



**NON-RESIDENTIAL & INDUSTRIAL/MEDICAL
WASTEWATER SURVEY/ INSPECTION**
BROWNSVILLE PUBLIC UTILITIES BOARD
ENVIRONMENTAL SERVICES
PRETREATMENT DEPARTMENT
1425 ROBINHOOD DRIVE / PO BOX 3270
BROWNSVILLE, TX 78523-3270

BPUB USE ONLY	
<input type="checkbox"/>	No Permit Required
<input type="checkbox"/>	Manufacturing Facility
<input type="checkbox"/>	Commercial User
<input type="checkbox"/>	Special User
<input type="checkbox"/>	Periodic Inspection
<input type="checkbox"/>	New User
Subject to Pretreatment Standards	
<input type="checkbox"/>	Yes _____
<input type="checkbox"/>	No _____

Date: _____

I.- GENERAL INFORMATION

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Company Name: _____
 Mailing Address: _____
 Physical Address: _____
 City: _____ Zip Code: _____
 Telephone No.: _____</p> <p>2. Owner's Name: _____
 Telephone No.: _____</p> <p>3. Name of Authorized Rep: _____
 Title: _____
 Telephone No.: _____</p> <p>4. Standard Industrial Code (SIC) _____</p> | <p>5. Type of Business:</p> <p><input type="checkbox"/> Chiropractic Clinic <input type="checkbox"/> Dentist Office <input type="checkbox"/> Imaging Center</p> <p><input type="checkbox"/> Laundromats/Dry Cleaners <input type="checkbox"/> Manufacturing Facility</p> <p><input type="checkbox"/> Medical Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Photo Lab</p> <p><input type="checkbox"/> Physical Therapy <input type="checkbox"/> Veterinarian <input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Other/ specify _____</p> <p>6. Number. of Employees: _____</p> <p>7. Shifts per 24-hour day: _____</p> <p>8. Business hours: _____ A.M. to _____ P.M.
 Day: _____ through _____</p> <p>9. BPUB Water/Wastewater Account # _____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

II.- WATER USAGE/ DISCHARGE

10. Brief description of processes, services or activities conducted at facility (e.g. medical clinic using X-ray, import/export, washing processes, amalgam removal, molding injection, metal stamping)

11. List of Solid and Liquid Waste Generating Processes and Disposal Method: (e.g. equipment/floor washing, contact/noncontact cooling water, metal finishing, X-ray/photo waste, utility blowdown, dry cleaning petroleum based products) Attach additional sheets as needed.

12. X-ray are developed on site. Yes (continue with #13) No (Skip to #17)

13. What is the approximate daily volume of silver-bearing process wastewater your business/facility discharges to the city sewer system? _____ gallons per day (GPD)

14. Does your business/facility currently recover silver from image processing water? Yes No

15. Does your business/facility currently collect image processing wastewater? Yes No

16. If you answered “yes” to question 15, provide the name and address of the certified waste hauler:

17. Type of Wastewater discharged, please check one or both:

- Process (continue with # 18)
- Sanitary (continue with # 20)

18. Estimate volume of discharge (gpm = gallons per month)

- 0 – 6000 gpm
- 6,000 – 25,000 gpm
- >25,000 gpm

19. What is the nature of the Industrial Wastewater you discharge (e.g. washing pots and pans, dish cleaning, equipment washing, product manufacturing)

20. Do you have floor drains in your facility located in your production, maintenance, storage, or other areas? If so, provide layouts.

21. Do you have chemical storage containers, bins or containment area? YES NO

22. If an accidental spill occurs, discharge leads to?

- an on-site disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- N/A
- other (specify): _____

23. Do you have a Slug Discharge Control Plan (SDCP) to prevent spills or chemicals or slug discharges from entering the control authority's systems?

- Yes (Please provide a copy)
- No
- N/A Not applicable since there are no floor drains and/or the facility discharge(s) only domestic waste.

24. Does the SDCP include the following requirements?

- Immediate BPUB notification following a slug discharge
- Written follow-up to BPUB within 5 days of a slug discharge
- Description of discharge practices
- Description of stored chemicals
- N/A Not applicable since there are no floor drains and/or the facility discharge(s) only domestic waste.

Comments:

III. CERTIFICATION

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 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 fines and imprisonment for knowing violation.

Customer Signature

Date Signed

Inspected By

Date Signed