



101 1st Street E, P.O. Box 549 Conover, N.C. 28613 (828) 464-1191

CITY OF CONOVER
INDUSTRIAL WASTE SURVEY SHORT FORM

This form has been sent to your business to determine types and sources of wastewater that are entering the City of Conover Wastewater Treatment Plant. This form must be completed in accordance with Federal Regulation code 40 CFR 403.8 (f)(2), North Carolina State Rule 15A NCAC 2H.0906, and Chapter 22, Division III, Section 22-71 of our Sewer Use Ordinance, which can be found on www.cityofconovernc.gov. If you have any questions or concerns while completing this form, please contact Eric Williams, Assistant Public Utilities Director at (828)-464-4808 or Andrew Evans, Pretreatment Coordinator at (828)-465-2279.

Name of Business: _____
 Person completing form: _____
 Address: _____
 City/State/Zip Code: _____
 Mailing address (if different): _____
 Telephone: _____
 Number of employees: _____
 Website address: _____

Briefly describe your business (include products manufactured or services performed): _____

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

Do you operate any of the following process or activities at your facility? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Oil & Gas Refining/Extraction service |
| <input type="checkbox"/> Organic Chemical, Plastic, Fiber or resin manufacturing | <input type="checkbox"/> Paint/Ink formulation |
| <input type="checkbox"/> Commercial/Industry Laundry | <input type="checkbox"/> Painting/Finishing |
| <input type="checkbox"/> Dairy Products manufacturing | <input type="checkbox"/> Pharmaceutical manufacturing |
| <input type="checkbox"/> Copper or Aluminum forming | <input type="checkbox"/> Photographic/X-Ray developing |
| <input type="checkbox"/> Electrical Component Assemble or manufacture | <input type="checkbox"/> Plastics manufacturing, molding or forming |
| <input type="checkbox"/> Feed Lot | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Fertilizer manufacturer | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Flammables/Explosives Use | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Glass manufacturing | <input type="checkbox"/> Rubber processing |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Smelting/Metal refining |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Soap/Detergent manufacturing |
| <input type="checkbox"/> Meat, vegetable or food processing (factory not restaurant) | <input type="checkbox"/> Steam Power Generation |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Timber products & processing |
| <input type="checkbox"/> Metal Finishing (electroplating, electroless plating, anodizing, coloring, coating, acid rinse prior to painting, chemical etching, etc) | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Metal Molding and Casting | <input type="checkbox"/> Vehicle Repair Shop/Garage |
| <input type="checkbox"/> Non-Ferrous Metals forming | <input type="checkbox"/> Other (describe) _____ |

Please list all water uses and approximate volume used in gallons per day for each use:

Type	SUPPLY		DISCHARGE	
	City Water	Other	City Sewer	Other
Sanitary				
Process				
Boiler				
Cooling (contact or non-contact) circle one				
Washing				
Irrigation (check if separate meter)				
Product				
Other (describe)				
Total				

Use Utility bill to estimate water usage. For sanitary, use 20 gallons per employee per day.

Our Sewer Use Ordinance requires that an Authorized Representative of the User sign all reports to the Sewer Authority. Authorized Representative is defined in the Sewer Use Ordinance in Chapter 22, Division III, Section 22-72(c) and is a person responsible for principle business decisions or other policy decisions for the facility.

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

Name: _____ **Signature:** _____

Title: _____ **Date:** _____

Return this form within 30 days to: Attn: Eric Williams
 City of Conover
 P.O. Box 549
 Conover, NC 28613

Failure to return this form is enforceable in accordance with the Sewer Use Ordinance.