Sumner – Bonney Lake Joint Pretreatment Program
1104 Maple Street, Sumner, WA 98390
Office: (253) 299 - 5760

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 253-299-5760 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: (Briefly describe your business *AND* any activities that produce wastewater):

_____

_____

_____

_____

Please answer the following questions:

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

3. Yes No	Does this business store liquids in containers of more than 5 gallons? **If you answered YES**, please provide information on liquids stored. (Use extra sheet if needed).

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?
5. Yes No	Does this business serve food / beverage or sell food / beverage meant for consumption off-site?
6. Yes No	Does this facility generate a dangerous waste? If yes, provide Generator WAD# (if assigned) _____
7. Yes No	Are materials, chemicals, products, equipment, or waste stored in outside areas?
8. Yes No	Does this business fall into any of the following categories: • Industry type listed in the EPA PFAS Strategic Roadmap • Has a known presence/history of AFFF (firefighting foam) • Other industry type known or expected to use or produce PFAS

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