



# Pretreatment & Laboratory Services Division

## Non-Residential Customer Questionnaire

Federal regulations [40 CFR 403.8(f)(2)(i)] require the City of Dallas to identify and locate all wastewater users that might be subject to the federally mandated Pretreatment Program. This request for information is made in accordance with Chapter 49 of the Dallas City Code (Water and Wastewater) and the Federal regulations [40 CFR §403.8(f)(2)(I)] which requires Control Authorities to identify and locate all IUs that might be subject to the pretreatment program.

\* Required Response, N/A = not applicable

### Section A: GENERAL INFORMATION

Company Name\*: \_\_\_\_\_

Parent Company Name: \_\_\_\_\_

Facility Address\*: \_\_\_\_\_

Business Telephone\*: \_\_\_\_\_ Emergency No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name and Title\*: \_\_\_\_\_

Alternative Contact Name and Title: \_\_\_\_\_

Date operations began at this address\*: \_\_\_\_\_ SIC Code(s)\*: \_\_\_\_\_

Describe basic manufacturing or industrial process(es) stepwise, if applicable, starting from raw material to product\*:

Days of Operation\*:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Provide a chemical inventory for your facility which includes chemical name(s), quantity, and storage location as an attachment to this questionnaire, if applicable.

### Section B: WATER SUPPLY

Water Source\*:  Private Well  Municipal Utility (specify city: \_\_\_\_\_)  
 Surface Water  Other (specify: \_\_\_\_\_)

Water Service Account Number(s)\*: \_\_\_\_\_

#### EXISTING BUSINESS ONLY

Is the building presently connected to the public sanitary sewer system?  Yes  No

#### NEW BUSINESS ONLY

Will you be occupying an existing vacant building?  Yes  No

**Section C: WASTEWATER DISCHARGE INFORMATION**

Does, or will, this facility discharge and wastewater to the City of Dallas sewer system? \*  Yes  No

Indicate the types of wastes that your facility discharges, or will discharge, to the sewer. \*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cooling Water                      | <input type="checkbox"/> Chemicals                 | <input type="checkbox"/> Pesticides        |
| <input type="checkbox"/> Photo finishing waste              | <input type="checkbox"/> Acids or Bases            | <input type="checkbox"/> Rinse Waters      |
| <input type="checkbox"/> Equipment/Vehicle/Tanker Cleaning  | <input type="checkbox"/> Polychlorinated biphenyls | <input type="checkbox"/> Equipment Cooling |
| <input type="checkbox"/> Boiler blow down                   | <input type="checkbox"/> Oils and/or Grease        | <input type="checkbox"/> Solvents          |
| <input type="checkbox"/> Laundry wastes                     | <input type="checkbox"/> Food Processing           | <input type="checkbox"/> Medical wastes    |
| <input type="checkbox"/> Domestic (kitchen, bathroom, etc.) | <input type="checkbox"/> Stripping compounds       | <input type="checkbox"/> Other: _____      |

Are there any on-site wastewater treatment/pretreatment facilities? \*  Yes  No

If any, describe:

**Section D: SIGNATORY**

**Certification Statement to be Completed by Industry**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated to assure that qualified personnel properly gather and evaluate the information being submitted. Base on my inquiry of the person or persons who manage that system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name & Title

Signature

Date

**BELOW IS FOR OFFICE USE ONLY**

Issuance Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Received Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Comments: