

# WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM (WMARSS)

P.O. Box 2570, Waco, Texas 76702-2570  
Phone: (254) 299-2445/2446 Fax: (254)  
299-2453 Email: [LisaL@wacotx.gov](mailto:LisaL@wacotx.gov)

## Auto Body Shop Wastewater Survey

Federal regulations [40 CFR 403.8(f)(2)(i)] require the City of Waco to identify and locate all potential users who may be subject to the federally mandated Industrial Pretreatment Program. This request for information is in accordance with Chapter 26, Division 2 of the City of Waco Code of Ordinances and the same federal regulations.

We kindly ask you to take a few minutes to complete this survey as accurately as possible and return it to the address provided below. Please use additional paper if you need more space. Thank you for your time, and if you have any questions, please contact the Pretreatment Team.

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:

**Industrial Pretreatment Team**  
**P.O. Box 2570**  
**Waco, Texas 76702-2570**  
**Fax: (254) 299-2453**  
**Email: ChristinaB@wacotx.gov**  
**Phone: (254) 299-2445**