



Pretreatment Services

Non-Residential Customer Questionnaire

Federal regulations [40 CFR 403.8(f)(2)(i)] require the Fort Bend County Water Control & Improvement District No. 2 to identify and locate all wastewater users that might be subject to the federally mandated Pretreatment Program. This request for information is made in accordance with the Federal regulations [40 CFR §403.8(f)(2)(i)] which requires Control Authorities to identify and locate all Industrial Users that might be subject to the pretreatment program.

* Required Response, - N/A = if not applicable

Section A: GENERAL INFORMATION

Company Name*: _____

Parent Company Name: _____

Facility Address*: _____

Business Telephone*: _____ Emergency No.: _____

Fax No.: _____ Email: _____

Contact Name and Title*: _____

Alternative Contact Name and Title: _____

Date operations began at this address*: _____ SIC Code(s)*: _____

Standard Industrial Classification (SIC) - OSHA

Describe property use, and any industrial or manufacturing processes if applicable*:

Days of Operation*: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Provide a chemical inventory for your facility which includes chemical name(s), quantity, and storage location as an attachment to this questionnaire, if applicable.

Section B: WATER SUPPLY

Water Source*: ☐ Private Well ☐ Municipal Utility: Fort Bend County WC&ID No. 2 ☐ Other (specify: _____)

Water Service Account Number(s)*: _____

EXISTING BUSINESS ONLY

Is the building presently connected to the public sanitary sewer system? ☐ Yes ☐ No

NEW BUSINESS ONLY

Will you be occupying an existing vacant building? ☐ Yes ☐ No

Section C: WASTEWATER DISCHARGE INFORMATION

Does, or will, this facility discharge and wastewater to the FBC WC&ID No. 2 sewer system? * ☐ Yes ☐ No

Indicate the types of wastes that your facility discharges, or will discharge, to the sewer. *

- | | | |
|---|--|--|
| <input type="checkbox"/> Domestic (kitchen, bathroom, etc.) | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Photo finishing waste | <input type="checkbox"/> Acids or Bases | <input type="checkbox"/> Rinse Waters |
| <input type="checkbox"/> Equipment/Vehicle/Tanker Cleaning | <input type="checkbox"/> Polychlorinated biphenyls | <input type="checkbox"/> Equipment Cooling |
| <input type="checkbox"/> Boiler blow down | <input type="checkbox"/> Oils and/or Grease | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Laundry wastes | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Medical wastes |
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> Stripping compounds | <input type="checkbox"/> Other: _____ |

Are there any on-site wastewater treatment/pretreatment facilities? * ☐ Yes ☐ No

If any, describe:

Section D: SIGNATORY**Certification Statement to be Completed by Industry**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated to assure that qualified personnel properly gather and evaluate the information being submitted. Base on my inquiry of the person or persons who manage that 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 fine and imprisonment for knowing violations.

Printed Name & Title

Signature

Date

BELOW IS FOR OFFICE USE ONLY

Issuance Date: _____ Due Date: _____ Received Date: _____

Reviewed by: _____

Comments:

Submit completed form to : FBCWCID2 - 2331 South Main Street, Stafford, Texas 77477 - email: permitting@fbcwcid2.com