

City North Richland Hills Non-Residential Water/Wastewater User Survey

I. **Purpose.** The City of North Richland Hills is responsible for protection of the drinking water supply and ensuring all state and federal pretreatment (wastewater) rules are adhered to. The purpose of this survey is to ensure compliance with these regulations. **This survey must be completed by the applicant and then reviewed and approved by the Public Works Department.**

II. Business Information

- A. Water/Wastewater Service Address _____
- B. Date Operations were (will be) established at this site _____
- C. Business Name _____
- D. Mailing Address (if different than listed above) _____
City, State, Zip _____
- E. Phone No. _____ Fax No. _____

III. Contact Information

- A. Contact Name _____
- B. Contact Title _____
- C. Phone No. _____ Fax No. _____ Email _____

IV. Business Activity

- A. Check all boxes that correspond with operations at this facility. Give a brief description under "other" for any not listed on this form.
 Auto/Equipment Cleaning, Repair or Servicing Convenience store Hotel/Motel Laundry/Clean-Press
 Lithography/Print shop Medical (other than office) Mortuary/Funeral home Office Pet shop
 Restaurant/Fast Food Retail Industrial/Manufacturing (list details of operations on "other" line)
 Other _____
- B. Are any potential hazardous substances handled at this facility? If yes please explain: _____

V. Water Services

- A. What is water source for facility? Check all boxes that apply.
 City Water On-Site Well Water Other (please explain) _____
- B. Does this facility have any backflow prevention assemblies? Yes No Unknown
- C. Does (or will) this facility have a fire sprinkler system? Yes No
- D. Does (or will) this facility have a lawn irrigation system? Yes No
- E. Does (or will) this facility have a carbonated beverage dispenser (fountain drink machine)? Yes No

VI. Wastewater Services

- A. Where will wastewater be discharged? Check all boxes that apply.
 City Sewer Septic System Other (please explain) _____
- B. Does (or will) this facility discharge any wastewater OTHER than domestic wastewater (wastewater from restrooms) to the sewer system? Yes No If Yes, please explain _____
- C. Will any liquid waste or sludges NOT be disposed of in the sewer system? Yes No
- D. Will any wastewater that is discharged from this facility be treated by the below listed treatment types? Check all boxes that apply. Grease Trap/Interceptor Sand Trap Other _____

VII. Signature

I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe submitted information is true, accurate and complete.

(Signature of Respondent)

(Title of Respondent)

(Printed Name of Respondent)

(Date)