



Date: _____

Re: DWU Non-Residential Customer Questionnaire

Dear Customer:

The City of Dallas is required to regulate* by Federal, State, and Local law certain operations that are connected to the sanitary sewer system. This requires the City of Dallas to update all potential user information for facilities located within the boundaries of Dallas.

Your organization has been identified as a business that has the potential to meet the requirements of the Pretreatment Program. Please complete the attached questionnaire and return the completed questionnaire within thirty (30) days of the above stated date. Failure to do so can result in enforcement actions taken against an individual or company.

Thank you for your help in handling our request. If you have any questions, please contact me at 214-243-2362 or by email at joseph.fielding@dallascityhall.com.

Sincerely,

Joseph Fielding

Joseph Fielding
Pretreatment Coordinator

File.

*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 require Control Authorities to identify and locate all wastewater users that might be subject to the pretreatment program.

Water Utilities Department

3. For an existing connection:
 Is the building presently connected to the public sanitary sewer system? Yes No
4. For a new business:
 Will you be connected to the public sanitary sewer system? Yes No

Section C: Wastewater Discharge Information

1. Does (or will) this facility discharge any wastewater to the City sewer? Yes No
2. Indicate the types of wastes that your facility discharges (or will discharge) to the sewer.
- | | |
|--|--|
| <input type="checkbox"/> Cooling water | <input type="checkbox"/> Boiler blow down |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Oils and/or grease |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Equipment/Vehicle/Tanker cleaning | <input type="checkbox"/> Laundry wastes |
| <input type="checkbox"/> Rinse waters | <input type="checkbox"/> Food processing |
| <input type="checkbox"/> Photo finishing wastes | <input type="checkbox"/> Medical wastes |
| <input type="checkbox"/> Acids or bases | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Polychlorinated biphenyls | <input type="checkbox"/> Stripping compounds |
| <input type="checkbox"/> Equipment cooling | <input type="checkbox"/> Other: _____ |
3. Are there any on-site wastewater treatment facilities? Yes No
 Describe, if any: _____

Section D. Signatory

Certification Statement to be Completed by Customer

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 submitted. Based on my inquiry of the person or persons who manage the 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 |
|--------------------|-----------|------|

To be completed by City staff:

Review Completed by: _____
 (NAME & DATE)