



CITY OF VICTORIA

Established 1824, Founded by Congress, Republic of Texas, 1839

Department of Utilities

Pretreatment Division

700 Main Center, Suite 108

Victoria, Texas 77901

PRETREATMENT ANNUAL QUESTIONNAIRE

SECTION A GENERAL INFORMATION

A-1 COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER: *(INCLUDE FAX AND OR E-MAIL IF AVAILABLE)*

A-2 ADDRESS OF FACILITY IF DIFFERENT FROM ABOVE:

A-3 NAME, TITLE, AND TELEPHONE NUMBER OF PERSON **AUTHORIZED** TO REPRESENT THIS FACILITY IN OFFICIAL/LEGAL DEALINGS WITH LOCAL, STATE, AND FEDERAL AUTHORITIES: *(INCLUDE FAX AND /OR E-MAIL IF AVAILABLE)*

A-4 ALTERNATE PERSON TO CONTACT CONCERNING THIS FACILITY:

NAME:	TITLE:	
PHONE:	FAX:	E-MAIL:

A-5 IDENTIFY THE TYPE OF BUSINESS CONDUCTED *(AUTO REPAIR, MEDICAL OFFICE, RETAIL, MACHINE SHOP, PAINTING, WAREHOUSING, ETC): Please be as specific as possible. In the event you conduct more than one type of business at this location – identify each one (chemical blending, transport, vehicle repair, etc.)*

"I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION AND THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS."

SIGNATURE OF OFFICIAL:
PRINT NAME OF SIGNING OFFICIAL:
DATE:

PROVIDE THE NAME OF THE PERSON AND THE ADDRESS UTILITY BILL IS FORWARDED TO:

ACCOUNT NUMBER ON CITY UTILITY BILL:

--

A-6 NAICS CODE FOR YOUR FACILITY. This number is found on your Texas Workforce Commission Quarterly Report or can be obtained from that agency. It is #5 at the top of the form.

--

A-7 HAS ANY PROCESSES OR SERVICES AT THE FACILITY CHANGED OR BEEN DISCONTINUED:
 IN THE LAST YEAR? NO _____ YES _____ IF YES EXPLAIN _____

A-8 HAVE ANY CHANGES BEEN MADE TO EXISTING PRETREATMENT EQUIPMENT IN THE LAST YEAR?
 NO _____ YES _____ IF YES EXPLAIN _____

***IF ANY CHANGES HAVE OCCURRED PLEASE INCLUDE AN UPDATED PROCESS DETAIL AND SITE PLAN.**

A-9 ARE ANY EXPANSIONS PLANNED DURING THE NEXT YEAR? _____ YES/NO
 IF YES, ATTACH A SEPARATE SHEET TO THIS FORM DESCRIBING THE NATURE OF PLANNED CHANGES OR EXPANSIONS:

A-10 IS A SPILL PREVENTION CONTROL AND COUNTER-MEASURE PLAN PREPARED FOR THIS FACILITY?
 _____ YES/NO IF YES, ENCLOSE COPY OF PLAN WHEN WAS THE PLAN UPDATED? _____

DATE OF EMPLOYEE TRAINING ON SPILLS _____

A-11 IS A SLUG CONTROL PLAN PREPARED FOR THE FACILITY? _____ YES/NO

IF YES, ENCLOSE COPY OF PLAN: WHEN WAS THE PLAN UPDATED? _____

DATE OF EMPLOYEE TRAINING ON THE SLUG CONTROL PLAN _____

A-12 IS A TOXIC ORGANIC MANAGEMENT PLAN PREPARED FOR THE FACILITY?
_____ YES/NO

IF YES, ENCLOSE A COPY OF PLAN: WHEN WAS THE PLAN UPDATED? _____

SECTION B - FACILITY OPERATION CHARACTERISTICS

B-1 NUMBER OF SHIFTS WORKED PER 24 HOUR DAY _____

AVERAGE NUMBER OF EMPLOYEES **PER SHIFT** _____

B-2 DAYS/HOURS OF FACILITY OPERATION: _____ TO _____
INDICATE DAYS THAT ARE NON-PROCESS, (*DAYS THAT NORMAL PRODUCTION OR SERVICE WORK DOES NOT OCCUR*) (*IE. SATURDAY AND SUNDAY*):

AMOUNT OF PRODUCTION AT THIS FACILITY FOR THE PREVIOUS YEAR: _____

Example: number of vehicles serviced, papers published, pounds of laundry, film developed, tools repaired, etc. Provide computer printouts or documentation if available.

B-3 LIST ANY NEW OR DISCONTINUED PRODUCTS THAT HAVE THE POTENTIAL TO BE DISCHARGED TO THE SANITARY SEWER SYSTEM. FOR EACH PRODUCT THAT ENTERS OR HAS THE POTENTIAL TO ENTER THE SANITARY SEWER SYSTEM, INCLUDE THE MSDS (*MATERIAL SAFETY DATA SHEETS*) AND A COMPLETED PRODUCT USE INFORMATION SHEET. *Which are enclosed with this questionnaire.*

PROVIDE A CHEMICAL INVENTORY FOR ALL PRODUCTS USED OR STORED AT THE FACILITY, TO INCLUDE QUANTITIES AND USE. **Chemical inventory form enclosed with questionnaire.**

SECTION C OTHER WASTE

C-1 ARE ANY LIQUID WASTES OR SLUDGES FROM THIS FACILITY DISPOSED OF BY MEANS OTHER THAN DISCHARGE TO THE SEWER SYSTEM?

_____ YES/NO

C-2 THESE WASTES MAY BE DESCRIBED AS: INDICATE WITH AN “X” ALL THAT APPLY. REFER TO WASTE MANIFESTS TO CALCULATE AMOUNTS.

X	WASTE	EST. GALLONS/POUNDS PER YEAR
	ACIDS/ALKALIS	
	GRIT/SAND	
	HEAVY METAL SLUDGES	
	INKS/DYES	
	WASTE OIL/GREASE	
	ORGANIC COMPOUNDS	
	PAINTS	
	PESTICIDES	
	PLATING WASTES	
	SLUDGES	
	SOLVENTS/THINNERS	
	<i>FOOD WASTE INTERCEPTOR WASTES (GREASE TRAP)</i>	
	OTHER WASTES (SPECIFY)	
	OTHER HAZARDOUS WASTES (<i>SPECIFY</i>)	

C-3 FOR THE ABOVE CHECKED WASTES, DOES YOUR FACILITY PRACTICE?

	ON SITE STORAGE		OFF SITE STORAGE
	ON SITE DISPOSAL		OFF SITE DISPOSAL

BRIEFLY DESCRIBE THE METHOD(S) OF STORAGE OR DISPOSAL CHECKED.

C-4 PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBERS, AND REGISTRATION NUMBERS FOR ALL WASTE HAULERS (*INCLUDING GARBAGE PICKUP*) USED BY YOUR FACILITY.

ATTACH A COPY OF THE MANIFESTS (*TRIP TICKETS*) FOR ANY WASTES THAT WERE PICKED UP FROM YOUR FACILITY IN THE PREVIOUS SIX MONTHS. (*IE. GREASE TRAP, GRIT TRAP, OIL FILTERS, SOLVENTS, CLEANERS*)

SECTION D POLLUTION PREVENTION

D-1 DESCRIBE ANY POLLUTION PREVENTION AND /OR WASTE REDUCTION ACTIVITIES THAT YOU DO AT THIS LOCATION. (*ATTACH ADDITIONAL SHEETS AS NEEDED*) INCLUDE ANY DATA, INCLUDING SCHEMATICS, RECYCLING CONTRACTS, ETC. TO FURTHER DOCUMENT ACTIVITIES. **EXAMPLES** SCRAP METAL, ALUMINUM CANS, BATTERIES, PAPER, CARDBOARD, ETC
 ADDITIONAL THINGS TO CONSIDER – HAVE YOU INSTALLED A WATER OR ENERGY EFFICIENT DEVICE, WATER RE-USE SYSTEM, REDUCED THE AMOUNT OF CHEMICALS USED OR STORED, ETC.

CHECK OFF LIST OF DOCUMENTS THAT NEED TO BE INCLUDED IN THE SUBMITTAL OF THIS QUESTIONNAIRE/APPLICATION. INDICATED IN BOLD ARE REQUIRED DOCUMENTS FOR EVERY FACILITY.

	SITE PLAN (<i>* IF ANY CHANGES HAVE BEEN MADE SINCE THE LAST QUESTIONNAIRE SUBMITTAL</i>)
	PRODUCT USE INFORMATION SHEETS * FOR ANY NEW PRODUCTS ADDED SINCE LAST QUESTIONNAIRE
	MSDS SHEETS FOR PRODUCTS THAT DO, OR HAVE THE POTENTIAL TO ENTER THE SANITARY SEWER FOR ANY NEW PRODUCTS ADDED SINCE LAST QUESTIONNAIRE (<i>INCLUDE A LIST OF ANY PRODUCTS THAT HAVE BEEN DELETED SINCE LAST SUBMITTAL</i>).
	MANIFESTS FOR ANY WASTE HAULED IN PREVIOUS 6 MONTHS
	SPILL PREVENTION PLAN/SLUG CONTROL PLAN * (IF NOT PREVIOUSLY SUBMITTED OR IF IT HAS BEEN UPDATED)These plans should be updated annually.
	PLANNED EXPANSION OR PROCESS CHANGE PLAN
	POLLUTION PREVENTION/WASTE MINIMIZATION DOCUMENTATION
	CHEMICAL INVENTORY Updated information required every time
	PRODUCTION AMOUNTS Updated information required every time

PRODUCT USE INFORMATION SHEET

1. **PRODUCT TRADE NAME:**
Use product trade name as indicated in the section of the material data safety sheet for the product.
2. **HOW PRODUCT IS USED:**
Describe the process in which the product is used. (i.e.; photographic developer; used to develop Lithographic negatives) (plate developer; used to develop lithographic plates)
3. **AVERAGE MONTHLY VOLUME OF CONCENTRATE:**
Enter the amount of the product concentrate used during an average month.
4. **WATER DILUTION RATION(WATER/CONCENTRATE):**
Enter the number of parts of water added to the number of parts of concentrate prior to use (i.e.; use three parts water to one part concentrate would be 3/1)
5. **TOTAL AVERAGE MONTHLY VOLUME:**
Multiply the average monthly volume of concentrate and the water dilution ration to determine this total.
6. **THIS WASTE IS METERED TO THE SANITARY SEWER SYSTEM: YES or NO**
If a processor is used which automatically replenishes and the overflow is discharged to the sanitary sewer system, indicate yes.
7. **THIS WASTE IS BATCH DISCHARGE TO THE SEWER SYSTEM? YES or NO**
(If a self contained processor is used which automatically replenishes and the overflow is discharged to the sanitary sewer system indicate yes).
8. **WASTE IS PRETREATED PRIOR TO DISCHARGE TO SEWER SYSTEM: YES or NO**
9. Pretreatment can be neutralization of acids by adding a caustic, reclamation of pollutant, any treatment of wastes which changes the characteristic of the waste prior to discharge.
If yes please answer question 8.
10. **PRETREATMENT PROCESS(ES):**
Describe pretreatment processes and techniques.

PRODUCT USE INFORMATION SHEET

1. Product tradename: _____

2. How product is used: _____

3. Average monthly volume of concentrate: _____

4. Water dilution ratio (water/concentrate): _____

5. Total average monthly volume: _____

6. This waste is metered to the sanitary sewer system: _____ Yes _____ No

7. This waste is batch discharged to the sanitary sewer system: _____ Yes _____ No

8. Waste is pretreated prior to discharge to sanitary sewer system: _____ Yes _____ No

9. Pretreatment process(es): _____

10. Comments: _____

11. Company Name: _____

Date: _____

