



## Pretreatment Division

City of Pearland  
3501 E. Orange Street  
Pearland, Texas 77581-5416  
Phone: 281.652.1813  
[pearlandtx.gov](http://pearlandtx.gov)

Permit #: \_\_\_\_\_

# WASTEWATER DISCHARGE SURVEY

Effective Date:	
Name of Business:	
Business Address:	
Mailing/Billing Address:	
City:	State: Zip:
Business Phone:	
Name of Primary Contact and Title:	
Contact Telephone:	
Email:	
<b>Type of Business/Classification:</b>	
Provide brief description of manufacturing, production, or service activities performed:	
<b>Standard Industrial Classification (SIC Code):</b>	
<b>In Business Since:</b>	<b>Hours:</b>
<b>Number of Employees:</b>	<b>Seating Capacity:</b>
<b>Type of Wastewater Discharged:</b> (Mark all that apply)	
Domestic waste (Restrooms, hand wash sinks, showers, etc.)	Process Wastewater (lint, grit, fats, oils, and grease)
Cooling Water (Contact or Non-contact)	Boiler/Tower Blow-down
Equipment / Facility Wash-down	Storm Water Run-off to Sewer
Air Pollution Control Unit	Other (Please Explain):
<b>Wastewater Discharged To and Volume Discharged:</b> (Mark all that apply)	
Sanitary Sewer	GPD:
Waste Hauled	GPD:
Storm Sewer	GPD:
Evaporation	GPD:
Other (Please Explain):	GPD:
<b>Monitoring Point(s):</b> (List location of monitoring points)	

<b>Treatment System:</b> (Describe wastewater treatment process)		
<b>Interceptor Information</b> (Sizing provided by licensed plumber, grease hauler, or blue prints):		
Interceptor Type:	Capacity:	gallons
Interceptor Type:	Capacity:	gallons
Interceptor Type:	Capacity:	gallons
Waste Hauler Company Name:	Contact Number:	
<b>Spill Prevention/Countermeasure Plan:</b> Yes      No		
During review of this wastewater survey application if it is deemed necessary, additional information may be required.		
*NOTE TO SIGNING OFFICIAL: In accordance with the Title 40 Code of Federal Regulations Part 403, Section 403.14, information and data provided in this survey 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 in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this survey application will be used to issue the permit.		

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.	
Signature:	Date: