



# Vehicle Services Discharger Survey

## City of Sequim Department of Public Works

Return completed form to:

City of Sequim  
Attn: Wastewater Source Control Program  
Department of Public Works  
PO Box 1087  
Sequim, WA 98382

**This survey has been written to characterize discharges associated with "Vehicle Services".**

Since this survey is covering a broad range of activities, some of the Survey questions may not apply to your facility, or you may not have the information available to answer all the questions. Please answer to the best of your ability. If you have any questions, you can contact Tyrone Brown, Wastewater Source Control Program Coordinator at (360) 683-4908.

- Use additional pages, if needed.
- Send the completed survey to:

City of Sequim  
 Attn: Wastewater Source Control Program  
 Department of Public Works  
 152 W Cedar Street  
 Sequim, WA 98382

**SECTION A – BUSINESS NAMES AND ADDRESSES**

<b>FACILITY NAME:</b>	
ADDRESS OF SITE DISCHARGING WASTEWATER:	BUSINESS MAILING ADDRESS:
City, State <span style="float: right;">Zip Code</span>	City, State <span style="float: right;">Zip Code</span>

<b>PRIMARY PERSON TO BE CONTACTED ABOUT THIS SURVEY:</b>	
Name	Title (e.g., Owner, Consultant, Office Manager)
Mailing Address	Telephone Number:
City, State <span style="float: right;">Zip Code</span>	Message Number:
E-Mail Address	FAX Number:

**SECTION B – GENERAL FACILITY INFORMATION**

**1. NATURE OF BUSINESS OR SERVICE**

Indicate the major activities or service provide at your facility.

**2. FACILITY SIZE**

Please provide brief description of your facility. (I.e. number of bays, size of lots, etc.)

**3. PERTINENT IDENTIFICATION NUMBERS AND PERMITS**

If your facility is located in an office building or an office park where you are not billed directly for your water use, write "N/A."

City of Sequim Business License number:
Water Meter No(s):
Date Business Started at this Site:
Dangerous Waste Discharge Number:

**SECTION C – SERVICE DESCRIPTION**

**1. Please choose the description(s) for services conducted at your facility:**

- |  |   |
|--|---|
| <p>_____ New Car Sales</p> <p>_____ Gas Station</p> <p>_____ Auto Detail</p> <p>_____ Automated Car Wash</p> <p>_____ Towing</p> <p>_____ Muffler Installation</p> <p>_____ Vehicle Rental Service</p> <p>_____ Auto Parts Sales</p> <p>_____ Machine Shop</p> <p>_____ Radiator Repair</p> <p>_____ Break Repair</p> <p>_____ Motor Cycle Repair</p> <p>_____ Diesel Truck Repair</p> | <p>_____ Used Car Sales</p> <p>_____ Auto Repair</p> <p>_____ Heavy Equipment Repair</p> <p>_____ Fleet Services</p> <p>_____ Auto Glass Installation</p> <p>_____ Window Tinting</p> <p>_____ Under coating/Bed coatings</p> <p>_____ Metals Fabrication</p> <p>_____ Battery Manufacturing</p> <p>_____ Battery Sales and Installation</p> <p>_____ High Performance/Racing</p> <p>_____ Oil and Lube</p> <p>_____ Auto Body / Painting</p> |
|--|---|

## SECTION D – WASTE MANAGEMENT

1. Does your facility have shop floor drains?    Yes    No
- a. If "yes", where do they drain? (circle one):  
 Discharge to sewer;    Discharge to storm;    Discharge to septic;  
 Other: \_\_\_\_\_    Do not know;
2. Does your facility perform auto detailing activities?    Yes    No
- a. If "yes", where does the waste water drain? (Circle one):  
 Discharge to sewer;    Discharge to storm;    Discharge to septic;  
 Other: \_\_\_\_\_    Do not know;
3. Does your facility pressure wash engines or heavy equipment?    Yes    No
- a. If "yes", where does the waste water drain? (Circle one):  
 Discharge to sewer;    Discharge to storm;    Discharge to septic;  
 Other: \_\_\_\_\_    Do not know;
4. Does your facility have Oil/Water Separators on site?    Yes    No

If "yes" please complete the following for each separator.

**First: Oil/Water Separator**

Manufacturer/Model: \_\_\_\_\_ Size/Gallons: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_ Typical service frequency: \_\_\_\_\_

Date last serviced: \_\_\_\_\_ Service Company: \_\_\_\_\_

**Second: Oil/Water Separator**

Manufacturer/Model: \_\_\_\_\_ Size/Gallons: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_ Typical service frequency: \_\_\_\_\_

Date last serviced: \_\_\_\_\_ Service Company: \_\_\_\_\_

**If your facility has more than two Oil/Water Separators, please attach the information for each additional separator.**

5. Please provide the following information for these waste streams, if present at your facility:

Waste Stream	Storage location	Volume	Disposal Method
Used Motor Oil			
Used Anti-Freeze			
Used Car Wash water			
Used Parts Wash Solvents			
Used Cleaning Solvents			
Used Batteries			
Used Tires			
Used Fuels			

6. Please report any waste streams present at your facility, not listed above:

Waste Stream	Storage location	Volume	Disposal Method

7. Does your facility wash "cloth shop rags", "coveralls", or similar materials on site?: Yes No

**SECTION F – CERTIFICATION**

**CERTIFICATION STATEMENT/SIGNATURE**

The official signing this application must be:

- A. A responsible corporate officer (president, vice-president, secretary, or treasurer of the corporation) in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- B. A general partner or proprietor; or
- C. A person who has a position of responsibility for the overall operation of the facility which generates the wastewater discharge, or responsibility for environmental matters for the company.

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.

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**End of "Vehicle Services Discharger Survey"**