



PUBLIC WORKS - OPERATIONS
310 Waverly Drive NE, Albany, Oregon 97321 | PHONE 541-917-7600

INDUSTRIAL USER SURVEY

1. Company Name: _____
2. a) Facility Address: _____
 City: _____ State: _____ Zip: _____
 b) Is this facility located in a tenant building or industrial park? Yes: _____ No: _____
3. Mailing Address: Street Address: _____
 City: _____ State: _____ Zip: _____
4. Provide name of person to contact regarding information contained in this questionnaire:
 Name: _____ Telephone: _____
 Title: _____ Email: _____
5. a) Provide a brief description of manufacturing or service activities performed at this facility:

 b) Enter applicable SIC code(s): _____
6. Enter number of shifts daily: _____ Enter total number of employees: _____
 Select the days of operation: S M T W R F S
7. Is this facility connected to the District's sanitary sewer? Yes: _____ No: _____
 If "No," are there plans to connect? Yes: _____ No: _____
 If "Yes," indicate when: _____
8. Does this facility receive billing statements from Albany Utility Billing? Yes: _____ No: _____
 If "Yes," please list your account numbers(s). If you have more than three accounts, list those which have the highest water usage: _____
9. Quantity of wastewater discharged in gallons per day? An estimate may be obtained from your monthly water bill:
 400 units per month = 10,000 gpd.
 Less than 10,000: _____ 10,000 to 25,000: _____ 25,000 to 100,000: _____ More than 100,000: _____
10. Do you use or store liquid chemicals in quantities of 55 gallons or more? Yes: _____ No: _____
 Do you use or store dry chemicals in quantities of 500 pounds or more? Yes: _____ No: _____
 Are you required to report under Oregon State Fire Marshall requirements? Yes: _____ No: _____
 Do you store/use materials, chemicals, products, equipment, or waste outdoors? Yes: _____ No: _____
 Do you have BMPs in place to prevent and/or clean up chemical spills? Yes: _____ No: _____



11. Are there floor drains, catch basins, sumps, sinks or any other outlets to the sanitary sewer or storm system located in or near your production or chemical storage areas? Yes: _____ No: _____

If "Yes," please describe: _____

12. Does your facility have an oil and grease/water separator? Yes: _____ No: _____

If "Yes", what is its flow capacity? _____

13. Are there any solids, liquids, or other wastes removed by a septic service or other chemical hauler? Yes: _____ No: _____

If "Yes," identify the materials, quantities, and frequency of service: _____

Name, address, and telephone number of hauler(s): _____

14. Does your facility generate process wastewater, not including domestic wastewater? Yes: _____ No: _____

a) Is this wastewater discharged to the sewer system? Yes: _____ No: _____

b) Describe process wastewater: _____

Volume estimate: _____ Units: _____

c) Does this process wastewater undergo any pretreatment? Yes: _____ No: _____

If so, please describe: _____

15. Does your facility discharge any substance, which, if otherwise disposed of would be a hazardous waste as defined under 40 CFR part 261? Yes: _____ No: _____

[If Yes, you are required to report such discharges to the City of Albany, Oregon Department of Environmental Quality, and Environmental Protection Agency Regional office, per 40 CFR 403.12(p)(1), and Albany Municipal Code 10.06.070 (10).]

16. Does stormwater come into contact with any process(es) at your facility? Yes: _____ No: _____

17. Do you clean production equipment or vehicles at your facility? Yes: _____ No: _____

If "Yes," is the wash water or wastewater:

Discharged to the sanitary sewer: _____ Discharged to the storm sewer: _____ 100% recycled: _____

Removed off-site: _____ Other: _____

18. 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 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)]

Name (please print): _____ Title: _____

Signature: _____ Date: _____