



City Of Molalla

Industrial Waste Pretreatment Survey

The City of Molalla (the City) is required by the federally mandated Pretreatment Program (40 CFR 403.8(f)(2)), to develop and implement procedures that:

- (1) Identify and locate all possible Industrial and Commercial Users which might be subject to the Publicly Owned Treatment Works (POTW) Pretreatment Program requirements.
- (2) Characterize the type and volume of pollutants contributed to the POTW by the Industrial and Commercial Users as identified under (1) above.

By completing the *Industrial and Commercial Environmental Survey*, you are helping the City complete its requirements and fulfilling your requirement to report chemical discharges to the City pursuant to Chapter 13.08 Article 5 of the Molalla Municipal Code.

Confidential Information

As outlined in 40 CFR 403.14 (a)-(c) and ORS 192.430, any information submitted to the City under the Pretreatment Program requirements may be claimed as confidential by the submitter. Any such claim must be asserted at the time of submission in the manner prescribed on the application form or instructions, or, in the case of other submissions, by stamping the words "confidential business information" on each page containing such information. If no claim is made at the time of submission, the City may make the information available to the public without further notice. If a claim is asserted, the information will be treated in accordance with the procedures in 40 CFR part 2 (Public Information) and ORS 192.440(2).

Information and data provided to the City under these requirements which are effluent data shall be available to the public without restriction.

All other information which is submitted to the State or POTW shall be available to the public at least to the extent provided by 40 CFR 2.302 and ORS 192.440(2).

Instructions

Please complete this survey **within 30 days** of receipt and return it to the Molalla Public Works Department:

In Person:

117 N Molalla Avenue
Molalla, OR 97038

By Mail:

PO Box 248 (mail only)
Molalla, OR 97038

Alternately, the survey is available at www.cityofmolalla.com and can be emailed to dpw@cityofmolalla.com.

A glossary of terms and acronyms to assist you with completing this survey can be found on the preceding facing page. If there is insufficient space to complete an answer, continue your response on a separate piece of paper. Indicate the section and question number next to your response.

Non-compliance may result in a fine per Chapter 13.08 Article 5 of the Molalla Municipal Code.

If, at any time, you require additional assistance, please contact our office at (503) 759-0218:

Thank You.



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GLOSSARY OF DEFINITIONS AND ACRONYMS

DEFINITIONS

Batch Discharge – Controlled discharge of a discrete, contained volume of wastewater.

Continuous Discharge – Discharge that occurs uninterrupted throughout operating hours.

Domestic Water – Waste and wastewater from humans or household operations that is discharged to or otherwise enters a treatment works (40 CFR 503.9).

Hazardous (Toxic) Waste - Hazardous waste is a solid waste (solid waste includes solids, liquids and compressed gases) that possesses at least one of four characteristics (ignitibility, corrosivity, reactivity, or toxicity), or that appears on federal or state official lists of hazardous wastes. A solid waste is a hazardous waste if is:

- Defined by Title 40 of the Code of Federal Regulations (CFR), Part 261 as a hazardous waste; or
- A “state-only” waste defined as hazardous in the State of Oregon. Oregon includes six categories of waste in OAR 340-101-0033.

Industrial User - A user that discharges pollutants into a POTW from any non-domestic source regulated under section 307(b), (c) or (d) of the 40 CFR.

Industrial wastes - Any liquid, gaseous, radioactive, or solid waste substance or a combination thereof resulting from any process of industry, manufacturing, trade, or business or from the development or recovery of any natural resources. (OAR 340-045-0010)

Non-Domestic Water - Wastewater from sources other than household operations that is discharged to or otherwise enters a treatment works.

On-site infiltration systems – An intermediary filtering system for stormwater prior to entering public storm facilities. On-site infiltration systems may include, but are not limited to, dry wells, soakage trenches, water quality ponds, etc.

Pretreatment - The waste treatment that might take place prior to discharging to a sewerage system including but not limited to pH adjustment, oil and grease removal, screening, and detoxification. (OAR 340-045-0010)

Process Wastewater - Wastewater contaminated by industrial processes but not including non-contact cooling water or storm runoff. (OAR 340-045-0010)

Storm Sewer – Any sewer pipe conveyance not draining to a sewage treatment plant but draining to a creek, stream, river, pond or other surface water.

Wash water – Water from vehicle and equipment cleaning operations.



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ACRONYMS

CFR – Code of Federal Regulations

EPA – U.S. Environmental Protection Agency

DEQ – Oregon Department of Environmental Quality

NAICS (code) – Refers to the North American Industry Classification System administered by the United States Census Bureau to classify businesses. Each business type has a corresponding NAICS code.

NPDES Permit – Waste discharge permit issued in accordance with the National Pollutant Discharge Elimination System authorized by the Federal Act and OAR chapter 340, division 045. (OAR **340-045-0010**)

POTW – Publicly Owned Treatment Works

RCRA – U.S. Resource and Recovery Act

SIC (code) – Standard Industrial Classification system administered by the US Department of Labor.

OFFICE USE ONLY

Date Postmarked/Rec'd:

Month/Date/Year

Receiving Sewer Type: Sanitary/combined Storm

Reviewed By:

Date:

Date Entered:

Month/Date/Year

Entered By:



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Confidential Information - Indicate the section(s) of this questionnaire that you wish to remain confidential and your basis for the request.

SECTION A. GENERAL INFORMATION

Company Name: _____

Facility Name: _____

Facility Address: _____ City: _____, OR Zip: _____

Mailing Address: _____ City/State: _____, _____ Zip: _____

Questionnaire Resource

Contact's Affiliation

Contact Person: _____

Company Representative Consultant (see below)

Contact's Title: _____

Name of Firm: _____

Telephone No.: () _____

Facsimile No.: () _____

SECTION B. WATER USE & SERVICE

1. Is this facility connected to the City of Molalla's sanitary sewer system? Yes No
a. If No, are there plans to connect? Yes No
b. If Yes to 1a, above, indicate when: _____ (Month/Year)

2. Does this facility receive water or sewer billing statements from the City of Molalla? Yes No
a. If Yes, list the water account number(s) with the largest water use volume:
Account No.: _____
Account No.: _____
Account No.: _____

SECTION C. BUSINESS ACTIVITY

1. Days per week of operation: Mon Tues Wed Thur Fri Sat Sun
2. Hours per day of operation: 8 10 12 16 24 Other _____
3. List all business activities performed onsite:

<u>Business Activity</u>	<u>SIC/NAICS Code</u>
_____	_____
_____	_____
_____	_____



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SECTION C. BUSINESS ACTIVITY (cont.)

4. Enter date production began or will begin at this facility: (Month/Day/Year) _____
5. Does your facility generate any process wastewater excluding domestic wastewater? Yes No
 If "No" skip to Section D
- a. If Yes, is this wastewater discharged to the City of Molalla sewer system? Yes No
 Continuous Batch
- b. If Yes to 5a, above, briefly describe the process wastewater: _____
 Volume Estimate: _____ Per Day
- c. Is this wastewater treated prior to discharge? Yes No
- d. If Yes to 5c, above, briefly describe treatment process/equipment: _____
6. What are the characteristics of any non-domestic waters discharged into the wastewater collection system?
 Acid Metallic Color Dyes Soaps/Detergents Amalgam Alkaline Toxic Organics
 Fats, Oils, & Grease Medicine/Rx Hot Water at _____ degrees
- a. If any of the above are part of your facility's discharge note the volume that these wastes discharged:

SECTION D. MATERIAL STORAGE

1. Do you use or store liquid chemicals in quantities of 25 gallons or more? Yes No
2. Do you use or store dry chemicals in quantities of 500 pounds or more? Yes No
3. Are you required to report under Oregon State Fire Marshall* requirements? Yes No
**If unsure, contact the State Fire Marshall Office, located 4760 Portland Rd NE, Salem, OR 97305 (503)-378-6835.*
4. Do you have floor drains in manufacturing or storage areas? Yes No
5. Do you use or store materials, chemicals, products, equipment, or waste materials in outside areas? Yes No
6. Does this facility have a current, written spill contingency plan? Yes No
7. Do you discharge hazardous waste* as defined by EPA? Yes No
- a. If Yes, *complete the questionnaire on the following page.*



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Hazardous Waste Information Questionnaire

EPA Hazardous Waste Number: _____

Name of Waste	EPA Haz. Waste No.	Type of Discharge:		
		Batch	Continuous	Other (specify)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

If more than 100 kilograms of any hazardous waste is discharged to the City's sewer collection system per calendar month, include the following information for each hazardous waste to the extent such information is known and readily available:

Constituent Name	Mass in Wastestream	Concentration in Wastestream	Mass in Wastestream
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Company Representative

Date Signed

40 CFR 403.12(p)(1) specifies that an Industrial User (IU) shall notify the Publicly Owned Treatment Works (POTW) of any discharge into the POTW of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR 261. If the IU discharges more than 100 kilograms of such waste per calendar month to the POTW, the notification shall also contain information to the extent such information is known and readily available to the IU.

For information about RCRA hazardous waste, contact the Oregon Department of Environmental Quality (ODEQ) at (503) 229-5615 or (503) 229-5165.



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SECTION E. STORMWATER MANAGEMENT

1. Indicate which of the following drains to a storm sewer system:
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Parking lot run-off
(Excludes graveled areas) | <input type="checkbox"/> Floor drains |
| <input type="checkbox"/> Roof drains | <input type="checkbox"/> Other _____ |
2. If stormwater from this facility does not drain to a City of Molalla sewer system, does the stormwater drain:
- | | |
|---|--|
| <input type="checkbox"/> Directly to a drainage-way | <input type="checkbox"/> To an on-site infiltration system |
| | <input type="checkbox"/> Other _____ |
3. Does stormwater come into contact with any material handling activities or equipment, raw materials, intermediate products, by-products, waste materials, or industrial machinery at this facility?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- a. If Yes, briefly describe the activities: _____
-
4. Check all that apply:
- a. Equipment or vehicles used on site. Indicate the number in use:
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Fork lifts _____ | <input type="checkbox"/> Trucks _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Tractors _____ | <input type="checkbox"/> Cranes _____ | |
- b. Equipment or vehicle cleaning:
- | | |
|---|--|
| <input type="checkbox"/> On-site _____ | <input type="checkbox"/> Cleaned by facility staff _____ |
| <input type="checkbox"/> Off-site _____ | <input type="checkbox"/> Mobile Cleaning Service _____ |
- c. Wash water discharge:
- | | |
|---|--|
| <input type="checkbox"/> Sanitary sewer _____ | <input type="checkbox"/> Storm sewer _____ |
| <input type="checkbox"/> Taken off-site _____ | <input type="checkbox"/> 100% Recycled _____ |
| | <input type="checkbox"/> Other _____ |
5. Does this facility have an oil/water separator or a grease trap on the discharge line?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- a. If Yes, does the oil/water separator or grease trap discharge to:
- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Sanitary sewer | <input type="checkbox"/> Storm sewer | <input type="checkbox"/> Don't know |
|---|--------------------------------------|-------------------------------------|
6. Check all that apply
- a. Equipment or vehicles serviced on site. Indicate the number serviced:
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Fork lifts _____ | <input type="checkbox"/> Trucks _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Tractors _____ | <input type="checkbox"/> Cranes _____ | |
- b. Mobile services used?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- c. Where are services performed:
- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Inside | <input type="checkbox"/> Outside |
|---------------------------------|----------------------------------|
- d. Describe how you dispose of used oil, steam cleaning waste, antifreeze or other wastes: _____
-
7. Do you have ongoing groundwater remediation on site?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- a. If Yes, remediated groundwater is discharged to:
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Sanitary sewer | <input type="checkbox"/> Storm sewer |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Other |

If "Other," describe how, where, and by whom the remediated groundwater is handled for disposal



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SECTION F. MISCELLANEOUS INFORMATION

1. Are expansion plans scheduled within the next three years?
 - a. If Yes, check the appropriate box(es) concerning expansion plans:

<input type="checkbox"/> Add new product(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Expand current facility	<input type="checkbox"/> Same product, add capacity	
	<input type="checkbox"/> New Facility	
2. Are relocation plans scheduled within the next three years?
 - a. If Yes, check the appropriate box concerning relocation plans:

<input type="checkbox"/> Within Molalla	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Outside Molalla	



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You have completed the *Industrial and Commercial Environmental Survey, Part II*.
Sign and return this questionnaire to the Industrial Source Control Division.

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or 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. [40 CFR 403.6(a)(2)(ii)]

This certification is to be signed only by the Responsible Corporate Official as per 40 CFR 403.12(l)(1) (e.g. the president, treasurer, vice-president, general partner, or sole proprietor of the facility).

Print name & Title here

Telephone Number

Signature

Date Signed