



### CITY OF YAKIMA PRELIMINARY INDUSTRIAL WASTE SURVEY

Please complete this survey in full. A Federal and State requirement has been placed on this community to accomplish this inventory. **Failure to submit a completed survey will be in violation of Chapter 7.65 of the City of Yakima Municipal Code.** For assistance in completing this form, you may contact Arlene Carter (509) 575-6077.

Business Name: \_\_\_\_\_

Business Owner: Name and Title: \_\_\_\_\_ Telephone # \_\_\_\_\_

Physical address of business: Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Owner: Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Brief description of business and services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the facility connected to the public sewer system? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Utility Services Account # \_\_\_\_\_ - if unknown, contact Utility Services (509) 575-6080

Are you applying for a new business license or a renewal: New \_\_\_\_\_ or Renewal \_\_\_\_\_.

Based on your answers to these questions you may be asked to provide additional information to the City's Wastewater Division.

The information provided in this survey is, to the best of my knowledge, true and complete.

\_\_\_\_\_  
Signature Date

### RETURN THIS SURVEY WITH YOUR BUSINESS LICENSE APPLICATION

OR return to:

Pretreatment Office  
Wastewater Division  
2220 East Viola Avenue  
Yakima, WA 98901  
Fax: (509) 575-6116