INDUSTRIAL WASTE SURVEY SHORT FORM

Name of Business: ____________________________________________________________

Address: __________________________________________________________________

City/State/Zip Code: __________________________________________________________

Telephone: ___________________ Fax: _______________________

Email: ________________________________________________ __________________

Number of Employees: __________

What Standard Industrial Classification (SIC) Code(s) do you report under?

____ __ __ __ , __ __ __ __ , __ __ __ __ , __ __ __ __.

Are you considered Categorical by the Code of Federal Regulations (40 CFR)?________________

Briefly describe your business. Include raw materials used, process additives, products manufactured
or services performed: __________________________________________________________________

Please describe all wastes (domestic, process, process clean-up, etc.) that are discharged into the
Sanitary Sewer:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Are biocides added to any of the water discharged into the Sanitary Sewer? _________________

Please describe any wastes (liquid and solid) that are hauled from your facility:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Is there any pretreatment of discharge water before it leaves your facility? If so, please describe by what means.

__________________________________________________________________________________

____________________________________________
______________________________________
__________________________________________________________________________________

Please list all water uses & **approximate** volume used in gallons per day for each use, including facility washdown water.

<table>
<thead>
<tr>
<th>Water Use</th>
<th>Volume Used (gals per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process:</td>
<td></td>
</tr>
<tr>
<td>Non-Contact Cooling Water</td>
<td></td>
</tr>
<tr>
<td>Facility Washdown</td>
<td></td>
</tr>
<tr>
<td>Domestic(bathrooms, cafeteria)</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>

The City of Salisbury’s Code of Ordinances requires that an Authorized Representative of the User sign all reports to Salisbury-Rowan Utilities. Authorized Representative is defined as a Person responsible for Principal Business decisions or other policy decisions for the facility.

To the best of my knowledge the information on this form is true and accurate,

Signature_____________________________ Date________________

Title ______________________

Return the completed form by ________________ to:

*Salisbury-Rowan Utilities*  
*Pretreatment Program Coordinator*  
*1915 Grubb Ferry Rd.*  
*Salisbury, NC 28144*

Please note: Failure to return this form may result in enforcement action in accordance with the City of Salisbury’s Code of Ordinances.