



Sumner – Bonney Lake Joint Pretreatment Program
 1104 Maple Street, Sumner, WA 98390
 Office: (253) 299 – 5713

Non-Domestic Wastewater Screening Form

This form is a requirement of *all businesses connected to sanitary sewer* and is a condition of initial and continued wastewater services, per Pretreatment Regulations (*SMC 13.18.500 and BLMC 13.14.500*). If you have questions on completing this form, please contact the Sumner / Bonney Lake Joint Pretreatment Program at 253-299-5713 or email sblpretreatment@sumnerwa.gov.

Business Name: _____

Facility Address: _____
Street City State Zip

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

Facility Contact: _____
Phone

E-Mail: _____ Title: _____

North American Industry Classification System Code (NAICS): _____

Standard Industrial Classification Code (SIC): _____

Nature of business: (Be as detailed as possible, indicating any minor or major products manufactured, handled or processed, and all services provided.):

Please answer the following questions:

<p>1. Yes No</p>	<p>Does this business or facility discharge ANYTHING OTHER THAN domestic (toilet and handwashing sink) wastewater to sanitary sewers? For example, will water be used to rinse, wash a product or create any source of water sent that is sent to floor drains, sinks or other fixtures that are connected to City sanitary sewer.</p> <p>If you answered YES, please circle one of the following estimates (in gallons per day). Estimated non-domestic wastewater discharged:</p> <p style="text-align: center;"> <u>0 – 99</u> <u>100-999</u> <u>1000-3999</u> <u>>4000 GPD</u> </p>
<p>2. Yes No</p>	<p>Does this business have shop, warehouse, or facility floor drains (other than in restrooms)?</p>

3. Yes	No	<p>Does this business store liquids in containers of more than 5 gallons?</p> <p>If you answered YES, please provide information on liquids stored. (Use extra sheet if needed).</p> <p>Estimated non-domestic wastewater discharged:</p>
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Type of Liquid Stored	Brand Name	Purpose	Container Size (gal)	Daily Amounts	
				Avg.	Max.

4. Yes	No	Does this business perform vehicle maintenance or vehicle/equipment washing onsite?
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5. Yes	No	Does this business serve food / beverage or sell food / beverage meant for consumption off-site?
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6. Yes	No	<p>Does this facility generate a dangerous waste?</p> <p>If yes, provide Generator WAD# (if assigned) _____</p>
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7. Yes	No	Are materials, chemicals, products, equipment, or waste stored in outside areas?
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8. Yes	No	<p>Do any of the following apply to the non-domestic wastewater created by this business? If yes, check the appropriate category.</p> <p><input type="checkbox"/> Known presence/history of AFFF (firefighting foam).</p> <p><input type="checkbox"/> Industry type listed in the EPA PFAS Strategic Roadmap:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organic chemicals, plastics & synthetic fibers (OCPSF) <input type="checkbox"/> Metal finishing (chromium operations only) <input type="checkbox"/> Electroplating (chromium operations only) <input type="checkbox"/> Electric and electronic components <input type="checkbox"/> Landfills <input type="checkbox"/> Pulp, paper & paperboard <input type="checkbox"/> Leather tanning & finishing <input type="checkbox"/> Plastics molding & forming <input type="checkbox"/> Textile mills <input type="checkbox"/> Paint formulating <input type="checkbox"/> Airports <p><input type="checkbox"/> Other industry type known or expected to use or produce PFAS</p>
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Comments: _____

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

CERTIFICATION STATEMENT:

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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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.

Signature

Date

Printed Name

Title

**Return to: City of Sumner Public Works
Attn: Sumner - Bonney Lake Joint Pretreatment Program
1104 Maple Street
Sumner, WA 98390**