



City of Bend Extra Strength Charge (ESC) Monitored Program Application

Information provided in this application will be used to determine eligibility into the Extra Strength Charge Monitored Program required by the City of Bend Ordinance No. 2212.

Please Note: Program enrollment requires a billing cycle adjustment.

GENERAL INSTRUCTIONS

This form serves as a multi-purpose document. Section I. should be filled out by all existing and proposed new non-domestic facilities (industrial and commercial establishments) which are requesting entry into the Extra Strength Charge Monitored Program. Information provided in this application will be used to determine eligibility to the Extra Strength Charge Monitored Program.

Form Sections

Section	Title	Instructions
I	General Information	All questions should be answered
II	Water/Wastewater Data	Completed by all users discharging or proposing to discharge process wastewater

Return Completed Form

City of Bend
Attn: Industrial Pretreatment Section
ESC Monitored Program
62975 Boyd Acres Rd.
Bend, OR 97701

Contact

If you have any questions, please call the program manager at (541) 322-6348.

ESC MONITORED PROGRAM APPLICATION

Information provided in this application will be used to determine eligibility to the Extra Strength Charge Monitored Program.

SECTION I General Information

PART A

Business Name:

Business Address:

Billing/Mailing Address:

Street or PO Box

City

State

Zip

Customer ID #:

Location ID #:

Name of Business Owner:

Title:

Phone:

Type of Business:

Designated Facility Contact:

Title:

Phone:

Emergency Contact (after business hours):

Title:

Phone:

Designated signatory authority of the facility:
(Attach similar information for each authorized representative)

Name:

Title:

Phone:

Address:

Street or PO Box

City

State

Zip

PART B. Business Description

PURPOSE: The business description is primarily used to determine the substances which may enter into the wastewater discharge from the business activity. The production quantities are not for public record.

1. Business Activity – (Complete a separate Part B for each major business activity occurring on the premises.

Activity:

Type of Products:

- a.
- b.
- c.

Description of activities, facilities and plant processes on the premises including all materials which are or could be discharged including cleanup chemicals and wash-down water:

2. North American Industry Classification Number(s) (NAIC):¹

¹ NAIC is a new industry classification number that replaces the SIC.

3. Do you or will you have a secure and accessible sampling location?

Yes No

4. Is an inspection and sampling manhole structure available onsite? Yes No

If yes, provide location below and include as part of the process flow schematic

Location description:

If no, is one planned? Yes No

5. Do you currently have or plan to have automatic sampling equipment or continuous wastewater flow metering equipment?

Current: Flow Metering Yes No Sampling Equipment Yes No

Planned: Flow Metering Yes No Sampling Equipment Yes No

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

6. Does your facility pre-treat or plan on pre-treating any wastewater prior to discharge to a sanitary sewer?

Current Pre-treat: Yes No Plan to Pre-treat: Yes No

If you currently pre-treat, do you have any plans to install additional pretreatment equipment? Yes No

7. Do you or will you discharge oils, grease, or fats to the public sewer?

Yes No

If yes, is there or will there be oil and grease trap in your sewer connection?

Yes No

If yes, what is your normal frequency of cleaning the oil and grease trap?

Where do you dispose of trapped oil and grease?

8. Have you been issued any local, state, or federal environmental discharge permits?

Yes No If yes, please list the permit(s):

9. Do you have any BOD/TSS removal equipment on site?

Yes No If yes, complete the following:

What type of pretreatment equipment or practices do you use? Please describe:

PART C

CONFIDENTIALITY

Nonexempt public records of the City of Bend are disclosed to the public upon request. Exemptions from public disclosure are granted for certain circumstances. For example, to qualify for a trade secrets exemption from public disclosure under the Oregon Public Records Act (ORS 192.501), a record must meet the following criteria:

- a) The information must not be patented;
- b) The information must be known only to certain individuals within an organization and used in a business it conducts;
- c) It must be information that has actual or potential commercial value; and
- d) The information must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Please list below those sections of this questionnaire that you are requesting remain confidential and the specific reason confidentiality is requested:

PART D

CERTIFICATIONS:

AUTHORIZED BUSINESS REPRESENTATIVE STATEMENT

(Corporate official, partner, fiduciary, or this duly authorized representative if this person is responsible for the overall operation of the facility from which the discharge originates)

I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments therein. Furthermore, based on my inquiry of those persons immediately responsible for obtaining the information contained in this report, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I further certify that the sampling results reported are representative of normal work cycles and expected pollutant discharges.

Name(s)

Title

Signature

Date

Phone

SECTION II Waste/Wastewater Data

1. Are the discharges or will the discharges be: Batch or Continuous

2. If batch discharge occurs or will occur, indicate:
 - a) Percent processing as batch
 - b) Percent processing as continuous
 - c) Number of batch discharges Per Month
 - d) Time of batch discharges (Days of Week) a (Hours of Day)
 - e) Average quantity per batch Gallons
 - f) Flow rate Gallons/Minute

3. General Characteristic of wastewater or proposed wastewater discharge. Provide specific
 - g) values for a, b, d, e, f.
 - h) Temperature
 - i) pH level
 - j) Flammable or explosive materials Yes No
 - k) Fats, oil and grease (mg/L)
 - l) Biochemical Oxygen Demand (mg/L)
 - m) Total Suspended Solids (mg/L)
 - n) Solid or viscous material Yes No
 - o) Toxics (see .6, this Section) Yes No
 - p) Solvents Yes No

4. Please include additional responses to question 3 if your facility has more than one wastewater discharge.

5. It will be necessary to provide monitoring data from the user's wastewater streams. Samples must be taken in accordance with established procedure in line with 40 CFR 136. The sample(s) will be taken of processing effluent and will be taken at such time that will represent full operation of the user's facility. Once sampling results are available, the user will be responsible for completing this compliance report and submitting it to the City.

a) Sampling results:

Pollutant	Daily Maximum mg/l	Lab Result mg/l
BOD or COD		
TSS		
pH		

6. List Pretreatment devices or processes, used or proposed for treating wastewater or sludge