



Re: Carrollton Non-Residential Customer Survey

Dear Carrollton Customer:

The City of Carrollton 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 Carrollton to update all potential user information for facilities located within the boundaries of Carrollton. Your facility has been identified as a business that has the potential to meet the requirements of the Pretreatment Program. Please complete the attached survey and return it 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 972-466-3058 or by email at [erin.mckeown@cityofcarrollton.com](mailto:erin.mckeown@cityofcarrollton.com).

Sincerely,

*Erin McKeown*

Erin McKeown  
Environmental Quality Technician

\* This request for information is made in accordance with Chapter 171 of the Carrollton Code of Ordinances (Wastewater Pretreatment) 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.



**Environmental Services Department**

Environmental Quality Division • 1945 E Jackson Rd. • Carrollton, TX 75006 • 972-466-3060



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.

**Deadline:** \_\_\_\_\_

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 per day (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.
  - Cooling water
  - Chemicals
  - Pesticides
  - Equipment/Vehicle/Tanker cleaning
  - Rinse waters
  - Photo finishing wastes
  - Acids or bases
  - Polychlorinated biphenyls
  - Equipment cooling
  - Boiler blow down
  - Oils and/or grease
  - Solvents
  - Laundry wastes
  - Food processing
  - Medical wastes
  - Radioactive wastes
  - Stripping compounds
  - 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

**Section F: Site Map**

Please provide a sketch locating the various operations and chemical storage inside the facility and outside storage areas, monitoring wells, storm water outfalls, nearby water bodies and notes.

