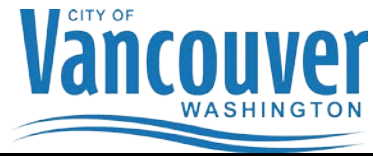


Water Resource Protection Ordinance Industry Information Form



Business Name: _____

Facility Address: _____

Mailing Address: _____
(if different)

Name of Contact: _____

Title: _____

E-mail: _____

Phone #: _____ Fax No: _____

For Office Use Only:

Eng No.: _____

Possible Classified? Y N

WRP Staff: _____

Date sent: _____

Date due: _____

Comments: _____

Reviewed By: _____

Nature of business: (Briefly describe your business AND any activities that produce waste.)

Please answer each of the following questions:

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business or facility use or manage raw materials or waste material in liquid form?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business or facility generate, use or manage over 220lbs of hazardous material? (Hazardous as defined by Code of Federal Regulations 40 CFR 302.4, CERCLA Section 103(a)) <i>If you answered Yes, please check one of the following estimates (in pounds per year).</i> Estimated hazardous materials managed <u>0-220</u> <u>220-500</u> <u>500-1500</u> <u>>2,200lbs</u>
3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business have shop or facility floor drains (other than those in restrooms)?
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this facility perform vehicle maintenance or vehicle/equipment washing onsite?
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this business store chemicals or petroleum products in containers of more than 5 gallons? <i>If you answered Yes, please provide information on materials stored. (Attach additional sheets if needed)</i>

Chemical or Active Ingredient	Brand Name	Purpose	Container Size, gallons	Estimated Amounts On Site	
				Avg., gallons.	Max., gallons

If you have questions on completing this form, please contact the Water Protection at (360)487-7130. Please fax the signed form to (360) 487-7139 or mail to PO Box 1995, Vancouver, WA 98668.

CERTIFICATION STATEMENT:

I certify that the information submitted is, to the best of my knowledge true and complete.

Signature _____

Date _____

Printed Name _____

Title _____