

INDUSTRIAL PRETREATMENT PROGRAM



CEDAR PARK

UTILITY CONNECTION SURVEY-ALL

(Please **complete** requested data or **check** all, which apply and return survey to the I.P. Program)

A. User Site Information:

- 1. Facility name: _____
2. Physical address: _____
3. Mailing address: _____
4. City, State, Zip Code: _____, _____, _____
5. Business Telephone: _____, Fax No.: _____
6. Site Contact: _____, Title: _____
7. E-Mail address: _____

B. Description of Activities:

- ___ Food service ___ equipment service & repair ___ medical or dental office
___ Machine shop ___ fuel / vehicle service ___ laundry / dry cleaner
___ Carwash ___ chemical mixing or mfg. ___ printing, photo processing
___ Manufacturing-assembly ___ other (if checked, describe)

C. Water and Wastewater Information:

- 1. Planned source(s) of water: ___ City of C.P. ___ water well ___ other
2. Planned wastewater service: ___ City of C.P. ___ septic tank ___ other
3. If other, please describe: _____
4. Estimated Water Usage: ___ <100 gpd, ___ <1000 gpd. ___ < 10,000 gpd, ___ > 10,000 gpd

D. Description of Water usage.

- 1. Will facility connect domestic water directly to any type of equipment or tank? ___ Yes / ___ No
2. Will facility install a backflow prevention assembly (s)? ___ Yes / ___ No
3. If yes, what type and quantity: RPZ; ___, DCV; ___, PVB; ___, Air gap; ___, other; ___
(RPZ-reduced pressure zone, DCV-double check valve, PVB-pressure vacuum breaker)

E. Description of Wastewater:

- 1. Will facility generate only domestic or sanitary wastewater? ___ Yes / ___ No
2. If you checked no, please describe: _____
3. Will facility install pretreatment unit(s)? (For example: grease trap, sand /grit trap, oil separator, silver recovery, acid neutralization or other) ___ Yes / ___ No

F. Waste Generation and / or Bulk Storage:

- 1. Will facility generate hazardous or non-hazardous wastes? ___ Yes / ___ No
(For example: grease or grit trap wastes, used oil, solvents, paint or cleaning wastes)
2. Are chemicals, hazardous materials or wastes stored in bulk on site? ___ Yes / ___ No
3. Can bulk liquids or chemicals spill to the sewer system? ___ Yes / ___ No

G. Authorized Representative:

- 1. Name: _____ Title: _____
2. Signature: _____ Date: _____

PLEASE RETURN TO:

City of Cedar Park, 2315 Brushy Creek Loop, Cedar Park, TX 78613

512-401-5592 / Fax 512-401-5593