

Technical Services Department
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GARLAND

INDUSTRIAL WASTE SURVEY

Industry: _____
Address: _____ Garland, TX 7504 SIC: _____ NAICS: _____
Days of Operation: M T W T F S Telephone: _____
Business Hours: _____ Number of Employees per shift: 1st: _____ 2nd: _____ 3rd: _____

Products Produced or Services Provided: (check all that apply)

Auto Repair: Major Minor Food Establishment Auto Sales Body Shop Machine Shop
Warehouse/Storage Medical Dental Light Industrial Other: _____

Process Description: _____

Types of Wastewater Discharged

gpd = gallons per day sanitary = estimate 25 gpd/employee

Sanitary _____ (gpd)
Cooling Water _____ (gpd) Description: _____
Boiler Blowdown _____ (gpd) Description: _____
Non-Contact Cooling Water _____ (gpd) Description: _____
Process Wastewater _____ (gpd) Description: _____
Plant & Equipment Washdown _____ (gpd) Description: _____
Other (describe): _____ (gpd)

Pretreatment Installed? _____ Type: _____ Size/Capacity: _____

Service Frequency: _____ Last Service: _____ Wastes Generated: _____ Volume: _____

Floor Drains: _____ Capped? _____ Location(s): _____

Will any chemicals be stored on site? _____ MSDS: Submitted Will Submit
If yes, explain _____

Waste Management:

Will there be any liquid wastes or sludges generated at this facility that will be stored for disposal? Yes No
If yes, specify type: Grease/Oil Paints/Thinners Acids/Alkalis Plating Wastes Bio Hazardous
Rinse Water Waste Solvent Inks/Dyes Other _____

How will the above checked wastes be removed from your facility?

Treated, stored, disposed on-site Evaporated Placed with trash for City disposal

If treated, specify: _____

Removed by an outside waste hauler to a waste management facility.

If removed, hauler: _____ Frequency: _____

Pollution Prevention: _____

Industrial Representative providing information: _____
Title: _____
E-mail Address: _____ Date: _____