



**CAR WASH QUESTIONNAIRE**

Company Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Does this business have a connection to the sewer system in Spokane County?  Yes  No

*(If "No", stop here, provide signature on the last page, and follow instructions on the last page to return the form.)*

Name of environmental contact person: \_\_\_\_\_ Phone no. \_\_\_\_\_

Email: \_\_\_\_\_

*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this form.)*

**Section A: Operation Description**

**This car wash facility is:** (Check all that apply.)  automated  attended  self-service

**Number of wash bays:** \_\_\_\_\_ **Average number of vehicles per day:** \_\_\_\_\_

**Days/Hours of Operation:** \_\_\_\_\_

**What is washed at this facility?** (Check all that apply.)  Passenger Cars  Semi Trucks

Large Equipment  Vehicle Undercarriages  Engines

**Location of facility:**  Dealership  Mall  Gas Station  Stand-alone  Other \_\_\_\_\_

**Are washing bays covered?**  Yes  No **Are bays built to keep wash water in and rainwater out?**  Yes  No

**Section B: Water Use**

**How many gallons of water are used for each vehicle washed?** \_\_\_\_\_

**Is wash water treated prior to use?**  Yes  No **How?**  Reverse Osmosis  Distillation /Deionization

**Other (Please describe)** \_\_\_\_\_

**Is wash or rinse water recycled?**  Yes  No **If yes, how is it treated before reuse?** \_\_\_\_\_

**Waste water from this facility goes to the following:** *(check all that apply)*

Sanitary Sewer  Storm Sewer  Ground (drain fields, dry well)  Open Waters  Waste Hauler

Evaporation  Other means of disposal: \_\_\_\_\_

**Does process water from this facility undergo any treatment prior to discharge into sanitary sewer?**

**Oil/water separator:**  Yes  No **Type** \_\_\_\_\_

**If yes, who pumps it?** \_\_\_\_\_ **How often is it pumped?** \_\_\_\_\_

**Sand trap/settling tank**  Yes  No **Type** \_\_\_\_\_

**Filtration:**  Yes  No **Type** \_\_\_\_\_

**pH adjustment:**  Yes  No **Type** \_\_\_\_\_

**Other:**  Yes  No **Type** \_\_\_\_\_

*Please continue on the reverse page.*

**Section C: Chemical Use and Storage**

Please provide information on all chemicals (soaps, soaks, brighteners, sealants, etc.) kept in stock in quantities 5 gallons or larger, ten pounds or more if dry. Attach a separate page if necessary.

Product	Brand Used	Amount kept in stock		How is the product stored?			Do containers have secondary containment for leaks or spills?
		Number of Containers	Size of Containers	Inside	Outside	Covered	

**Section D: Certification**

*I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.*

\_\_\_\_\_  
Printed name of Authorized Representative\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title\*

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

\*Forms must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

**Disclosure:** Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions or comments?

\_\_\_\_\_

\_\_\_\_\_

Once completed, email the questionnaire to [ESPretreatment@spokanecounty.org](mailto:ESPretreatment@spokanecounty.org) or mail to:

**Spokane County Public Works, Attn: Pretreatment, 1004 N. Freya Street, Spokane, Washington, 99202**