

# WASTEWATER CLASSIFICATION SURVEY

City of Missoula • Public Works Department • Wastewater Division • 435 Ryman St • Missoula, MT 59802 • (406) 552-6606

The purpose of this Wastewater Classification Survey is to identify those business' which may require a Wastewater Discharge Permit in accordance with Missoula Municipal Code 13.06.140 and must be completed by all non-residential sewer users.

## I. Business Information - General

1. Business Name:	2. Telephone Number:
3. Business Address:	4. Mailing Address:
5. Previous Address (if any):	
<b>Business Signing Official</b>	<b>Business Contact Official</b>
6. Name:	7. Name:
8. Telephone:	9. Telephone:

## II. Business Information - Sewer and Waste Specific

1. <b>Existing</b> Sewer Information:	City Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of System <input type="checkbox"/> S.T.E.P <input type="checkbox"/> Gravity	Pipe Diameter: <input type="checkbox"/> 6" <input type="checkbox"/> 8" <input type="checkbox"/> 10" <input type="checkbox"/> 12" <input type="checkbox"/> Other:
2. Products or Services provided:			
3. Principal raw materials used (if any):			
4. Do you store any of the following in volumes greater than 2.5 gallons: briefly describe any 'Yes' responses			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Production / Manufacturing Chemicals:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Petroleum Oils:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fuels:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Laundry / Dry Cleaners:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Materials:	MSDS:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Solvents:	
5. Does your facility have / use any of the following:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Warehouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Floor Drains	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Wash Rack	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parts Cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fuel Island	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pressure Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Steam Cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Metal Finishing Process
			Paint Booth
			Food Service
			Photography / X-Ray Developing
			Boiler
			Cooling Tower
			Laundry / Dry Cleaning Facility
			Other: _____

## III. Business Information - Miscellaneous

1. Any pretreatment devices (i.e. interceptor or silver recovery unit):			
2. Any other information related to your sewer discharge:			
3. Number of employees:		4. Any Shift work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Water Source:	<input type="checkbox"/> Missoula Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Other: _____

I declare under penalty of perjury that, to the best of my knowledge, the information provided on this form is true and correct.

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

Date: \_\_\_\_\_

Legal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(to be obtained at a future date)