

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. Business 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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Food service | <input type="checkbox"/> equipment service & repair | <input type="checkbox"/> medical or dental office |
| <input type="checkbox"/> Machine shop | <input type="checkbox"/> fuel / vehicle service | <input type="checkbox"/> laundry / dry cleaner |
| <input type="checkbox"/> Carwash | <input type="checkbox"/> chemical mixing or mfg. | <input type="checkbox"/> printing, photo processing |
| <input type="checkbox"/> Manufacturing-assembly | | <input type="checkbox"/> other (if checked, describe) |
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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

512-401-5330 / Fax 512-401-5593