



P.O. Box 2000
Lubbock, Texas 79457
(806) 775-3228 Fax (806) 775-3246

WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS:

Note to Signing Official: Please fill in all blanks pertaining to your company or operation. Signing officials should be familiar with the information submitted in this document and provide such information on behalf of the company, corporation, partnership, or proprietorship. Should a Wastewater Contribution Permit be required for your facility, the information in this questionnaire will be used to issue such permit. Please return within thirty (30) days from receipt.

I. GENERAL INFORMATION

1. Company Name: _____

2. Check one as appropriate:

Proprietorship Partnership Corporation

3. Standard Industrial Code (SIC) Number: _____

4. Mailing address: _____

5. Premise address: _____

6. Billing Address: _____
(If different from
mailing address)

7. Person to contact concerning information provided in this questionnaire:

Name _____ Title _____

Address _____

Telephone number (_____) _____

II. WATER SOURCE

1. Water Bill Account number(s): _____

2. Number, size and address of City water meter(s): _____

3. Number and location of private wells, if any, which serve this facility and the approximate total usage of those wells:

4. List all other sources of water that are eventually discharged from your facility: _____

III. PRODUCT OR SERVICE INFORMATION

1. Detailed narrative description of manufacturing or service activity at premise address:(may include additional sheets if necessary): _____

2. Principle raw materials (including chemicals) used: _____

3. Catalysts and/or intermediates used: _____

IV. PLANT OPERATIONAL CHARACTERISTICS

NOTE: "Discharge" in this section refers to process wastes rather than water from fountains, sinks, bathrooms, etc.

1. Approximate number of hours of operation per day: _____

2. Approximate number of employees during peak operation periods:

Full time _____ Part time _____ Other _____

3. Are major products batch, continuous, or both? _____

4. Are your processes subject to seasonal variation? _____

If yes, explain, indicating month(s) of peak operation and products: _____

5. What will be your process discharge: _____

6. What will be your total facility discharge: _____

7. List all holidays that the plant does not have a discharge: _____

8. Circle full months of the year that your plant does not discharge:

J F M A M J J A S O N D

9. Circle full days of the week that your plant does not discharge:

M T W T F S S

10. Check all processes in the Industrial Categories listed below which generate wastewater or waste sludge at this plant's location:

1. Adhesives
2. Aluminum Forming
3. Automats & Other Laundries
4. Battery Manufacturing
5. Coal Mining
6. Coil Coating
7. Copper forming
8. Electric and Electronic Components
9. Electroplating
10. Explosives Manufacturing
11. Foundries
12. Gum & Wood Chemicals
13. Inorganic Chemicals
14. Iron & Steel
15. Leather Tanning & Finishing
16. Mechanical Products
17. Metal Finishing
18. Nonferrous Metals
19. Ore Mining
20. Organic Chemicals
21. Paint & Ink
22. Pesticides
23. Petroleum Refining
24. Pharmaceuticals
25. Photographic Supplies
26. Plastic & Synthetic Materials
27. Plastics Processing
28. Porcelain Enamel
29. Printing & Publishing
30. Pulp & Paper
31. Rubber
32. Soaps & Detergents
33. Steam Electric
34. Textile Mills
35. Timber

36. Other Processes
 - Dairy Products
 - Slaughter, Meat Packing, Rendering
 - Food or Edible Products Processing
 - Beverage Bottling
 - Other: _____

NONE OF THE ABOVE

V. WASTEWATER TREATMENT AND DISCHARGE

1. Check all pretreatment devices or processes used for treating wastewater and/or sludge.

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease trap
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: _____
- Grease or oil separation type: _____
- Rainwater diversion or storage: _____
- Other physical treatment: _____
- Other chemical treatment: _____

- NO PRETREATMENT

2. How often are the above facilities checked for proper operation and/or cleaned?

3. Number and size of connections to the City sanitary sewer. Attach copies of plumbing floor plans which show all sewer connections and appurtenances.

4. Is a monitoring/sampling manhole (according to Article III, Sec. 28-131 of the Code of Ordinances of the City Of Lubbock available? _____ If so please list the location(s):

5. Does the plant discharge water into the City storm sewer or an open drainageway? If not, skip to question 6. If so, give locations and approximate amounts of discharges:

What is the nature of this water (cooling, process, wash, etc...) _____

6. What is your estimate of the percentage of water which never reaches the sanitary sewer (in plant water loss) due to production, evaporation, etc...)? _____

On what do you base your estimate: (please be specific): _____

7. List all other sewage or sludge disposal systems or contract waste haulers, which are utilized:

If waste haulers are utilized, please explain what is hauled, and where it is hauled to:

8. List all environmental control permits now held or issued to this facility: _____

9. If any wastewater analyses have been performed on the process discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).

VI TOXIC POLLUTANTS

1. Place a check mark next to each toxic pollutant listed below which are being used on the premises or which may result as a by-product and/or eventually enter the public sanitary sewer system, (NRDC Consent decree and referenced in 307a of the Clean Water Act of 1977):

- | | |
|---|--|
| <input type="checkbox"/> Acenaphthene | <input type="checkbox"/> Endrin and metabolites |
| <input type="checkbox"/> Acolein | <input type="checkbox"/> Ethylbenzene |
| <input type="checkbox"/> Acrylonitrile | <input type="checkbox"/> Fluoranthene |
| <input type="checkbox"/> Aldrin/Dieldrin | <input type="checkbox"/> Haloethers |
| <input type="checkbox"/> Antimony and compounds | <input type="checkbox"/> Halomethanes |
| <input type="checkbox"/> Arsenic and compounds | <input type="checkbox"/> Heptachlor & metabolites |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Hexachlorobutadiene |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Hexachlorocyclopentadiene |
| <input type="checkbox"/> Benzidine | <input type="checkbox"/> Hexachlorocyclohexane |
| <input type="checkbox"/> Chlorinated phenols | <input type="checkbox"/> Pentachlorophenol |
| <input type="checkbox"/> Chloroform | <input type="checkbox"/> Phenol |
| <input type="checkbox"/> 2-chlorophenol | <input type="checkbox"/> Phthalate esters |
| <input type="checkbox"/> Chromium and compounds | <input type="checkbox"/> Polychlorinated biphenyls (PCBs) |
| <input type="checkbox"/> Copper and compounds | <input type="checkbox"/> Polynuclear aromatic hydrocarbons |
| <input type="checkbox"/> Cyanides | <input type="checkbox"/> Selenium and compounds |
| <input type="checkbox"/> DDT and metabolites | <input type="checkbox"/> Silver and compounds |
| <input type="checkbox"/> Dichlorobenzenes | <input type="checkbox"/> 2,3,7,8,-Tetrachlorodibenzo-p-dioxin (TCDD) |
| <input type="checkbox"/> Dichlorobenzidine | <input type="checkbox"/> Tetrachloroethylene |
| <input type="checkbox"/> 2,4-dichloroph | <input type="checkbox"/> Thallium & metabolites |
| <input type="checkbox"/> Dichloropropane | <input type="checkbox"/> Toluene |
| <input type="checkbox"/> Dichloropropene | <input type="checkbox"/> Toxaphene |
| <input type="checkbox"/> 2,4-dimethylphenol | <input type="checkbox"/> Trichloroethylene |
| <input type="checkbox"/> Dinitrotoluene | <input type="checkbox"/> Isophorone |
| <input type="checkbox"/> Beryllium and compounds | <input type="checkbox"/> Lead and compounds |
| <input type="checkbox"/> Cadmium and compounds | <input type="checkbox"/> Mercury and compounds |
| <input type="checkbox"/> Carbon tetrachloride | <input type="checkbox"/> Napthalene |
| <input type="checkbox"/> Chlordane | <input type="checkbox"/> Nickel and compounds |
| <input type="checkbox"/> Chlorinated benzenes | <input type="checkbox"/> Nitrobenzene |
| <input type="checkbox"/> Chlorinated ethanes | <input type="checkbox"/> Nitrophenols |
| <input type="checkbox"/> Chlorinated ethers | <input type="checkbox"/> Nitrosamines |
| <input type="checkbox"/> Chlorinated naphthalene | <input type="checkbox"/> Vinyl chloride |
| <input type="checkbox"/> Diphenylhydrazine | <input type="checkbox"/> Zinc and compounds |
| <input type="checkbox"/> Endosulfan & metabolites | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed 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.”

Signature: _____ Date: _____

Name and title of signing official: _____

Mail completed survey to: City of Lubbock

Industrial Waste Monitoring & Pretreatment

P.O. Box 2000

Lubbock, Texas 79457