May 6, 2015

Re: Completion of Survey Forms by Sewer Customers

Dear Customer:

The City of Cheney’s Wastewater Division is required by the Department of Ecology to conduct a study to determine the nature of wastewater discharged by our customers. The purpose of the survey is to identify any non-domestic sources of wastewater. The information collected is used to ensure that these discharges do not pose a threat to the Sewage Treatment Plant and that proper controls are in place for significant sources of polluted water.

In order to allow continued sewage service to our non-residential customers, we must obtain the enclosed survey form completed to the best of your ability and returned no later than June 5, 2015.

The IUS Short form in electronic version can be found on the City of Cheney web page @ cityofcheney.org. You may return the filled form by email to dferguson@cityofcheney.org. Please be sure to include an electronic signature on the form if returning by email.

You are being sent the one page screening form on the presumption that your facility does not discharge wastewater of a nature of volume that would require a permit from Ecology. If we find, based upon your response, that we need more information on your discharges, we will notify you and send you a more comprehensive form that also qualifies as a state waste discharge permit application (which you can use to apply for a permit if you need one).

Please do your best to honestly, completely, and accurately fill out this form. Because we operate a public facility, we must regard discharges of waste streams that could affect our treatment plant that are not reported in this survey form quite seriously. Knowingly misreporting the facts could lead to termination of treatment services, and/or punishments applicable to providing false information per Cheney Municipal Code, Title 15, Chapter 15.04, Sewer System Regulations.

If you already know, or by completing this screening form conclude, that your current or future discharge may require a permit, please contact the regional office of Ecology to obtain a permit application form. Facilities in Eastern region may call (509) 329-3400 to have an application sent to them. Ecology may initiate actions to notify users which may need a permit of requirements based upon the information returned in the survey questionnaires. All responses are “Public Information” subject to the freedom of information act and the Washington State public disclosure law. Claims of confidentiality must be made at the time the information is provided, and information on pollutants in the effluent, by law, is public information.

Your water usage is found on your monthly utility bill as:

Service: WA(water) Cubic Feet

Gallons/Day = cubic feet * 7.48/30 days

Thank you for your time and attention in completing this survey and if you should have any further questions, clarifications, or need additional information, please do not hesitate to contact me. If you are having difficulty filling out the survey please call me and I will walk you thru the form.

Sincerely,

Dan Ferguson
Water Resource Manager
Short Form - Survey of Nonresidential Establishments

1. Company Name: __________________________________  
2. Telephone Number (______)______________________  
3. Full Mailing Address _____________________________  
   of Business Offices: _____________________________  
   (If different)           _____________________________  
   _______________________________              _____________________________  
5. Name of environmental contact ____________________________________       Phone # (______)______________________  
   (Person empowered by the authorized representative to represent the Company in dealings with the Sewer  
   Authority and/or City, or responsible for the proper completion of this survey form.)  
6. Primary type of Business:  ________________________________________ Narrative description of the types of operations  
   conducted. (Please identify all activities from which waste water is produced.)  
________________________________________________________________________________________________________  
________________________________________________________________________________________________________  
7. This facility uses ___________ gallons / day* of water from:  
    Public Water Supply   Private Well   Reclaimed Water  
    Surface Water (give a breakdown if more than one source applies)  
   * Calculation for gallons/day:  cubic feet x 7.48 / 30 days (Your monthly cubic feet of water is found on your monthly utility bill)  
8. This estimated amount of water used for the following purposes (in Gallons per Day) is:  
    Non-Commercial Domestic Uses     ___________GPD  
    Boilers, Cooling, or other Unpolluted Waste Waters  ___________GPD  
    Non-Domestic Activities (not from domestic use of restrooms, showers, kitchens, or laundry rooms)  
   (describe the activity)________________________________ ___________GPD  
9. Waste water from this facility goes to the  
    Sanitary sewer   Storm sewer   Ground (drain fields, wet well)  
    Open waters, rivers, ocean,   Waste haulers   Evaporation   Other means of disposal:  (check all the apply)  
10. Storm water from this facility goes to: (list all discharge methods used) ___________________________________________.  
11. Chemicals are used and/or stored on the premises:  
    in drums   only in smaller containers,   no chemicals  
12. The facility ( does,   does not) generate dangerous waste:  (Generator WAD# (if assigned): _________________________)  
13. Materials, chemicals, products, equipment, or wastes ( are;   are not) stored in outside areas.  
14. The facility ( does,   does not) have an oil-water separator.  
15. Vehicles or equipment ( are;   are not) washed at the premises (if so, wash water goes to __________________________)  

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative* _________________________________________ Date:  ____________________  
Name  _________________________________________ Phone number ( ______ )  __________________  

* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership,  
by a general partner; sole proprietorship, by the proprietor, (ref: 40 CFR part 403.12(l))  
DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this  
questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

INTERNAL USE:  Form Sent on _______________       Received on _______________       Reviewed by:_____________________