

WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM (WMARSS)

Cities of: ♦ Bellmead ♦ Hewitt ♦ Lacy Lakeview ♦ Lorena ♦ Robinson ♦ Waco ♦ Woodway

Auto Body Shop Wastewater Survey

Federal regulations [40 CFR 403.8(f)(2)(i)] require WMARSS to identify and locate all possible Users that might be subject to the federally mandated Industrial Pretreatment Program. This request for information is made in accordance with the Chapter 26 Division 2 of the City of Waco Code of Ordinances and Federal regulations [40 CFR 403.8(f)(2)(i)] which require Control Authorities to identify and locate all Users that might be subject to the pretreatment program. Please take a few minutes and complete this survey as accurately as possible and return it to the WMARSS. Use additional paper, if more room is needed. Thank you for your time and please contact the Pretreatment Team should you have any questions.

Company name: _____
Physical address: _____ City, State: _____ ZIP: _____
Mailing address: _____ City, State: _____ ZIP: _____
Phone: (____) _____ - _____ Email address: _____
Primary contact for this company and title: _____
Date operations started at present site: _____
Average total water usage (from past 12 months water bill): _____ gpd
Number of employees: _____ Days of operation: _____

1) Please provide a detailed process description, from start to finish:

2) Please list ALL of the products, cleaners, chemicals, coatings, etc., used in above process:

3) Does your shop have a water supply and/or a drain in the process area (Please place a check mark)?

Water supply _____ Drain _____

4) Do you wash vehicles and/or vehicle parts at your shop (Please place a check mark)?

Vehicles _____ Vehicle parts _____

5) Does the shop have a sump, grit trap, sand trap, and/or grease trap? YES _____ NO _____

If YES, which one/s? _____

6) If you answered YES to #5, please tell us how often it is cleaned out and by whom (name of service provider):

7) Please tell us how spills are cleaned up from the floor in and around the shop and how waste/s from the shop are disposed:

8) Please provide the City Water Account number/s associated with this business:

Name of person completing survey (please print): _____

Authorized Signature: _____

Title: _____

Date: _____

A City representative may contact the company for additional information if necessary. Failure to respond to this survey may subject the company to an inspection by a City representative to determine compliance with the federal regulations, which require the City to conduct these surveys.

Completed surveys may be submitted by mail, fax, or email to:

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WMARSS
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