



Pretreatment Sewer Use Report for Non-Residential Users

SEWER USE REPORT COMPLETION INSTRUCTIONS

The purpose of the Sewer Use Report is to obtain complete and accurate information about the company/business that will be/is connected to the Lakehaven's sanitary sewer system. Consulting firms and/or contractors may enter any/all necessary data so long as the information provided pertains to the commercial/industrial establishment(s) that will be connected to the sanitary system and the Report is signed by a representative of said business. Please note the signatory requirement on the bottom of the last page and refer carefully to the respective instructions below.

<https://www.lakehaven.org/DocumentCenter/View/1312/Sewer-Use-Rules-July-2006-PDF>.

This form must be completed and returned within 15 days to the following address:

**Lakehaven Water and Sewer District
Pretreatment Section
3203 SW Dash Point Road
Federal Way, WA 98023-2340**

Section I: Identifying Information

Information here should indicate the company/business, which will actually be performing business and responsible for the wastewater discharge upon connection to the sanitary sewer system.

Legal business name and actual site address are required for Survey to be accepted as complete. If this information is unknown at the time of submittal (i.e. property not yet leased to a specific company), an additional Sewer Use Survey may have to be completed before commencement of discharge to the sanitary sewer system.

Section II: Type of Business Conducted

Check the type, or types, of business to be conducted at the site listed in Item #1.

Item #1

Provide a brief description of activities to be conducted.

Item #2

An ASPP is a written set of specific action and notification procedures to be used if a spill or accidental discharge of prohibited or regulated material occurs. All businesses are encouraged to develop an ASPP and some businesses will be required to develop and implement an ASPP.

Section III: Waste Generation

Items #3 & #4

Information here indicates what wastes are generated and where they are discharged/disposed of, and can be estimated from water consumption bill. For most water bills one (1) consumption unit = 100 cubic feet = 750 gallons. In addition, 25 gallons per day per employee is an acceptable "ballpark" estimate for on-the-job domestic wastewater. Other waste amounts can vary greatly. **Note:** food preparation establishments cannot consider non-restroom sink wastewater (i.e. - dish wash water) as domestic wastes.

Item #5

Items checked/listed here are potential hazardous wastes used or stored on-site.

Items #6

Items checked/listed here are a fixture other than, showers or toilets.



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Section IV: Pretreatment

Item #7

Pretreatment information – Check all of the pretreatment methods used at your facility. Pretreatment is the elimination or reduction in the amount of pollutants before wastewater is sent to the sanitary sewer. Pretreatment can include changing the nature of the pollutant. This includes physical, chemical, or biological processes, process changes, or other means (except dilution, which is prohibited). Include in your list any control equipment such as equalization tanks or other facilities designed to protect the publicly owned treatment works against surges or slug loadings.

Section V: Compliance Certification

To be completed by all surveyed businesses

The Compliance Certification must be signed by the Authorized or Duly Authorized Representative for the business.

Section VI: FOG DISCHARGER CATEGORY to be completed by all surveyed businesses that have kitchens.

- ✓ Please include the name of your business
- ✓ Check mark all of the items listed, that you will find in your facility, note the devices connected to a grease trap.



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In accordance with federal and local law (Title 40 of the Code of Federal Regulations and Section 5 of Lakehaven Water and Sewer District's Sewer Use Rules), <https://www.lakehaven.org/DocumentCenter/View/1312/Sewer-Use-Rules-July-2006-PDF>, this form must be completed and returned within **15 days** to the following address:

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 Lakehaven Water and Sewer District
 3203 SW Dash Point Road
 Federal Way, WA 98023-2340

Section I: IDENTIFYING INFORMATION

Business Name	WA State UBI#	Parcel #
Name (legal name of company or entity)	Uniform Business Licenses	number assigned to parcels of real property

Facility Physical Address			Business Mailing Address (if same, check here: <input type="checkbox"/>)		
Street Address (including building and/or suite ID)			Mailing Address		
City	State	Zip Code	City	State	Zip Code

Business Contact Info	
Contact Name	Primary Phone
Contact E-mail Address (Required)	Secondary Phone

Owner of Property where Business is Operated (if same, check here: <input type="checkbox"/>)	
Name (legal name of person, company or entity)	Uniform Business Licenses

Property Manager Contact Information			
Business Name		Property Manager Name	
City	State	Zip Code	Contact E-mail Address (Required)

Business Operating Days:	
Circle days of operation: Sun Mon Tue Wed Thu Fri Sat	
Number of Shifts: _____	Number of employees: _____



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SECTION II. TYPE OF BUSINESS CONDUCTED

- | | | |
|---|--|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Paving & Roofing |
| <input type="checkbox"/> Alterations (Clothing) | <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Photo/X-ray Finishing |
| <input type="checkbox"/> Auto Body/Repair | <input type="checkbox"/> Laundry | <input type="checkbox"/> Plastics Molding/Forming |
| <input type="checkbox"/> Brewery/Distillery | <input type="checkbox"/> Leather Finishing | <input type="checkbox"/> Printing/Graphics |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Pulp & Paper |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Meat/Seafood Processing | <input type="checkbox"/> Radiator Repair |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Restaurant/Deli |
| <input type="checkbox"/> Electrical/Electronic | <input type="checkbox"/> Metal Finishing/Molding | <input type="checkbox"/> Retail/Wholesale Store |
| <input type="checkbox"/> Drop Shop (Clothing) | <input type="checkbox"/> Nonferrous Metals | <input type="checkbox"/> Educational Facility |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Painting/Coatings | <input type="checkbox"/> Other _____ |

1. Provide a brief narrative description of the activities your firm conducts including any manufacturing, production, or service activities.

2. Is an Accidental Spill Prevention Plan (ASPP) prepared for this facility? Yes. No

SECTION III. WASTE GENERATION

3. This facility generates the following types and amounts of wastes (check all that apply):

<input type="checkbox"/> Domestic waste (restrooms, showers, etc.)	_____ Estimated Gallons per Day
<input type="checkbox"/> Process wastes: See #4	_____ Estimated Gallons per Day
<input type="checkbox"/> Equipment / Facility wash down	_____ Estimated Gallons per Day

4. Process Wastes will be discharged or disposed to:



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**5. Will you use or store any of the following items in any room that has a floor drain or sink?
(Check all that apply):**

<input type="checkbox"/> Acids	<input type="checkbox"/> Coolant	<input type="checkbox"/> Herbicides	<input type="checkbox"/> Petroleum Oils/Lubricants
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Caustics	<input type="checkbox"/> Mercury	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Anti-freeze	<input type="checkbox"/> Cleaners (Liquid)	<input type="checkbox"/> Organic Compounds	<input type="checkbox"/> Photo Chemicals
<input type="checkbox"/> Animal Oils (Lard)	<input type="checkbox"/> Dyes/Inks	<input type="checkbox"/> Paints (oil based)	<input type="checkbox"/> Solvents
<input type="checkbox"/> Aerosols	<input type="checkbox"/> Fuels	<input type="checkbox"/> Paints(water based)	<input type="checkbox"/> Surfactants
<input type="checkbox"/> Batteries	<input type="checkbox"/> Germicides	<input type="checkbox"/> Plating/Anodizing Solutions	<input type="checkbox"/> Vegetable Oils

6. Are any of the following fixtures connected to the sanitary sewer (check all that apply):

<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Roof Drains	<input type="checkbox"/> Sumps	
<input type="checkbox"/> Sinks	<input type="checkbox"/> Trenches	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Other

SECTION IV. PRETREATMENT

7. Does this facility use any other pretreatment devices or processes for treating wastewater or sludge? If yes, please check all of the treatment methods used at your facility

<input type="checkbox"/> Grease Trap / Interceptor	<input type="checkbox"/> Oil Water & Sand Separator	<input type="checkbox"/> Dental Amalgam Separator
<input type="checkbox"/> pH neutralization	<input type="checkbox"/> Carbon filter	<input type="checkbox"/> Screening
<input type="checkbox"/> Reverse osmosis	<input type="checkbox"/> Filtration (e.g. canisters, presses, bags)	<input type="checkbox"/> Evaporation
<input type="checkbox"/> Chemical replacement cartridge	<input type="checkbox"/> Chemical precipitation	<input type="checkbox"/> Sumps plumbed to containment drums



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SECTION V. COMPLIANCE CERTIFICATION

The Authorized Representative, or Duly Authorized Representative as identified in accordance with 40 CFR 403.12(l), must sign this statement.

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 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

Section VI: FOG DISCHARGER CATEGORY

FOG DISCHARGER CATEGORY FOR FACILITES KITCHEN

Business Name		
Kitchen Appliances : Check all that apply		
<u>Warm Only Equipment</u>		
Warming/Holding Oven	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	
Toaster Oven	<input type="checkbox"/>	
<u>Cooking Equipment</u>		
Bread Oven	<input type="checkbox"/>	
Pizza Oven	<input type="checkbox"/>	
Combo-Oven (Convection/Steam)	<input type="checkbox"/>	
Pressure Oven	<input type="checkbox"/>	
Steamer (Any Type)	<input type="checkbox"/>	
Food Prep Equip:	<input type="checkbox"/>	i.e.: Blenders, Rice Cooker, Mixers, Juicers
<u>Cooking Equipment</u>		
Rotisserie Oven	<input type="checkbox"/>	
Gas Range includes Counter Top	<input type="checkbox"/>	
Electric Range w/Oven	<input type="checkbox"/>	
Food Prep Equip:	<input type="checkbox"/>	Butcher Equipment <input type="checkbox"/> , Food Processors <input type="checkbox"/>



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Cooking Equipment		Connected to Trap/Interceptor
Fryer	<input type="checkbox"/> # of Vats 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>	
Counter Top Griddle (Any Type)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhaust / Vapor Hood	<input type="checkbox"/>	
Gas Char Broiler	<input type="checkbox"/>	
Sandwich Grill (Any Type)	<input type="checkbox"/>	
Soup Kettle	<input type="checkbox"/>	
Stock Pot Stove	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gyro Machine/ Rotisserie	<input type="checkbox"/>	
Broil Convection Oven	<input type="checkbox"/>	
Wok Range	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Griddle(s)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Espresso / Cappuccino Machine	<input type="checkbox"/>	
Salamander (Cheese Melter)	<input type="checkbox"/>	
Kitchen Plumbing Fixtures / Other Factors		Connected to Trap/Interceptor
Single Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Triple Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mop or Laundry Sink	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dishware Sanitizer	<input type="checkbox"/>	
Food Disposers	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Drains	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Single service kitchen: meals served as take-out or on disposable plates/utensils only		
*Single Service Kitchen	<input type="checkbox"/>	
Full Service Kitchen	<input type="checkbox"/>	
Seating > 100	# of Seats _____	
Mobile Food Truck	<input type="checkbox"/>	
Mobile Food Truck Commissary	<input type="checkbox"/>	