



Re: Carrollton Non-Residential Customer Survey

Dear Carrollton Customer:

The Federal Regulation [40 CFR 403.8(f)(2)(i)] requires the City of Carrollton to identify and survey all possible Industrial Users that might be subject to the federally mandated Industrial Pretreatment Program. Due to this Federal Regulation and the state-issued Stormwater Permit, the City of Carrollton is also required to identify and survey businesses in Carrollton that could impact the stormwater system.

Please complete the attached survey and return via email or mail to Environmental Services Department 1945 E Jackson Rd Carrollton, Texas 75006. You may also complete the survey online at <https://www.cityofcarrollton.com/departments/departments-a-f/environmental-quality/industrial-pretreatment/environmental-survey-4490>. Please complete and return/submit the survey by _____.

Here is some useful information for completing the survey:

1. If a question does not apply to your business, please **indicate N/A**.
2. The **SIC (Standard Industrial Classification) code** is a four-digit number found on your business' sales tax permit. If you cannot locate the SIC code there, you can visit http://www.osha.gov/pls/imis/sic_manual.html to identify the SIC code that best describes your business.
3. You can calculate the **average gpd (gallons per day)** by using your water consumption for the year (from your water bill) and dividing that by the number of **business days** worked during that timeframe.
4. Please complete **Section F** if applicable.
5. Please sign and date under **Section G**.

This survey is **mandatory** and must be completed by every business in the city at least once. Failure to complete this survey can result in enforcement action 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- 466-3392 or by email at kaicee.black@cityofcarrollton.com.

Sincerely,

Kaicee Black

Kaicee Black
Environmental Quality Specialist
City of Carrollton

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. Primary Phone Number: _____

Emergency Phone Number: _____

5. 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 bills): _____ gpd

10. Average water usage for manufacturing process: _____ gpd

11. Type of products or services:

12. Describe basic manufacturing steps or industrial processes:

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

Government Agency	Permit Number
_____	_____
_____	_____
_____	_____

14. Number of Employees: _____ Days of Operation: _____

Numbers of Shifts: _____ Shift Times: _____

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 connected to the public sanitary sewer system? Yes No

2. For a new business:

Will you be occupying an existing vacant building? Yes No

Have you applied for a building permit if it is new construction? 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: _____ |

3. Will SDS sheets for **hazardous** chemicals be attached? Yes No

4. 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 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

2. 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 trap)

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.

Section G: Signatory

Certification Statement to be Completed by Industry

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Printed Name/Title

Signature

Date

This section is to be completed by the City Inspector

Findings:

Name/Signature: _____

Date: _____