

**WASTEWATER SURVEY FOR NONRESIDENTIAL VEHICLE SERVICE FACILITY ESTABLISHMENTS:  
APPLICATION FOR WASTEWATER DISCHARGE PERMIT**

**SECTION A - GENERAL INFORMATION**

A.1. Company name, address of production or manufacturing facility, and telephone number:

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Telephone No.

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A.2. Mailing address and telephone number: (If same as above, check [ ].)

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	Telephone No.
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A.3. Person authorized to represent this firm in official dealings with the Sewer Authority and /or City:

Name:	Title:	Tel. No.
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A.4. Alternate person to contact concerning information provided herein

Name:	Title:	Tel. No.
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A.5. Identify the type of business conducted (auto repair, body shop, gas station, car and truck rental company, car dealership, car wash, fleet services, etc.)

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*Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of wastewater discharge shall 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. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.*

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*This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.*

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.

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Date	Signature of Official (Seal if applicable)
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A.6. Provide a brief narrative of the vehicle service activities your firm conducts.

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A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

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A.8. This facility generates the following types of wastewater (check all that apply):

		<u>Average gallons</u> <u>per day</u>				
1.	<input type="checkbox"/> Domestic wastewater (Restrooms, employee showers, etc.)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
2.	<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
3.	<input type="checkbox"/> Boiler/Tower blowdown	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
4.	<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
5.	<input type="checkbox"/> Process (i.e., car wash water, paint over-spray control, radiator flushing, rag laundering, etc.)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
6.	<input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
7.	<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
8.	<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
9.	<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
Total A.8.1 - A.8.9		_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured

A.9. Wastewaters are discharged to (check all that apply)

Average gallons per day

(also list type of wastewater  
from A.8)

<input type="checkbox"/>	Sanitary sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Storm sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Surface water	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Ground water	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Waste haulers	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Evaporation	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Other (describe)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes       no

*Note: If your facility did not check any of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey/application. If any items A.8.4 through A.8.9 were checked, complete the remainder of this survey/application.*

**SECTION B - FACILITY OPERATION CHARACTERISTICS**

B.1 Do you or will you wash vehicles onsite?  yes       no

If yes how many vehicles per day? \_\_\_\_\_

B.2 Do you have an oil water separator?  yes       no

If yes complete the following:

Type:		Size:		Pump Cycle:	
Impermeable to Storm water:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Condition:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Last Date of Service:	

**SECTION C – TYPES OF CHEMICALS USED**

C.1 Mark all that apply:

<input type="checkbox"/> Parts washing solvent	<input type="checkbox"/> Fuels: gasoline and diesel
<input type="checkbox"/> Aqueous parts washing fluid	<input type="checkbox"/> Paint and paint thinners
<input type="checkbox"/> Acidic/Basic Cleaners (check auto-detail fluids)	<input type="checkbox"/> Oil and coolants
	<input type="checkbox"/> Other

**SECTION D – WASTES GENERATED**

Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?  
 yes       no

If “yes” complete items 1 and 2.

D.1 These wastes may best be described as:  
 Mark any wastes below that are generated at your facility. ( Those wastes common to vehicle services facilities are preceded with an asterik \*):

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> *Acids and Alkalies (wheel treatments	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> *Paints (excess paints or over-spray paints from body work)	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> *Pretreatment Sludges (clarifier sludge)	_____
<input type="checkbox"/> *Solvents/Thinners (solvent recycling tanks, waste paint thinner, etc.)	_____
<input type="checkbox"/> Other Hazardous Wastes	_____
	_____
	_____
<input type="checkbox"/> Other wastes (specify)	_____
	_____
	_____

D.2 For the above checked wastes, does your company practice:

- on-site storage
- off-site storage
- on-site disposal
- off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

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If waste haulers are used, provide name, address, description of waste hauled, volume and frequency.

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