



Clay Township Regional Waste District Automotive Service Facility Mandatory Compliance Report

Phone: 317-873-0564 Fax: 317-873-0563 www.ctrwd.org

Return this form to: Clay Township Regional Waste District
Pretreatment Compliance Specialist
10701 N. College Ave., Suite A
Indianapolis, IN 46280

Section A. General Information

1. Facility Name: _____
2. Facility Physical Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Email: _____
Business Mailing Address: (if different) _____

3. Facility Owner: _____
4. Is the owner the only signatory authority? ☐ Yes ☐ No
If no, please name all signatory authorities: _____

5. General Manager Contact:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____
6. Facility Manager Contact:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____
7. Designated Facility Contact:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____
8. If rented, please provide:
Name of Management Company : _____
Name of Management Company Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____

Section B - Facility Operational Characteristics

1. Please choose all descriptions that apply to your facility:

- | | |
|--|---|
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Oil Change Station |
| <input type="checkbox"/> Auto Repair/Service | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Auto Body Repair | <input type="checkbox"/> Other: _____ |

2. Days and Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____
Fri _____ Sat _____ Sun _____

3. Number of customers per day (Average): _____

4. Does your facility include a basement? ☐ Yes ☐ No

Section C - Wastewater Discharge Information

1. Is water recycled in your facility? ☐ Yes ☐ No

2. Do you currently have an oil-water separator? ☐ Yes ☐ No
If yes, complete the following for all grease removal devices:

A. Make and Model: _____ Location: _____ Capacity of grease removal device: ____ gallons	B. Make and Model: _____ Location: _____ Capacity of grease removal device: ____ gallons
--	--

If no, please provide reason: _____

3. Please indicate each item that you currently have in your facility and the quantity:

<input type="checkbox"/> Floor Drains: _____	<input type="checkbox"/> Contained Rinse Sinks: _____
<input type="checkbox"/> Mop Sinks: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Rinse Sinks: _____	

Section D - Best Management Practices

1. Is motor oil recycled in your facility? ☐ Yes ☐ No
2. Is antifreeze recycled in your facility? ☐ Yes ☐ No
3. Name other substances that are recycled in your facility: _____

4. Please provide information of all the contractors that haul waste fluids (used oil, antifreeze, etc.)

Type of Fluid: _____ Contractor's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Main Contact's Name: _____ Main Contact's Phone: _____	Type of Fluid: _____ Contractor's Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Main Contact's Name: _____ Main Contact's Phone: _____
---	---

Section D - Best Management Practices

5. Does your facility have self contained sinks/tanks for part rinsing? ☐ Yes ☐ No

If yes, describe how the wastewater is disposed of: _____

6. How are rags cleaned in your facility? ☐ Contractor ☐ On-site Washing Machine

7. How are oil spills cleaned in your facility? Describe process: _____

8. Is information available for your employees about proper fluid disposal and wastewater protection?

☐ Yes ☐ No

If yes, what kind of information? ☐ Brochures ☐ Posters ☐ Introduction program

☐ Other _____

*By signing this Compliance Report you are certifying the accuracy of the material provided.
You are also certifying that you have the authority to be a signee for this facility.*

Printed Name: _____ Signature: _____

Date: _____