City of Springfield



Development and Public Works

Environmental Services Division

225 Fifth Street

Springfield, Oregon 97477

## WASTEWATER DISCHARGE SURVEY – Environmental Services Division

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| 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 this form completely and return it to the address listed above within 30 days. If you have questions regarding this form, please contact the Environmental Services Division at 541.726.3694 or email [dpw@springfield-or.gov](mailto:dpw@springfield-or.gov). **Survey due by:** |

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

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| Brief description of manufacturing or service activities performed at this facility |
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| --- | --- |
| Number of Employees | Day: \_\_\_\_\_\_\_\_ Swing: \_\_\_\_\_\_\_\_ Grave: \_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicable SIC and/or NAIC code(s) | | | | |
| SIC: |  |  |  |  |
| NAIC: |  |  |  |  |

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| Does your company use water for anything other than restrooms/lunchrooms?:  Yes  No |
| Do you have floor drains or other outlets to the sanitary sewer in your production area?:  Yes  No |

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

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