

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

DATE ISSUED: _____

SUBMIT BY: _____

CITY OF ROUND ROCK

ENVIRONMENTAL SERVICES DIVISION USER SURVEY

SECTION A - GENERAL INFORMATION

1. Facility Name: _____
 - a. Operator Name: _____
 - b. Date operations established at present site: ____ / ____ / ____
 - c. Is the operator identified in 1.a., the owner of the facility? Yes [] No []

2. Facility Address:
Street: _____
City: _____ State: _____ Zip: _____

3. Business Mailing Address:
Street or PO Box: _____
City: _____ State: _____ Zip: _____

4. Owner or manager of the facility (company):
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ FAX #: _____

5. Facility (Company) Contact:
Name: _____
Title: _____
Phone #: _____ FAX #: _____

This facility is being evaluated by the City of Round Rock Water and Environmental Services Division in accordance with the City of Round Rock Ordinance #10.400, state and federal regulations. Please complete this form and return to the address listed below. For assistance, please contact the Environmental Services Division at (512) 218-5561.

City of Round Rock
Environmental Services
2008 Enterprise Dr.
Round Rock, TX 78664

SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming
<input type="checkbox"/> Asbestos Manufacturing
<input type="checkbox"/> Battery Manufacturing
<input type="checkbox"/> Can Making
<input type="checkbox"/> Carbon Black
<input type="checkbox"/> Coal Mining
<input type="checkbox"/> Coil Coating
<input type="checkbox"/> Copper Forming
<input type="checkbox"/> Electric/Electronic Components Mfg
<input type="checkbox"/> Electroplating
<input type="checkbox"/> Feedlots
<input type="checkbox"/> Fertilizer Manufacturing
<input type="checkbox"/> Foundries (Metal Molding & Casting)
<input type="checkbox"/> Glass Manufacturing
<input type="checkbox"/> Grain Mills
<input type="checkbox"/> Inorganic Chemicals
<input type="checkbox"/> Iron and Steel
<input type="checkbox"/> Leather Tanning and Finishing
<input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Nonferrous Metals Forming
<input type="checkbox"/> Nonferrous Metals Manufacturing
<input type="checkbox"/> Organic Chemicals Manufacturing
<input type="checkbox"/> Paint and Ink Formulating
<input type="checkbox"/> Paving and Roofing Manufacturing
<input type="checkbox"/> Pesticides Mfg, Packaging, or Repackaging
<input type="checkbox"/> Petroleum Refining
<input type="checkbox"/> Pharmaceutical
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing
<input type="checkbox"/> Plastics Processing Manufacturing
<input type="checkbox"/> Porcelain Enamel
<input type="checkbox"/> Pulp, paper and Fiberboard Manufacturing
<input type="checkbox"/> Rubber
<input type="checkbox"/> Soap and Detergent Manufacturing
<input type="checkbox"/> Steam Electric
<input type="checkbox"/> Sugar Processing
<input type="checkbox"/> Textile Mills
<input type="checkbox"/> Timber Products
<input type="checkbox"/> Transportation/Equipment Cleaning (Interior) |
|---|--|

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

- a. _____
- b. _____
- c. _____
- d. _____

4. Number of employees at this location: _____

5. Hours of operation and employees per shift: _____

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____

SECTION C – WASTE MANAGEMENT AND POLLUTION PREVENTION SECTION

1. What is your waste generator status? Exempt CESQG SQG LQG
EPA Facility ID: _____ TNRCC ID: _____

2. Please list below any Pollution Prevention/Recycling activities in which your facility has engaged.

3. How do you dispose of automotive fluids/solvents? _____

4. What waste company is used? _____

5. Do you maintain waste manifests? Yes No

6. Would you like to receive additional information regarding Pollution prevention?
 Yes No

SECTION D - WATER SUPPLY

1. Water Sources: (Check all which apply) Private Well Surface Water
 Municipal Water Utility (Specify City): _____
 Other (Specify): _____

2. Name on the water bill: _____
Street: _____
City: _____ State: _____ Zip: _____

3. Water service account number(s): _____
(City water billing office phone number 218-5460)

4. List water usage on premises: [New facilities may estimate]
Indicate water usage as Measured (M) or Estimated (E) in gallons per day (GPD)

Water Usage	M/E	GPD	Water Usage	M/E	GPD
a. Air pollution control		_____	f. Non-contact cooling water		_____
b. Boiler feed/blow-down		_____	g. Plant & equipment washdown		_____
c. Contact cooling water		_____	h. Process		_____
d. Contained in product		_____	i. Sanitary		_____
e. Irrigation & lawn watering		_____	j. Other		_____
k. TOTAL OF A - J		_____			_____

SECTION E - SEWER INFORMATION

1. For an existing business:

Is the building presently connected to the public sanitary sewer system?

Yes: Sanitary sewer account number(s) _____

No. Have you applied for a sanitary sewer hookup? Yes No

2. For a new business:

(i) Will you be occupying an existing vacant building? Yes No

(ii) Have you applied for appropriate building permits? Yes No.

(iii) Will you be connected to the public sanitary sewer system? Yes No

SECTION F - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge **any wastewater** other than domestic wastewater from restrooms to the City sewer?

Yes (continue with survey) No (proceed to signatory section)

2. List wastewater discharges: [New facilities may estimate]

Indicate water usage as Measured (M) or Estimated (E) in gallons per day (GPD)

Water Usage	M/E	GPD	Water Usage	M/E	GPD
a. Air pollution control		_____	f. Non-contact cooling water		_____
b. Boiler feed/blow-down		_____	g. Plant & equipment washdown		_____
c. Contact cooling water		_____	h. Process		_____
d. Contained in product		_____	i. Sanitary		_____
e. Irrigation & lawn watering		_____	j. Other		_____

k. TOTAL OF A - J _____

3. Are there any wastewater treatment systems in use at this facility? (i.e. pH Neutralization, Grease/Grit/Lint Traps or Interceptors, Oil/Water Separators, precipitation/flocculation systems, etc.)

Yes (continue with survey) No (proceed to signatory section)

Treatment System	Process
_____	_____
_____	_____
_____	_____
_____	_____

4. Provide a site and facility diagram that indicates location of sewer connections, wastewater processes, treatment systems, and chemical storage.

5. Do you anticipate significant changes in business activity that could impact characteristics of wastewater discharge during the next 3 years?

Yes (provide details below)

No (proceed to signatory section)

SECTION G - SIGNATORY SECTION

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.

Signature of Owner\Manager

Date

Title