



Wastewater Discharge Report

Please Return To: IPP@bendoregon.gov or
Pretreatment & Source Control - Utility Dept
62975 Boyd Acres Rd
Bend, OR 97701

1.	Company Name: _____																										
2.	Facility Name (if different): _____																										
4.	Site Address: _____																										
	City, State, Zip: _____																										
5.	Mailing Address: _____																										
	City, State, Zip: _____																										
6.	Representative completing this form.																										
	Name: _____																										
	Title: _____																										
	Phone: _____ Email: _____																										
7.	Person to be contacted in case of emergency.																										
	Name: _____																										
	Title: _____																										
	Phone: _____ Email: _____																										
8.	Property Owner.																										
	Name: _____																										
	Title: _____																										
	Phone: _____ Email: _____																										
9.	Is this building connected to the public sewer system? no yes																										
10.	If not connected to sewer, describe wastewater generated and method of disposal (attach sheets if necessary):																										
11.	Describe the type of business activity conducted at this site, including products and/or services:																										
12.	NAICS Code(s): _____																										
13.	Starting date for your business at this site: _____																										
14.	Construction date(s) for building(s) at this site (if known): _____																										
15.	Normal operating schedule Hours: _____ Days/wk: _____																										
16.	Number of employees per shift: _____																										
17.	Water consumption (gallons/month): _____																										
18.	Check all types of operations and/or wastewater generated at this site:																										
	<table border="0"> <tr> <td>air pollution control equipment</td> <td>metal fabrication</td> </tr> <tr> <td>anodizing</td> <td>pharmaceuticals (formulating, compounding, etc)</td> </tr> <tr> <td>beverage bottling and/or production</td> <td>pesticide production or application</td> </tr> <tr> <td>boiler/cooler blowdown</td> <td>photograph or film processing</td> </tr> <tr> <td>cannabis products</td> <td>plastics processing and/or product manufacture</td> </tr> <tr> <td>chemical etching or milling</td> <td>powder coating</td> </tr> <tr> <td>cooling water (contact or non-contact)</td> <td>printed circuit board manufacturing</td> </tr> <tr> <td>electroless plating or electroplating</td> <td>tech manufacture (semi-conductors, processors, etc.)</td> </tr> <tr> <td>food processing (non-beverage)</td> <td>slaughter/meat packing/rendering</td> </tr> <tr> <td>food service establishment</td> <td>vehicle maintenance or repair</td> </tr> <tr> <td>industrial or commercial laundry</td> <td>vehicle washdown</td> </tr> <tr> <td>medical or dental services</td> <td>wood preservation</td> </tr> <tr> <td>metal coating (chromating, phosphating, etc.)</td> <td>other:</td> </tr> </table>	air pollution control equipment	metal fabrication	anodizing	pharmaceuticals (formulating, compounding, etc)	beverage bottling and/or production	pesticide production or application	boiler/cooler blowdown	photograph or film processing	cannabis products	plastics processing and/or product manufacture	chemical etching or milling	powder coating	cooling water (contact or non-contact)	printed circuit board manufacturing	electroless plating or electroplating	tech manufacture (semi-conductors, processors, etc.)	food processing (non-beverage)	slaughter/meat packing/rendering	food service establishment	vehicle maintenance or repair	industrial or commercial laundry	vehicle washdown	medical or dental services	wood preservation	metal coating (chromating, phosphating, etc.)	other:
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19.	Wastewater volume generated (gallons/month): _____	estimate	actual
20.	Do you use fats, oils, grease (cooking or petroleum) or dairy products in your business?	no	yes
21.	Will there be a device installed to pretreat wastewater prior to discharge?	no	yes
22.	If yes, check all equipment installed:		
	amalgam separator or chairside trap	oil/water separator	
	grease interceptor (inside)	pH equalization/neutralization	
	grease interceptor (outside)	other: _____	
23.	What is your normal frequency of maintenance for the pretreatment device? _____		
24.	How are any wastes generated from pretreatment handled?		
	onsite storage	onsite disposal	offsite storage offsite disposal
25.	For any wastes hauled offsite, who performs the transport and disposal of these wastes? _____		
26.	Are there floor drains in areas other than restrooms?	no	yes
27.	Do you generate haz. waste as defined by the OR DEQ and/or federal regulations (RCRA)?	no	yes
28.	Will you discharge any RCRA listed or characteristics hazardous wastes to the sanitary sewer?	no	yes
29.	Is any other liquid, gaseous or sludge waste generated but not discharged to the public sewer?	no	yes
30.	Briefly describe wastes generated and the methods of storage and disposal, including waste haulers.		
31.	Do you have a wastewater slug control and/or spill prevention & response document for your facility? Please attach.		
32.	Will you use EPA toxics release inventory (TRI) chemicals in reportable quantities?	no	yes
33.	Will you use chemicals that are reportable to the Oregon State Fire Marshal?	no	yes
	If so, please identify chemicals and quantities: _____		
34.	Does your site have an irrigation or drinking well?	no	yes
35.	Does your site have any underground injection control facilities (UICs), i.e. drywells, drill holes, pipe galleries?	no	yes
36.	Has your company ever been issued a local, state or federal environmental permit?	no	yes
	if so, please list with expiration dates _____		
37.	Please any additional comments or explanations here (attach additional sheets if necessary):		

I certify under penalty of law that this document and all attachments were prepared under my direct or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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.

_____	_____	_____
Printed Name	Title	
_____	_____	_____
Signature	Date	Phone

The signing official must have authorization to provide such information on behalf of the company, corporation or partnership. In accordance with Oregon's Public Records Law, information and data provided in this questionnaire may be available for public review. Requests for confidential treatment of information will be governed by procedures specified in Oregon's Public Records Law.