  
Public Works Department  
ATTN: Pretreatment Program  
29799 SW Town Center Loop E,  
Wilsonville, OR 97070

*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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or 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. [40 CFR 403.6(a)(2)(ii)] This certification is to be signed by on the Responsible Corporate Official, Business Owner, or Production Manager as per 40 CFR 403.12(l)(1) (e.g. the president, treasurer, vice president, general partner, or sole proprietor of the facility).*

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Print Name & Job Title

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Telephone Number

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Signature (wet ink signature)

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Date Signed