

# MEMBERSHIP FORM

PUGET SOUND CLEAN WATER ALLIANCE



## PERSONAL INFORMATION

Your Name

Your Phone number:

Your Email Address

## AGENCY INFORMATION

Agency Name

Main Contact

Main Contact's Email Address

Position

Agency Address

Street 1

Street 2

City

State

Postal Code

Phone

Fax

Website

## FACILITY INFORMATION

Facility Treatment Capacity

Service Population

Wastewater Source(s)

Industrial %

Domestic %

Stormwater %

Does your facility accept septage?

Yes

No

N/A

## TYPES OF WASTEWATER TREATMENT

Primary

Secondary

Tertiary

Activated Sludge

Oxidation

Lagoon

Other

Please continue to Page 2...

## TYPES OF BIOSOLIDS TREATMENT

Aerobic

Anaerobic

Other

## TYPES OF EQUIPMENT

Gravity Belt Thickener

Belt Press

Centrifuge

Drying Bed

Other

## CONTACT INFORMATION

Contact Name

Contact Position

Contact Name

Contact Position

Contact Name

Contact Position

---

### PSCWA CONTACT INFORMATION:

Dan Thompson

Phone: (253) 254-2330

Email: [dthompso@cityoftacoma.org](mailto:dthompso@cityoftacoma.org)

Website: [pscwa.org](http://pscwa.org)