



Environmental Services Department

Environmental Survey

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 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): _____

13. List existing environmental permits (stormwater, air, etc.)

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 SDS 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) on site? Yes No
List on the reverse side of this page, along with quantities and storage location.
 - c. Are there storage tanks on site? Yes No
 - 1. If Aboveground: 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. Stormwater Permit Status
 - 1. Does the company have a stormwater permit from TCEQ? Yes No
 - 2. Does the company have a no exposure certification from TCEQ? Yes No
 - 3. Is there a stormwater pollution prevention plan? Yes No
 - 4. Is there equipment/vehicle/tank/tanker washing on site? Yes No
 - 5. Are there uncovered compactors/dumpsters on site? Yes No
 - 6. Are there drums, chemicals or other industrial activities outside? Yes No

