



BROWNSVILLE
PUBLIC UTILITIES BOARD

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

BPUB USE ONLY

- ☐ No Permit Required
☐ Industrial User
☐ Commercial User

☐ Periodic Inspection
☐ New User

Date : _____

I.- GENERAL INFORMATION

1. Company Name: _____
Physical Address: _____
City: _____ Zip Code: _____
Telephone No. _____
Owner's Name: _____
2. Name of Authorized Rep: _____
3. NAICS Code: _____
4. Hours of Operation: _____ A.M to _____ P.M
5. Type of Business:
☐ Car Dealership
☐ Air Conditioning Repair
☐ Auto Body Repair and/or Painting
☐ Machine shops
☐ Muffler Repairs/Sales
☐ Auto Detail/Engine Cleaning/Car Wash
☐ Automotive Repair
☐ Radiator Repair
☐ Tire Sales/Repair
☐ Other/ specify _____

II.- WATER USAGE/ DISCHARGE

11. Brief description of process or activities which discharge or may discharge to the collection system.

12. How often is service area washed down and mopped?

Daily ☐ Weekly ☐ Month ☐ N/A ☐ : _____

13. What products are used for this? Over the counter ☐ Industrial Grade ☐ N/A ☐

14. How is the wastewater from cleaning activities disposed? On-Site ☐ Off-Site ☐ N/A ☐

15. How are vehicular liquid or solid waste disposed? On-Site ☐ Off-Site ☐ N/A ☐

16. Are Manifest available: Yes ☐ No ☐ N/A ☐

Waste hauler Information: N/A ☐ (Please select "N/A" if this section does not apply)

Waste hauler name: _____ TCEQ Permit Number: _____

Type of waste generated: _____ Date of last invoice: _____

Solid / Liquid generated (lbs./gal): _____ Manifest Number: _____

Pretreatment Equipment: N/A ☐ (Please select "N/A" if this section does not apply)

	<u>Yes</u>	<u>No</u>		Cleaning Frequency
Oil Separator:			size ____	gallons
SUMP:			size ____	gallons
Grit trap:			size ____	gallons

13. Sample Point Available Yes ☐ No ☐ Was dye test performed? Yes ☐ No ☐
14. Type of wastewater discharged, please check one or both: Process ☐ Sanitary (skip to # 16) ☐
Number of wash bays / racks: _____
15. Estimate volume of discharge (gpm = gallons per month)
☐ 0 – 6000 gpm ☐ 6,000 – 25,000 gpm ☐ >25,000 gpm
16. Do you have floor drains in your facility, please check all that apply:
Production ☐ Storage ☐ Maintenance ☐ Other: _____
17. Do you have chemical storage, please check all that apply:
Containers ☐ Bins ☐
18. If an accidental spill occurs discharge leads to, please check all that apply:
On-site containment area ☐ Storm drain ☐ To ground ☐
Sanitary sewer system (e.g. thorough a floor drain) ☐
21. Do your employees know what to do in case of a spill?
Yes ☐ No ☐ N/A ☐

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

Inspector Name/Signature

Date Signed