

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

## WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS:

Note to Company Representative: Please fill in all blanks pertaining to your company or operation. You should be familiar with the information submitted in this document and provide such information on behalf of the company, corporation, partnership, or proprietorship. Please return within thirty (30) days from receipt.

I. GENERAL INFORMATION
1. Company Name
2. Check one as appropriate:
Proprietorship [] Partnership [] Corporation []
3. Business Mailing address
4. Premise address
5. 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	
of those wells:	-
4. List all other sources of water which are eventually discharged from y	our facility:
III. PRODUCT OR SERVICE INFORMATION	
1. Brief narrative description of manufacturing or service activity at pre-	mise address:

## IV. OPERATIONAL CHARACTERISTICS 1. Approximate number of hours of operation per day: 2. Approximate number of employees during peak operation periods: Full time \_\_\_\_\_ Part time \_\_\_\_ Other \_\_\_\_ 3. Check all processes which generate wastewater or waste sludge at this location: [ ] 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. ( ) Chemical precipitation ( ) Chlorination ( ) 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 & appurtenances.
4. Is there a monitoring/sampling port or manhole (according to Article III, Sec. 28-131 of the Code of Ordinances of the City of Lubbock) available?
If so, give location(s):
5. Does the Business/Facility discharge water into the City storm sewer or an open drainage way?(example washing down driveways). If not, skip to question 6. If so, give locations an 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 walloss) due to production, evaporation, etc.?
On what do you base your estimate? (please be specific)

List all other sewage or slucutilized:				ers which are
If waste or grease haulers a	re utilized, please expla	ain what is hauled,	and final disposition	location.
List all environmental contra	ol permits now held or	issued to this faci	lity:	

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) was taken (attach sketches, plans, etc., as necessary).

Signature:		Date:
Print name and title:		
Mail completed survey to:	City of Lubbock	
	Industrial Waste Monitoring & Pretreatme	ent
	P.O. Box 2000	
	Lubbock, Texas 79457	