APPENDIX E SELF-REPORTING INVENTORY FORM





{Date}

{Business Name} {Business Address} {City, State, Zip}

## SUBJECT: Tumwater Wellhead Protection - Business Pollution Prevention Program

Dear {Business Contact}:

Your business is located in a City of Tumwater Wellhead Protection Area. Within a wellhead protection area any pollutants or chemicals that spill or leak on the ground can enter groundwater and contaminate your drinking water supply. For this reason, Thurston County and the City of Tumwater are once again teaming up to provide technical assistance to businesses that operate in wellhead protection areas.

Approximately {number} years ago you received a hazardous waste inspection from the Thurston County Health Department and the City of Tumwater. As a result of the site visit, the specialists verified safe handling, storage and disposal of hazardous material by your company. Good job!

As part of this ongoing wellhead protection program, county and city specialists visit about one third of the hazardous material handling companies that are located in Tumwater's Wellhead Protection Areas every other year. Each business will be visited within a six-year cycle. Some businesses will be visited more frequently than others depending on proximity to the city's wells, the type and amounts of hazardous material stored, past compliance, and whether or not a self report form, like the one attached, is returned with disposal receipts. If you received this letter you may be selected for a technical assistance visit this year, but sending back your report form will make a site visit less likely.

Please take a few minutes to review and return the enclosed form. To make it as easy as possible, the form already lists information we gathered during the last inspection about your hazardous materials management. Some of our information may be incomplete. We ask that you update the attached form to reflect current practices. In addition, the Health Department asks that you photocopy and attach your most recent disposal receipts or waste manifests for each hazardous waste produced at your site. A pre-addressed and stamped envelope is provided here for you to return the survey.

If you have any questions or need assistance, please contact Mark Koster at 754-4111 during normal working hours. Even if your inventory has not changed or you do not produce a hazardous waste stream, please return the survey within two weeks of receipt. Thank you for your commitment to protecting our drinking water.

Respectfully,

Mark J. Koster

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Thurston County Environmental Health

Dan Smith City of Tumwater

Business Name:			Come	ations			
Contact Person :				<u>Corrections</u>			
ddress:			Business Name  Contact Person  Address				
City, State, Zip:							
Felephone:							
ciephone.	hone:		City, State Telephone				
S THIS HAZARDOUS Please verify the inforn Hazardous Product		uring our la	st site visit and ma How do you d	ispose of each	When was you		
or Waste			hazardous waste?		disposal? * Remember to attach copies of your most recent disposal receipts.		
	Last Visit	Now	Last Visit	Now	Last Visit	Now	
Pesticides – Solid	20 lbs.		Used	N/A	N/A	N/A	
Pesticides – Liquid	1 gallon		Used	N/A	N/A	N/A	
Used Oil (W)	2 gallons		HazoHouse		Unknown		
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Thank you!

Wellhead Protection Program – 2010 Update