



Application #: _____
 Date Issued: _____

UR Date: _____
 AP Date: _____ NR
 Conditions: _____
 Signature: _____

City of McAllen Pretreatment Department Questionnaire

1. Business information

I. Location (Name of Business and Address)

II. Contact information (Name, Phone #, Email Address)

III. Hours of Operations – Hours per day and days per week:

2. (A to U) Restaurants/Food Service Establishments (quantity of each)

_____ Seating Capacity

- | | | | |
|---------------------------|---------------------|---------------------------|-------------------------|
| A. ___ 3 compartment Sink | F. ___ Floor Drains | K. ___ Prep/Steam Table | P. ___ Fridges/Freezers |
| B. ___ Hand Wash | G. ___ Ovens | L. ___ Dough Mixer | Q. ___ Crock Pots |
| C. ___ 2 Compartment Sink | H. ___ Stoves | M. ___ Blenders | R. ___ Microwave |
| D. ___ Mop Sink | I. ___ Grills | N. ___ Soda Dispenser | S. ___ Ice Makers |
| E. ___ Dish Washer | J. ___ Fryer | O. ___ Soft serve Machine | T. ___ Garbage Disposal |

U. Type of food to be served: (Please Provide Menu) _____
 Will this business be serving food on disposal plates and/or cups: Yes _____ No _____

3. (V and W Laundromats, dry cleaners or establishments with washer(s) and/ or dryer(s) (quantity of each)

V. ___ Washer(s) W. ___ Dryer(s) NOTE: Provide washer(s) gallon/cycle and cycle/hour.

4. (X) Automatic Car washers, Detail shops utilizing hand wash practices.

X. ___ Wash bay areas

NOTE: If location already has an existing pretreatment device, (to include mud traps for carwashes) provide information under comments area such as (pretreatment device location, size, manufacture, date installed etc.)

5. Other types of business not mentioned above please provide a brief description of process operation under comments (please print).

If you have any questions, or need assistance with pretreatment questionnaire, please contact the Wastewater Pretreatment Department at (956) 681-1760.

COMMENTS: _____

