

City of Brownwood Wastewater Survey

Federal regulations [40 CFR 403.8(f)(2)(i)] require the City of Brownwood to identify and locate all possible Industrial Users that could be subject to the Federally mandated Industrial Pretreatment Program. Please complete the survey and mail to the City of Brownwood.

**City of Brownwood
ATTN: Pretreatment Coordinator
C/O Director of Public Works
P.O. Box 1389
Brownwood, Texas 76804**

Note. Please answer each item. If not applicable to your business, please indicate N/A.

Section A: General Information

1. Company Name: _____
2. Parent Company Name: _____
3. Physical Address: _____
4. Mailing Address: _____
5. Phone Number: _____
6. Fax Number: _____
7. Contact Person: Name: _____
Title: _____
Phone Number: _____
Email: _____
8. SIC/NAICS Codes: Primary _____ Secondary _____ Other _____
9. Number of Employees: _____
10. Daily average water usage in gallons per day: _____
11. Daily average process water usage in gallons per day: _____

12. List all products and/or services:

--

13. Describe stepwise basic manufacturing or industrial process(es), starting from raw materials to end product(s):

--

Section B: Wastewater Discharge Information

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

a. If yes, indicate the type(s) of wastes that your facility discharges (or will discharge) to the sanitary sewer.

- | | | |
|--|---|---|
| <input type="radio"/> Cooling Water | <input type="radio"/> Acids or Bases | <input type="radio"/> Laundry Wastes |
| <input type="radio"/> Chemicals | <input type="radio"/> Polychlorinated Biphenyls | <input type="radio"/> Food Processing Wastes |
| <input type="radio"/> Pesticides | <input type="radio"/> Boiler Blowdown | <input type="radio"/> Medical Wastes |
| <input type="radio"/> Equipment/Vehicle Cleaning | <input type="radio"/> Oils and/or Greases | <input type="radio"/> Radioactive Wastes |
| <input type="radio"/> Rinse Water | <input type="radio"/> Solvents | <input type="radio"/> Painting/Stripping Wastes |
| <input type="radio"/> Photo Finishing Wastes | | |

Other: _____

2. Are there any on site wastewater treatment/pretreatment facilities, including traps/interceptors?

- Yes No

If yes, please describe:

Section C: Pollution Prevention Information

1. Are there any bulk chemicals kept on site, including all quantities of 55 gallons or more?

- Yes No

2. Are there any storage tanks on site?

- Yes No

a. If yes, Above Ground Below Ground

3. TCEQ Hazardous Waste Generator Classification:

- CESQG SQG LQG N/A

4. List disposal practices for all industrial wastes:

Section D: 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

For City Personnel Only

Type of Contact:

Phone

Email

Site Visit

Other: _____

Date of Contact: _____

Findings:

Celisa Cox
Pretreatment Coordinator

Printed Name/Title

Date

Signature