



Date: _____

Re: DWU Non-Residential Customer Questionnaire

Dear DWU Customer:

The City of Dallas is required to regulate* by Federal, State, and Local laws 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 facility 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 survey 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 marie.slackhandy@dallascityhall.com.

Sincerely,

Marie Slack-Handy

Marie Slack-Handy
Pretreatment Coordinator (I)

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

Pretreatment and Laboratory Services Division • 1020 Sargent Rd. Bldg. # 2 • Dallas, Texas 75203 • 214/670-6749 • Fax 214/243-2645
A city utility providing regional water and wastewater services vital to public health and safety.



CITY OF DALLAS

Pretreatment & Laboratory Services
Non-Residential Customer Questionnaire

Federal regulations [40 CFR 403.8(f)(2)(i)] require the City of Dallas to identify and locate all possible 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.

Note. Each item must be answered.

Section A: General Information

1. Company Name: _____
2. Parent Company Name: _____
3. Facility Address: _____
4. Telephone: (____) _____ Emergency No: (____) _____
5. Fax No. (____) _____ Email Address: _____
6. Date Operations Started at Present Site: _____
7. Contact Persons:
Name: _____ Title: _____
Name: _____ Title: _____
8. SIC Codes: Primary _____ Secondary _____ Others _____
9. Describe stepwise basic manufacturing or industrial process (starting from raw materials to end product): _____

10. Days of Operation: _____
11. Provide a chemical inventory for your facility to include chemical name, quantity, and storage location.

Section B: Water Supply

1. Water source: Private Well
 Surface Water
 Municipal Utility (Specify City: _____)
 Other (Specify: _____)
2. Water Service Account Numbers (s): _____

3. For an existing business:
Is the building presently connected to the public sanitary sewer system? Yes No
4. For a new business:
Will you be occupying an existing vacant building? 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/pretreatment facilities? Yes No
Describe, if any: _____

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
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To be completed by City Staff:

Review Completed by: _____
(NAME & DATE)