



Environmental Services Department
Environmental Survey for Industries

Completion of this survey is mandatory. Federal regulations [40 CFR 403.8(f)(2)(i)] require the City of Carrollton to identify and locate all possible Industrial Users that might be subject to the federally mandated Industrial Pretreatment Program. In addition, §171.19 (A) of the City of Carrollton Code of Ordinances requires any person to comply with the submission of a completed environmental waste survey, when necessary to determine the industrial user status of that person. Failure to comply with this ordinance may result in a fine of not more than \$2,000.

Note. Each item must be answered. If not applicable to your business, please indicate N/A.

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:
E-mail:
Name: Title:
E-mail:
8. SIC Codes: Primary Secondary Others
9. Average total water usage (from past 12 months water bill): gpd
10. Average water usage for manufacturing process: gpd
11. Type of products or services:

12. Describe stepwise basic manufacturing or industrial process (starting from raw materials to end product):

Table with 2 columns: Government Agency, Permit Number

14. Number of employees \_\_\_\_\_ Days of Operation \_\_\_\_\_  
No. of Shifts \_\_\_\_\_ Hours of shifts \_\_\_\_\_

**Section B: Water Supply**

1. Water source:  Private Well  
 Surface Water  
 Municipal Utility (Specify City: \_\_\_\_\_)  
 Other (Specify: \_\_\_\_\_)

2. Water Service Account Numbers (s): \_\_\_\_\_  
\_\_\_\_\_

**Section C: Sewer Information**

1. For an existing business:  
Is the building presently connected to the public sanitary sewer system?  Yes  No

For a new business:

- Will you be occupying an existing vacant building?  Yes  No  
Have you applied for a building permit if a new facility will be constructed?  
 Yes  No  
Will you be connected to the public sanitary sewer system?  Yes  No

**Section D: Wastewater Discharge Information**

1. Does (or will) this facility discharge any wastewater other than domestic wastewater from the restrooms to the City sewer?  Yes  No

2. Indicate the types of wastes (other than sanitary) 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"/> Radioactive wastes  |
| <input type="checkbox"/> Polychlorinated biphenyls         | <input type="checkbox"/> Stripping compounds |
| <input type="checkbox"/> Equipment cooling                 | <input type="checkbox"/> Other: _____        |

Will MSDS sheets for **hazardous** chemicals be attached?  Yes  No

3. Are there any on-site wastewater treatment/pretreatment facilities?  Yes  No  
Describe, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section E: Pollution Prevention Information.**

- 1. Is there a Solvent/Toxic Organic Management Plan?  Yes  No
- 2. Is there a Source Reduction/Waste Minimization or Pollution Prevention Plan?  Yes  No
- 3. Is there a Spill Control Plan?  Yes  No
- 4. Is there an Emergency/Contingency Plan?  Yes  No
- 5. Has a Tier II report been completed?  Yes  No
- 6. Chemical Storage:
  - a. Are there bulk chemicals on site (55-gal drums, 300 gal totes, etc.)  Yes  No
  - b. Are there EHS (Extremely Hazardous Substance)?  Yes  No  
List on reverse side of this page, along with quantities and Storage Location.
  - c. Are there storage tanks on site?  Yes  No
    - 1. If Above Ground: Capacity: \_\_\_\_\_  
TCEQ Registration # \_\_\_\_\_  
No. of monitoring wells \_\_\_\_\_  
Overfill protection  Yes  No  
Corrosion protection  Yes  No  
Secondary vapor recovery  Yes  No  
If removed: Removal Date: \_\_\_\_\_ Remediation  Yes  No
- 7. Waste Disposal:
  - a. Hazardous Waste.
    - 1. What hazardous wastes are generated? \_\_\_\_\_  
\_\_\_\_\_
    - 2. TCEQ Hazardous Waste Generator Category? \_\_\_\_\_
    - 3. Hazardous Waste Sent to Sanitary Sewer  Yes  No
    - 4. Type of Waste Storage: \_\_\_\_\_
    - 5. Storage Location: \_\_\_\_\_
    - 6. Manifests On Site:  Yes  No
  - b. Liquid Waste. (grease trap/interceptor, oil/water separator, grit/sand trip)
    - 1. Trap types and capacities: \_\_\_\_\_  
\_\_\_\_\_
    - 2. Frequency of Clean-Out: \_\_\_\_\_
    - 3. Transporter Name: \_\_\_\_\_
    - 4. Trip Tickets On Site:  Yes  No
  - c. Other Industrial Waste Generated.
    - 1. What other industrial wastes are generated? Means of disposal?  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Storm Water Permit Status.
    - 1. Does the company have a Storm Water Permit from TCEQ?  Yes  No
    - 2. Does the company have a No-Exposure Certification from TCEQ?  Yes  No
    - 3. Is there a Storm Water Pollution Prevention Plan?  Yes  No
    - 4. Is there equipment/vehicle/tank/tanker washing on-site  Yes  No

