



Water Quality Services
Wastewater Survey Form

This form is used to determine whether an industry's discharges fall under our Industrial Pretreatment regulations as stipulated in Chapter 86, Article 3, Section 86.113 of the San Marcos Ordinance (https://library.municode.com/tx/san_marcos/codes/code_of_ordinances?nodeId=SPAGEOR_CH86UT_ART3SE_DIV2INWADIRE_S86.113DE).

This survey may be emailed to IndustrialPretreatment@sanmarcostx.gov, or mailed to the address below:

City of San Marcos
Water Quality Services
630 E Hopkins St
San Marcos, TX 78666

For assistance, please email IndustrialPretreatment@sanmarcostx.gov.

A. Identifying Information

I. Company Information

Company Name:

Mailing Address:

Phone Number:

II. Owner Information

Name (legal name of person, company or entity):

Title (if applicable):

Email Address:

Telephone Number:

Mailing Address:

Emergency Phone Number:

III. Designated Facility Contact (*Person(s) responsible for permit compliance*)

Name (person):

Title:

Email Address:

Telephone Number:

Mailing Address:

Emergency Phone Number:

IV. Authorized Representative (*Responsible corporate officer, director or highest official designated to oversee operations of the permitted facility, general partner, or proprietor*)

Printed Name:

Signature:

Title:

Telephone Number:

Mailing Address:

Emergency Phone Number:

V. Duly Authorized Representative (*If one is appointed, designated to sign reports by the Authorized Representative above*)

Printed Name:

Signature:

Title:

Telephone Number:

Mailing Address:

Emergency Phone Number:

B. Process Information

I. Briefly describe your firm's products or services

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II. List any North American Industry Classification System code(s) that are applicable to this facility

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III. Indicate any categorical processes from 40 CFR that may apply to your facility	
<input type="checkbox"/> Dairy Products Processing (Part 405)	<input type="checkbox"/> Centralized Waste Treatment (Part 437)
<input type="checkbox"/> Grain Mills (Part 406)	<input type="checkbox"/> Metal Products & Machinery (Part 438)
<input type="checkbox"/> Canned & Preserved Fruits and Vegetables Processing (Part 407)	<input type="checkbox"/> Pharmaceutical Manufacturing (Part 439)
<input type="checkbox"/> Canned & Preserved Seafood Processing Part 408)	<input type="checkbox"/> Ore Mining & Dressing (Part 440)
<input type="checkbox"/> Sugar Processing (Part 409)	<input type="checkbox"/> Dental Office (Part 441)
<input type="checkbox"/> Textile Mills (Part 410)	<input type="checkbox"/> Transportation Equipment Cleaning (Part 442)
<input type="checkbox"/> Cement Manufacturing (Part 411)	<input type="checkbox"/> Paving & Roofing Materials (Tars and Asphalt) (Part 443)
<input type="checkbox"/> Concentrated Animal Feeding Operations (CAFO) (Part 412)	<input type="checkbox"/> Waste Combustors (Part 444)
<input type="checkbox"/> Electroplating (Part 413)	<input type="checkbox"/> Landfills (Part 445)
<input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers (Part 414)	<input type="checkbox"/> Paint Formulating (Part 446)
<input type="checkbox"/> Inorganic Chemicals Manufacturing (Part 415)	<input type="checkbox"/> Ink Formulating (Part 447)
<input type="checkbox"/> Soap & Detergent Manufacturing (Part 417)	<input type="checkbox"/> Airport Deicing (Part 449)
<input type="checkbox"/> Fertilizer Manufacturing (Part 418)	<input type="checkbox"/> Construction and Development (Part 450)
<input type="checkbox"/> Petroleum Refining (Part 419)	<input type="checkbox"/> Concentrated Aquatic Animal Production (Part 451)
<input type="checkbox"/> Iron & Steel Manufacturing (Part 420)	<input type="checkbox"/> Gum & Wood Chemicals Manufacturing (Part 454)
<input type="checkbox"/> Nonferrous Metals Manufacturing (Part 421)	<input type="checkbox"/> Pesticide Chemicals (Part 455)
<input type="checkbox"/> Phosphate Manufacturing (Part 422)	<input type="checkbox"/> Explosives Manufacturing (Part 457)
<input type="checkbox"/> Steam Electric Power Generating (Part 423)	<input type="checkbox"/> Carbon Black Manufacturing (Part 458)
<input type="checkbox"/> Ferroalloy Manufacturing (Part 424)	<input type="checkbox"/> Photographic (Part 459)
<input type="checkbox"/> Leather Tanning & Finishing (Part 425)	<input type="checkbox"/> Hospitals (Part 460)
<input type="checkbox"/> Glass Manufacturing (Part 426)	<input type="checkbox"/> Battery Manufacturing (Part 461)
<input type="checkbox"/> Asbestos Manufacturing (Part 427)	<input type="checkbox"/> Plastics Molding & Forming (Part 463)
<input type="checkbox"/> Rubber Manufacturing (Part 428)	<input type="checkbox"/> Metal Molding & Casting (Part 464)
<input type="checkbox"/> Timber Products Processing (Part 429)	<input type="checkbox"/> Coil Coating (Part 465)
<input type="checkbox"/> Pulp, Paper, & Paperboard (Part 430)	<input type="checkbox"/> Porcelain Enameling (Part 466)
<input type="checkbox"/> Meat Products (Part 432)	<input type="checkbox"/> Aluminum Forming (Part 467)
<input type="checkbox"/> Metal Finishing (Part 433)	<input type="checkbox"/> Copper Forming (Part 468)
<input type="checkbox"/> Coal Mining (Part 434)	<input type="checkbox"/> Electrical & Electronic Components (Part 469)
<input type="checkbox"/> Oil & Gas Extraction (Part 435)	<input type="checkbox"/> Nonferrous Metals Forming & Metal Powders (Part 471)
<input type="checkbox"/> Mineral Mining & Processing (Part 436)	<input type="checkbox"/> Other:

IV. Estimated volume of discharges			
Yes	No	Type of discharge	Estimated volume in gallons/day
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary waste (bathrooms, sinks, etc)	
<input type="checkbox"/>	<input type="checkbox"/>	Boiler or tower blowdown	
<input type="checkbox"/>	<input type="checkbox"/>	Non-contact cooling water	
<input type="checkbox"/>	<input type="checkbox"/>	Contact cooling water	
<input type="checkbox"/>	<input type="checkbox"/>	Process water	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment or facility washdown	
<input type="checkbox"/>	<input type="checkbox"/>	Air pollution control unit	
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	
		TOTAL	

V. Characterization of wastes			
Yes	No	Type of waste	Amount/volume stored on site
<input type="checkbox"/>	<input type="checkbox"/>	Acids/bases	
<input type="checkbox"/>	<input type="checkbox"/>	Dyes/inks	
<input type="checkbox"/>	<input type="checkbox"/>	Metal sludges	
<input type="checkbox"/>	<input type="checkbox"/>	Oils/grease	
<input type="checkbox"/>	<input type="checkbox"/>	Paints/varnishes	
<input type="checkbox"/>	<input type="checkbox"/>	Pesticides	
<input type="checkbox"/>	<input type="checkbox"/>	Plating Residues	
<input type="checkbox"/>	<input type="checkbox"/>	Solvents/thinners	

VI. Disposal of wastes			
Yes	No	Method of disposal	Estimated volume in gallons/day
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Sewer	
<input type="checkbox"/>	<input type="checkbox"/>	Off-site haulers- If yes, name and address of hauler:	
<input type="checkbox"/>	<input type="checkbox"/>	Evaporation	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	
		TOTAL	

VII. Spill prevention

Has a Spill Prevention and Control Plan been prepared for your facility?

Yes

No

If yes, identify areas where spill prevention measures are in place by providing maps showing locations, and attach a list of chemicals and description of storage areas.

VII. List any hazardous wastes and describe storage areas

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IX. Proposed treatment equipment or processes to be used

Yes	No	Process	Add'l info if needed
<input type="checkbox"/>	<input type="checkbox"/>	None	
<input type="checkbox"/>	<input type="checkbox"/>	Biological	Type:
<input type="checkbox"/>	<input type="checkbox"/>	Centrifuge	
<input type="checkbox"/>	<input type="checkbox"/>	Chemical coagulation/precipitation	
<input type="checkbox"/>	<input type="checkbox"/>	Chlorination	
<input type="checkbox"/>	<input type="checkbox"/>	Cyclone separator	
<input type="checkbox"/>	<input type="checkbox"/>	D.A.F	
<input type="checkbox"/>	<input type="checkbox"/>	Filter	Type:
<input type="checkbox"/>	<input type="checkbox"/>	Flow equalization/mixing	
<input type="checkbox"/>	<input type="checkbox"/>	Grease trap	
<input type="checkbox"/>	<input type="checkbox"/>	Grit channel	
<input type="checkbox"/>	<input type="checkbox"/>	Ion exchange	
<input type="checkbox"/>	<input type="checkbox"/>	Neutralization	
<input type="checkbox"/>	<input type="checkbox"/>	Ozonation	
<input type="checkbox"/>	<input type="checkbox"/>	Reverse Osmosis	
<input type="checkbox"/>	<input type="checkbox"/>	Screen	Type:
<input type="checkbox"/>	<input type="checkbox"/>	Sedimentation/clarification	
<input type="checkbox"/>	<input type="checkbox"/>	Other	Describe:

C. Facility Operation

I. Employee Shift Information

	1st Shift	2nd Shift	3rd Shift	Other
	Start Time:	Start Time:	Start Time:	Start Time:
	End Time:	End Time:	End Time:	End Time:
	Approximate Number of Employees per Shift			
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

II. Principal Products Produced

Type of Product	Estimate This Calendar Year Daily Quantities (with units)	
	Average	Maximum

Are any expansions or process changes anticipated within next five (5) years?

Yes

No

If yes, briefly describe:

III. Wastewater Discharge Information

Is the business activity continuous throughout the year? Yes No

If no, indicate the months of the year during which the business activity occurs:

Does the operation shut down for vacation, maintenance, or other reasons? Yes No

If yes, indicate the reasons and periods when shutdown occurs:

Provide the following information on wastewater discharges:							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Average Discharge Duration (Number of Hours per Day)							
Maximum Discharge Duration (Number of Hours per Day)							
Wastewater Discharge Start Time							
Wastewater Discharge End Time							
Does the facility release batch discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, describe the batch discharge:							
If yes, number of batch discharges per day:							
Average discharge volume:							
Discharge times (days(s) of the week & hours of the day):							
Flow rate (gpm):							

IV. Existing environmental permits

Does your facility have any other existing permits?

Yes

No

If yes, briefly describe:

D. Additional Documents**I. Additional required documentation****Please attach the following:**

A facility schematic indicating the flow of wastewater to sewer and all sewer connections

A description of the manufacturing facilities

Average production rates in units required by the categorical production-based pretreatment standards as applicable

A completed 126 Priority Pollutants survey form

If required, please also submit the following:

A slug control plan, as required by 40 CFR 403.8 (f)(2)(vi)

Best Management Practices (BMPs), including Toxic Organic Management Plan (TOMP), other management plan, or pollution prevention alternatives, as applicable

E. Certification Statement

Must be signed by the Authorized Representative indicated in Section A, IV.

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 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.

Printed Name

Title

Signature

Date