

City of Sumner Waste Water Discharge Form 'D'



City of Sumner
 WWTP – Greg Kongsli
 1104 Maple ST, STE 260
 Sumner WA 98390-1423

253 299 5761
 # 253 299 5760

Permit Number: WWTP _____ **BUS #** _____

'D' Industrial User Pre-Form

SECTION A - GENERAL INFORMATION (Required for all customers)

| | |
|---|--|
| 1. Company Name of Tenant (Tax owner of building) _____ 3. Mailing Address of Tenant _____ _____ _____ 6. Email _____ | 2. Telephone # _____ 4. Facility Address _____ _____ _____ 5. Parcel # _____ 7. FAX _____ |
|---|--|

| | | | | |
|---|-----|--|-----|--|
| 8. Does this business prepare and or serve food? | Yes | | No | |
| 9. Does this business discharge chemicals, heavy metals, or organic waste excluding domestic use (sinks and toilets)? | Yes | | No | |
| 10. Does this business use chemicals that have the potential to enter the sewer system? | Yes | | No | |
| 11. Brief description of the type of business conducted at this site? | | | | |
| | | | | |
| | | | | |
| 12. Submit a copy of your Industrial Permit that you submitted to DOE. The permit application may be found at www.ecy.wa.gov/programs/wq/stormwater/industrial/permitteehelp.html If you have any questions regarding this requirement please contact Pam St. Martin, Public Works Specialist at 253-299-5710. | Yes | | N/A | |

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 _____

Print Name _____

Date _____

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 _____ Form control # _____