

WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM
Cities of: ♦ Bellmead ♦ Hewitt ♦ Lacy Lakeview ♦ Lorena ♦ Robinson ♦ Waco ♦ Woodway

**INDUSTRIAL WASTE
GENERAL INQUIRY FOR NON-RESIDENTIAL USERS**

User Identification Information

1. Corporate Name: _____

2. Business Name: _____

3. Business Contact: _____
Title: _____ Phone: () - Ext: _____
Fax: () - Ext: _____ E-mail: _____
4. Authorized Representative: _____
Title: _____ Phone: () - Ext: _____
Fax: () - Ext: _____ E-mail: _____

EPA 40 CFR Part 403.12

Authorized representative means a responsible corporate officer, if the business is a corporation, a general partner or proprietor if the business is a partnership or sole proprietorship, or someone designated, in writing using a form submitted to the WMARSS, by the person previously described.

5. Physical Address: _____

6. Mailing Address: _____
(if different) _____

7. Describe products that are produced or services rendered. Provide sufficient information such that a person with no prior knowledge of the business' operation is able to identify all basic production processes employed by the business. (Use additional sheets as necessary):

8. Describe the production process. Identify basic production processes generating wastestreams and the specific processes that generate a wastewater stream. (Use additional sheets as necessary) :

| | | |
|--|-------------------------------|---|
| 9. Provide the amount of water used and/or discharged at the business each day. For each wastestream, such as boiler water blowdown, area cleanup/washdown, etc., provide measured volumes used/generated. If the measured volumes are not available, provide the best estimate using City water bills. Please identify the characteristics, or basic makeup, of each discharged wastestream. (Use additional sheets as necessary): | | |
| Water used/discharged: | Volume: gallons per day | Discharged wastestream characteristics: |
| Sanitary wastes (restrooms, showers, etc.) | | |
| Cooling water | | |
| Boiler blow down | | |
| Equipment cooling and/or equipment seal water | | |
| Industrial waste | | |
| Chemicals (please specify) | | |
| Oil and grease | | |
| Pesticides | | |
| Sludge (from what processes?) | | |
| Solvents (please specify) | | |
| Equipment cleaning solutions | | |
| Rinse waters produced from metal cleaning, finishing, or plating | | |
| Food processing (for humans or animals) | | |
| Sanitization/Clean up/Washdown | | |
| Photo finishing waste | | |
| Medical waste | | |
| PCB's (Poly-chlorinated biphenyls) | | |
| Radioactive waste | | |
| Toxic compounds | | |
| Stripping compounds | | |
| Acids or alkaline compounds | | |
| Other? Describe: | | |

10. Are any of these wastes hauled off site? If Yes, which waste, to where, and by whom?

11. City Water/Sewer Account Number/s:

- (1) _____
- (2) _____

Certification Statement, to be completed by the Authorized Representative (as defined for question number 4)

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, 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.

Person Completing Survey: Name (print or type): _____ Date: _____

Signature: _____

Return this form to:

Waco Metropolitan Area Regional Sewerage System
 Mistie S. Gonzales
 Pretreatment Coordinator
 City of Waco
 P.O. Box 2570
 Waco, Texas 76702
 Fax: 254-299-2453
 Email: christinab@ci.waco.tx.us