INDUSTRIAL PRETREATMENT PROGRAM

UTILITY CONNECTION SURVEY-ALL

(Please compete 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