



CITY OF KLAMATH FALLS

WASTEWATER DIVISION



1200 South Spring Street, Klamath Falls, Oregon 97601 • phone: 541-851-2402 • fax: 541-883-5390 • email: adehoop@klamathfalls.city

SEWER USE EVALUATION

Please Print Plainly or Type

1. **Facility Name:** _____
(PROVIDE THE OFFICIAL OR LEGAL NAME OF THE FACILITY)

2. **Owner** (The name of the person, firm or organization that legally owns the facility):
 Name: _____ Phone: _____
 Street: _____ City: _____
 State: _____ Zip: _____ Email: _____

3. **Operator/Manager*:** _____
 *If the operator/manager is not the owner, provide the operator/manager's name and address and submit a copy of the contractor and/or other documents indicating the operator/manager's scope of responsibility.

4. **Facility Address** (The address where the facility is actually located):
 Street: _____
 City: _____ State: _____ Zip: _____

5. **Business Mailing Address** (The business address for day-to-day correspondence):
 Street: _____
 City: _____ State: _____ Zip: _____

6. **Facility Management** (The person responsible for overall facility operation):
 Name: _____ Email: _____
 Title: _____ Work Phone: _____

7. **Designated Facility Contact** (The person to contact for regular day-to-day business):
 Name: _____ Email: _____
 Title: _____ Work Phone: _____

8. **Business Activities** (Briefly describe all production, manufacturing and/or service operations):

9. **Standard Industrial Classification Code (SIC)** (List applicable codes and descriptions):
 SIC codes may be found @ <http://www.osha.gov/pls/imis/sicsearch.html>. **North American Industrial Classification System (NAICS) code** may also be used as it is soon to take the place of SIC codes. They can be found @ <http://www.naics.com/search.htm> it is the applicant's responsibility to list those codes either SIC or NAICS that may apply to their business or process(s) involved.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

10. **Water Sources** (Indicate all water sources used by your facility):

- Klamath Falls Water Department
- Private Well
- Surface Water (stream, pond, etc.)
- Storage Tank (volume): _____
- Other Source (specify): _____

11. **Water Bill Information** (provide information as shown on monthly bill):

Account information may be obtained from utility billing @ phone # 541-883-5301

Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Service Account Number(s): _____

12. **Water Use** (Indicate average usage and whether measured [M] or estimated [E]):

Water quantity may be in units on your bill. One (1) unit = 747.9 gallons

	Type of Water Use	Amount (Gallons Per Day)	M/E
a.	Contact Cooling		
b.	Non-Contact Cooling		
c.	Boiler Feed		
d.	Process		
e.	Sanitary		
f.	Air Pollution Control		
g.	Contained in Product		
h.	Washdown		
i.	Irrigation		
j.	Other		
k.	TOTAL (lines a-j)		

13. Sewer Use

- Is your facility presently connected to the sewer system? Yes No
- If “No” to above, are there plans to connect to the system? Yes No
- Is there a pending sewer service application? Yes No
- Are there plans to expand this facility within the next 2 years? Yes No

14. Waste Discharge

- Is there any discharge to sewer other than domestic wastes? Yes No

15. In-house Treatment

- Is any wastewater treated prior to discharge to the sewer? Yes No

16. Materials Storage

- Do you have any chemical storage areas, tanks, bins, etc.? Yes No

17. Floor Drains

- Are there any floor drains in your facility? Yes No

18. Process Wastes

- Are any process wastes generated at this facility? Yes No

19. Non-sewered Wastes

- Is there any waste disposal other than sewer or trash? Yes No

20. Employee and Shift Schedule Information

(Provide the work schedule, days worked and the number of employees per shift.)

	Work Schedule	Days of Week	Employees
a.			
b.			
c.			
d.			

21. Facility Size (Provide the total square footage of the areas listed below):

Office	Warehouse	Production	Total

22. Facility Layout

Attach a scale drawing showing the location of all building and structures on the facility premises. Show map orientation and location of all water meters, storm sewers, unit process areas, storage tanks, public sewers, floor drains, containment areas, oil/water separators, grease removal devices (GRDs)/interceptors, and all facility sewer lines connected to the public sewers. Please include pretreatment equipment such as settling tanks, waste storage areas, etc.

23. Authorized Representative 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 my 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.

Signature

Date

Printed Name

Title

Please Note:

Surveys not filled out completely may be returned for clarification or additional information.