



CITY OF VICTORIA

Established 1824, Founded by Congress, Republic of Texas, 1839

Department of Public Works

Pretreatment Division

700 Main Center, Suite 108

Victoria, Texas 77901

PRETREATMENT QUESTIONNAIRE/APPLICATION

SECTION - GENERAL INFORMATION

A-1 COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER: (*INCLUDE FAX AND OR E-MAIL IF AVAILABLE*)

A-2 ADDRESS OF FACILITY IF DIFFERENT FROM ABOVE:

A-3 NAME, TITLE, AND TELEPHONE NUMBER OF PERSON **AUTHORIZED** TO REPRESENT THIS FACILITY:

A-4 IDENTIFY THE TYPE OF BUSINESS CONDUCTED

WILL YOU DISCHARGE ANY WATERS TO THE SEWER OTHER THAN THOSE ASSOCIATED WITH RESTROOMS? ____yes ____no IF YES, INCLUDE A DESCRIPTION OF THE ACTIVITIES THAT WOULD GENERATE A WASTE WATER.

WILL YOU STORE OR UTILIZE ANY CHEMICALS OR PETROLEUM PRODUCTS AS A FUNCTION OF YOUR BUSINESS? ____yes ____no IF YES, PROVIDE A DESCRIPTION.

Continued on Back

Please indicate with a \surd if any of the processes listed below are located at your facility **and**

P.O. BOX 1758 · VICTORIA, TEXAS 77902-1758 · (361) 485-3186 · FAX (361) 485-3185

whether or not you will be utilizing them in conjunction with your business activities:

Process	Will you utilize this system?		Process	Will you utilize this system?	
___ Washrack	___yes	___no	___ Sump	___yes	___no
___ Oil/Water Separator	___yes	___no	___ Septic Tank	___yes	___no
___ Grease Trap	___yes	___no	___ Paint Booth	___yes	___no
___ Filtration System	___yes	___no	___ Grit Trap	___yes	___no
___ Chemical Precip.	___yes	___no	___ Caustic Vat	___yes	___no
___ pH neutralization	___yes	___no	___ Steam Cleaner	___yes	___no
___ Filtration System	___yes	___no	___ Solvent System	___yes	___no
___ Floor Drain	___yes	___no			
___ Other Pretreatment	___yes	___no	Describe _____		

Is a City specified sample port installed at this location? ___ yes ___no

Date this business began operation at this location _____

In the event you will use any of these processes or will have a discharge other than restroom waste only – you will need to contact Pretreatment at 361/485-3186 for additional information on any necessary requirements in order to operate your business in Victoria.

*****NOTE TO SIGNING OFFICIAL***** IN ACCORDANCE WITH TITLE 40 OF THE CODE FEDERAL REGULATIONS PART 403, SECTION 403.14, INFORMATION AND DATA PROVIDED IN THIS QUESTIONNAIRE/APPLICATION WHICH IDENTIFIES THE NATURE AND FREQUENCY OF DISCHARGE SHALL BE AVAILABLE TO THE PUBLIC WITHOUT RESTRICTION. REQUESTS FOR CONFIDENTIAL TREATMENT OF OTHER INFORMATION SHALL BE GOVERNED BY PROCEDURES SPECIFIED IN 40 CFR PART 2. SHOULD A DISCHARGE PERMIT BE REQUIRED FOR YOUR FACILITY, THE INFORMATION IN THIS QUESTIONNAIRE/APPLICATION WILL BE USED TO ISSUE SUCH.

THIS IS TO BE SIGNED BY AN AUTHORIZED OFFICIAL OF YOUR FACILITY AFTER COMPLETION OF THIS FORM AND REVIEW OF THE INFORMATION BY THE SIGNING OFFICIAL. (OWNER, DIRECTOR, MANAGER)

“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 OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION AND 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.”

A-5 SIGNATURE OF PERSON **AUTHORIZED** TO REPRESENT THIS FACILITY IN OFFICIAL/LEGAL DEALINGS WITH LOCAL, STATE, AND FEDERAL AUTHORITIES:

Signature of Person Authorized to represent this facility.

Date