



CITY OF SUMNER PUBLIC WORKS DEPARTMENT

Commercial/Industrial - Pretreatment Survey

Business Name: _____

Facility Address: _____
Street City State Zip

Mailing Address: _____
(if different from facility) Street City State Zip

Contact Person: _____
(Name of person City of Sumner can contact for site visit) Phone

E-Mail: _____ Title: _____

Nature of business: _____

Number of employees: _____ Normal operation hours: _____
Full-time Part-time

NATURE OF DISCHARGE (Check the box that applies)

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

If you check this box you may skip to the Certification Statement.

Facility creates a process waste but the process waste will not discharge to City of Sumner sewer system.

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:

- None
- Grease Trap
- Grinding
- Oil & water separator
- Screening
- Amalgam Separator

- Biological Treatment
- Chlorination
- Holding tank
- pH adjustment
- Sedimentation
- Other _____

WATER BALANCE

Water Used for:	WATER RECEIVED FROM Circle one: GPD / CFD		WASTEWATER DISCHARGED TO Circle one: GPD / CFD	
	City of Sumner Water System	Other (indicate)	City of Sumner Sewer System	Other (indicate)
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 City of Sumner Pretreatment Coordinator at (253) 299 - 5713. ****

Sign the certification below and mail to the return address listed.

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: City of Sumner Public Works
Attn: Pretreatment Coordinator
1104 Maple Street
Sumner, WA 98390**

Note: Yearly updates may be requested (no fee required) based on any changes, which may occur in your business.

Directions for Completing Commercial/Industrial - Pretreatment Survey

1. *Business Name:* This is the name of business.
2. *Facility Address:* The physical address of the facility.
3. *Mailing/Billing Address:* Mailing address of the facility.
4. *Contact Person and Telephone Number:* The facility contact and telephone number.
5. *Facility Telephone Number:* The telephone number of the facility.
6. *Email Address:* The email address of the contact person.
7. *Title:* Title of contact person.
8. *Nature of business:* Short detail of type of business.
9. *Number of Employees:* List number of Full-time and Part-time employees.
10. *Normal Operation Hours:* The hours the facility is open.
11. *Nature of Discharge:* Check the appropriate box that best describes the type of wastewater that the facility will discharge into the City of Sumner sewer system.
12. *Wastewater Pretreatment:* Indicate the type of treatment for process waste generated at facility.
13. *Water Balance:* Please provide approximation of total water used for sanitary and production needs.
14. *Raw Materials and Chemicals used in process:* list all chemicals used in production process.
15. *Common priority pollutants in discharge:* If know, indicate which priority pollutants may be present in process wastewater discharge. Include analysis report if available.
16. *Certification Statement:* Sign the certification statement.

If you have questions or need assistance completing this form, please contact Andria Swann, City of Sumner Pretreatment Coordinator, at 253-299-5713, or at andrias@sumnerwa.gov.