



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.

Water Use	Volume Used (gals per day)
Process:	
Non-Contact Cooling Water	
Facility Washdown	
Domestic(bathrooms, cafeteria)	
Total:	

<p>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.</p> <p>To the best of my knowledge the information on this form is true and accurate,</p> <p>Signature _____ Date _____</p> <p>Title _____</p>
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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.