



The City of Portland (the City) is required by the federally mandated EPA 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.

## 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 the 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 of POTW shall be available to the public at least to the extent provided by 40 CFR 2.302 and ORS 192.440(2).

## Hazardous Materials

40 CFR 403.-12(p)(1) specifies that an Industrial User (IU) shall notify the 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 Resource Conservation and Recovery Act (RCRA) hazardous waste, contact the Oregon Department of Environmental Quality (ODEQ) at (503) 229-5615 or (503) 229-5165.

## Survey Submittal

For your convenience, a fillable PDF of the survey is available on our website <https://www.portland.gov/bes/complete-industrial-and-commercial-environmental-survey>. Return a hard copy of the completed survey with "wet ink" original signature in the enclosed Business Reply Mail envelope, or to:

Water Pollution Control Laboratory  
Environmental Compliance Division  
Environmental Survey Program  
6543 N Burlington Ave  
Portland, Oregon 97203

**Surveys are due within 30 days.** If you have questions or require additional assistance, please contact our office at: (503) 823-5344 or [EnvironmentalSurvey@portlandoregon.gov](mailto:EnvironmentalSurvey@portlandoregon.gov). Thank you.



## INSTRUCTIONS

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.

### Section A

- Enter the legal name of the company – i.e., the name of the company legally responsible for this facility.
- Enter the name of the facility, such as the name used on letterhead, correspondence or advertising brochures.
- Enter the street address where the facility is located.
- Enter the mailing address of the facility, if different from the facility street address above.
- Enter the name, title, telephone number and email address of the person who is most familiar with the facts reported on this form and who can be contacted by City staff.
- Check the appropriate box that describes the contact's affiliation with the company.
- Check the appropriate box indicating type of facility.

### Section B

1. Check the appropriate box. If you are uncertain whether this facility is connected to the City of Portland's sanitary sewer system, check your water billing statement for sewer charges, or contact the City's Development Assistance at 503-823-7740 for sewer connection information.
2. Check the appropriate box. List your account number(s).
3. Check the appropriate box. If other, please specify.
4. Check the appropriate box.

### Section C

1. Check the box for each day of the week the facility conducts business.
2. Indicate the number of hours per day that the facility conducts business.
3. Indicate the approximate number of employees that are at the facility per day.
4. Supply the requested information for all industrial or commercial activity done at the facility, and list all SIC or NAICS codes that apply.
5. Provide details on processes conducted on-site. **More information about process, chemicals used, and industrial methods allows for a clearer understanding and fewer follow-up questions.**
6. Enter the approximate month and year that operations began or are proposed to begin.
7. Answer questions related to wastewater generation
  - a. Check the appropriate box.
  - b. If you checked Yes to 7a, describe the frequency and chemicals used for equipment/facility washdown.
  - c. Check the appropriate boxes and describe process wastewater if applicable.
  - d. Answer the following questions if you checked Yes for 7a or checked any boxes for 7c. Otherwise skip this question and proceed to (e).
    - i. Check the appropriate box.
    - ii. Describe how wastewater is disposed if it is not discharged to the City sanitary system.
    - iii. Give the estimated volume (Gallons Per Day) of wastewater discharged.
    - iv. Check the appropriate box. A *continuous discharge* is described as an uninterrupted flow, while a *batch discharge* is the controlled discharge of a discrete volume of wastewater for a limited duration.
    - v. Check the appropriate box
    - vi. If you checked Yes to (v.), describe the treatment process and equipment.
  - e. Check this box if facility only generates domestic wastewater (hand sinks, mop sinks, toilets, showers).



**INSTRUCTIONS CONTINUED**

**Section D**

- 1-7. Check the appropriate box.
8. Check the appropriate box. If you discharge a listed or a characteristic hazardous waste that is subject to the provisions of the RCRA into the City's sewer collection system, you must complete the RCRA Hazardous Waste Information questionnaire.

**Section E**

1. Check the appropriate box(es). Parking lot run-off includes paved and concreted areas, but excludes graveled areas. If Other, list all flows other than stormwater that flows to a storm sewer. A storm sewer is any sewer pipe conveyance not draining to a sewage treatment plant but draining to a creek, stream, river, pond or other surface water.
2. Check the appropriate box(es). On-site infiltration systems may include, but are not limited to, dry wells, soakage trenches, water quality ponds, etc.
3. Check the appropriate box.
  - a. If applicable, describe activities.
4. Check the applicable box(es).
  - a. Check the applicable box(es), indicating the number of each type in use on site. If Other, provide the information as requested.
  - b. Check the applicable box(es).
  - c. Check the appropriate box(es). If Other, describe how wash water is discharged.
5. Check the appropriate box.
  - a. If applicable, check appropriate box.
6. Check all that apply.
  - a. Check the applicable box(es), indicating the number of each type serviced on site. If Other, please indicate type of equipment and amount.
  - b. Check appropriate box.
  - c. Check appropriate box.
  - d. If applicable, describe disposal methods.
7. Check appropriate box.
  - a. If applicable, check appropriate box. If Other, explain.

**Section F**

1. Check appropriate box.
  - a. If applicable, check appropriate box.

**Section G**

**Sign and date. All surveys must be returned with an original signature within 30 days to:**

Water Pollution Control Laboratory  
Environmental Compliance Division  
Environmental Survey Program  
6543 N Burlington Ave  
Portland, Oregon 97203

**Failure to complete and return survey may lead to enforcement actions or an inspection of your facility for the purpose of completing the survey.**



**SECTION A. GENERAL INFORMATION**

Legal Name \_\_\_\_\_

Facility Name: \_\_\_\_\_ Business Registry No. \_\_\_\_\_

Facility Address: \_\_\_\_\_ City \_\_\_\_\_, OR. Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Questionnaire Resource:**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact's Affiliation:**

Company Representative

Consultant, Name of Firm \_\_\_\_\_

**Facility Type:**

Business Office

Retail

Distribution

Manufacturing/Production

**SECTION B. WATER USE & SERVICE**

1. Is this facility connected to the City of Portland's sanitary sewer system?  Yes  No
2. Does this facility receive water or sewer billing statements from the City of Portland?  Yes  No
  - a. If Yes, list the water account number(s) with the largest water use volume:
 

Account No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account No.: \_\_\_\_\_
3. Does this facility have any non-City sources of water?  Well  Rain Harvest  Other (Specify): \_\_\_\_\_
4. Does this facility have a cooling tower or boiler?  Yes  No

**SECTION C. BUSINESS ACTIVITY**

1. Days per week of operation:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun
2. Hours per day of operation:  8  10  12  16  24  Other: \_\_\_\_\_
3. Average number of employees at facility per day: \_\_\_\_\_
4. Please check off category of business activities or processes conducted at this facility:

- Food or Beverage Production
- Medical, Dental, Veterinary, or Chiropractic Facility
- Organic Chemical Manufacturing
- Inorganic Chemical Manufacturing
- Battery Manufacturing
- Cement Manufacturing / Paving & Roofing Materials
- Electrical & Electrical Component Manufacturing
- Glass Manufacturing
- Metal Manufacturing / Metal Forming / Metal Finishing (Electroplating, Electroless Plating, Anodizing, Coating, Chemical Etching or Milling, or Printed Circuit Board Manufacturing) If unsure, please see <https://www.epa.gov/eg/industrial-effluent-guidelines> under Metal Finishing.

- Industrial Laundry
- Paint or Ink Formulating
- Plastics Molding & Forming
- Rubber Manufacturing or Extrusion
- Soap & Detergent Manufacturing
- Transportation Equipment Cleaning
- Hauled Waste Treatment
- Petroleum or Chemical Storage
- Other (Explain): \_\_\_\_\_



4. (cont'd). List SIC or NAICS Code(s) that apply:

<https://www.osha.gov/pls/imis/sicsearch.html>

<https://www.census.gov/eos/www/naics/>

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5. What operations & processes are conducted at the facility? Explain in detail:

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6. Enter date production began or will begin at this facility (Month/Day/Year): \_\_\_\_\_

7. Wastewater Generation:

- a. Does your facility conduct equipment/facility washdown or cleaning?  Yes  No
- b. If Yes, please describe frequency and chemicals used:

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c. If Yes, please check off all types of wastewater generated at this facility.

- Non-Contact Cooling Water
- Contact Cooling Water
- Recycled Washwater
- Boiler / Cooling Tower Blowdown
- Air Pollution Control Equipment
- Stormwater to Sanitary Sewer
- Process Water. If checked, describe processes that generate wastewater:

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d. If you checked Yes for 7a or any box for 7c, please answer the following questions. If No, go to 7e.

i. Is wastewater generated discharged to the City of Portland sanitary sewer system? • Yes • No

ii. If No to sanitary discharge, describe how wastewater is disposed: \_\_\_\_\_

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iii. If Yes to sanitary discharge, what is the estimated volume (Gallons Per Day) of wastewater discharged: \_\_\_\_\_



- iv. If Yes to sanitary discharge, is wastewater discharged continuous or batch? • Continuous • Batch
- v. If Yes to sanitary discharge, is this wastewater treated prior to discharge? • Yes • No
- vi. If Yes to 7(d)(v), briefly describe treatment processes/equipment:

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- e. This facility only generates domestic wastewater (hand sinks, mop sinks, toilets, showers). • Yes • No

**SECTION D. MATERIAL STORAGE**

- 1. Do you use or store liquid chemicals?  Yes  No
- 2. Do you use or store dry chemicals?  Yes  No
- 3. Are any acids stored or used?  Yes  No

a. If Yes, note type and quantity: \_\_\_\_\_

- 4. Do you have floor drains in manufacturing or storage areas?  Yes  No
- 5. Are materials, chemicals, products, equipment, or waste materials stored/used outside?  Yes  No
- 6. Does this facility have a current, written spill contingency plan?  Yes  No
- 7. Does this facility use products or processes that contain Per- or Polyfluorinated Substances (PFAS), including fluorinated surfactants or organic fluorosulfonates?  Yes  No  Unsure
- 8. Do you discharge hazardous waste to the sanitary sewer as defined by EPA?  Yes  No

a. If Yes to 8, complete the following Hazardous Waste Information Questionnaire:

**Hazardous Waste Information Questionnaire**

Facility EPA Identification Number \_\_\_\_\_

<u>Name of Waste:</u>	<u>EPA Hazardous Waste Number:</u>	<u>Disposal Method:</u>
_____	_____	_____
_____	_____	_____

**SECTION E. STORMWATER MANAGEMENT**

- 1. Indicate which of the following drains to a storm sewer system:  
 Parking Lot Run-off  Floor Drains  Roof Drains  Other: \_\_\_\_\_
- 2. If stormwater from this facility does not drain to a City of Portland sewer system, does the stormwater drain:  
 Directly to a Drainage Way  To an on-site infiltration System  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?  Yes  No
  - a. If Yes, briefly describe the activities:

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4. Check all that apply:
  - a. Equipment or vehicles used on site. Indicate the number in use:  
 Fork Lifts\_\_\_\_  Trucks\_\_\_\_  Tractors\_\_\_\_  Cranes\_\_\_\_  Other (Specify): \_\_\_\_\_
  - b.  Equipment or vehicle cleaning:  
 On Site  Off Site  Cleaned by Facility staff  Mobile Cleaning Service
  - c. Wash water discharge:  
 Sanitary Sewer  Storm Sewer  Taken Off Site  100% Recycled  Other (Specify): \_\_\_\_\_
5. Does this facility have an oil/water separator or a grease trap on the drainage line?  Yes  No
  - a. If Yes, does the oil/water separator or grease trap discharge to:  
 Sanitary Sewer  Storm Sewer  Do Not Know
6. Check all that apply:
  - a. Equipment or vehicles serviced on site. Indicate the number serviced:  
 Fork Lifts\_\_\_\_  Trucks\_\_\_\_  Tractors\_\_\_\_  Cranes\_\_\_\_  Other (Specify): \_\_\_\_\_
  - b. Mobile services used?  Yes  No
  - c. Where are services performed?  Inside  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?  Yes  No
  - a. If Yes, remediated groundwater is discharged to:  
 Sanitary Sewer  Storm Sewer  Do Not Know  Other (Specify): \_\_\_\_\_

**SECTION F. MISCELLANEOUS INFORMATION**

1. Are expansion plans scheduled within the next three years?  Yes  No
  - a. If Yes, check the appropriate box(es) concerning expansion plans:  
 Add New Product(s)  Same Product, Add Capacity  Expand Current Facility  New Facility

**SECTION G. SIGN AND DATE SURVEY**

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 by on the Responsible Corporate Official, Business Owner, or Production Manager 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 and Title here

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

You have completed the **Industrial and Commercial Environmental Survey.**

Send signed survey to the Environmental Compliance Division  
Water Pollution Control Laboratory, 6543 N Burlington Ave, Portland, OR 97203