



## WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS:

Note to Company Representative: Please fill in all blanks pertaining to your company or operation. You should be familiar with the information submitted in this document and provide such information on behalf of the company, corporation, partnership, or proprietorship. Please return within thirty (30) days from receipt.

### I. GENERAL INFORMATION

1. Company Name \_\_\_\_\_

2. Check one as appropriate:

Proprietorship  Partnership  Corporation

3. Business Mailing address \_\_\_\_\_

\_\_\_\_\_

4. Premise address \_\_\_\_\_

\_\_\_\_\_

5. Person to contact concerning information provided in this questionnaire:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

II. WATER SOURCE

1. Water Bill Account number(s): \_\_\_\_\_

\_\_\_\_\_

2. Number, size and address of City water meter(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Number and location of private wells, if any, which serve this facility and the approximate total usage of those wells: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List all other sources of water which are eventually discharged from your facility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. PRODUCT OR SERVICE INFORMATION

1. Brief narrative description of manufacturing or service activity at premise address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. OPERATIONAL CHARACTERISTICS

1. Approximate number of hours of operation per day: \_\_\_\_\_

2. Approximate number of employees during peak operation periods:

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Other \_\_\_\_\_

3. Check all processes which generate wastewater or waste sludge at this location:

Dairy Products

Slaughter, Meat Packing, Rendering

Food or Edible Products Processing

Beverage Bottling

Other: \_\_\_\_\_

NONE OF THE ABOVE

V. WASTEWATER TREATMENT AND DISCHARGE

1. Check all pretreatment devices or processes used for treating wastewater and/or sludge.

Chemical precipitation

Chlorination

Filtration

Flow equalization

Grease trap

Grit removal

Ion exchange

Neutralization, pH correction

Ozonation

Reverse osmosis

Screen

Sedimentation

Septic tank

Solvent separation

Spill protection

Sump

Biological treatment, type: \_\_\_\_\_

Grease or oil separation, type: \_\_\_\_\_

Rainwater diversion or storage: \_\_\_\_\_

Other physical treatment: \_\_\_\_\_

Other chemical treatment: \_\_\_\_\_

NO PRETREATMENT

2. How often are the above facilities checked for proper operation and/or cleaned?

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3. Number and size of connections to the City sanitary sewer. Attach copies of plumbing floor plans which show all sewer connections & appurtenances.

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4. Is there a monitoring/sampling port or manhole (according to Article III, Sec. 28-131 of the Code of Ordinances of the City of Lubbock) available? \_\_\_\_\_

If so, give location(s): \_\_\_\_\_

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5. Does the Business/Facility discharge water into the City storm sewer or an open drainage way?(example washing down driveways). If not, skip to question 6. If so, give locations and approximate amounts of discharges:

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What is the nature of this water (cooling, process, wash, etc.): \_\_\_\_\_

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6. What is your estimate of the percentage of water which never reaches the sanitary sewer (in-plant water loss) due to production, evaporation, etc.?

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On what do you base your estimate? (please be specific) \_\_\_\_\_

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7. List all other sewage or sludge disposal systems or contract waste haulers or grease haulers which are utilized: \_\_\_\_\_

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If waste or grease haulers are utilized, please explain what is hauled, and final disposition location.

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8. List all environmental control permits now held or issued to this facility:

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9. If any wastewater analyses have been performed on the process discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which the sample(s) was taken (attach sketches, plans, etc., as necessary).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Mail completed survey to: City of Lubbock  
Industrial Waste Monitoring & Pretreatment  
P.O. Box 2000  
Lubbock, Texas 79457