



Durham County Triangle WWTP Industrial Waste Survey Short Form

This form has been sent to your business to determine types and sources of wastewater that are entering the Durham County Triangle Wastewater Treatment Plant. This form must be completed in accordance with section 26-98 of our Sewer Use Ordinance. Our Sewer Use Ordinance can be examined during normal business hours at the address listed below. If you have any question or concerns while completing the form please contact Stephanie Brixey, Compliance Manager, at (919) 560-9034.

Name of Business _____

Address _____

City/State/Zip Code _____

Number of Employees _____ IWS Contact Name: _____

Telephone: _____ Email: _____

The business above is the (check one): Owner Tenant

If tenant, please provide contact information for landlord, and provide a copy of this form to your landlord.

Name of Landlord: _____

Contact Person: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

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

_____, _____, _____, _____.

What North American Industry Classification System number(s) do you report under?

_____, _____, _____, _____.

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

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

<input type="checkbox"/> Animal management	<input type="checkbox"/> Metals fabrication or cleaning
<input type="checkbox"/> Bio-processing	<input type="checkbox"/> Non-residential Waste management activities
<input type="checkbox"/> Cafeteria/Food Service/Restaurant	<input type="checkbox"/> Paint shop
<input type="checkbox"/> Commercial/Industrial greenhouses	<input type="checkbox"/> Parts cleaning
<input type="checkbox"/> Cooling Towers/Boilers	<input type="checkbox"/> Pharmaceutical manufacturing
<input type="checkbox"/> Dry Cleaning	<input type="checkbox"/> Photo or X-ray Processing
<input type="checkbox"/> Electronics processing (recycling, cleaning)	<input type="checkbox"/> Plastics molding or formulating
<input type="checkbox"/> Fermentation/Distillation	<input type="checkbox"/> Printing

<input type="checkbox"/> Floor drains other than restroom or janitorial <input type="checkbox"/> Glassware washing <input type="checkbox"/> Heating/Closed cooling loop water discharges or blowdown <input type="checkbox"/> HVAC Chillers <input type="checkbox"/> Laboratory (with sinks or floor drains) <input type="checkbox"/> Laundry/Cleaning Services <input type="checkbox"/> Machine Shop <input type="checkbox"/> Medical office/Dental office/Clinical laboratory	<input type="checkbox"/> Production Packaging <input type="checkbox"/> Research and Development <input type="checkbox"/> Tank or line cleaning <input type="checkbox"/> Vehicle maintenance/Auto Repair <input type="checkbox"/> Vehicle washing <input type="checkbox"/> Veterinary Office/Kennel <input type="checkbox"/> Warehousing <input type="checkbox"/> Water purification or treatment operations
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Please list all water uses and **approximate** volume used in gallons per day for each use, including facility washdown water.

Water Use	Volume Used (gallons per day)
Process:	
Facility Washdown	
Domestic(bathrooms, cafeteria)	
Total:	

- Do you use well water? Yes No
- Do you have a groundwater remediation system? Yes No
- Do you have deluge systems on-site? Yes No
- Do you use preserved Enzyme-Linked Immunosorbent Assay (ELISA) kits on-site? Yes No
- Do you have a BSL Laboratory level 1, 2, 3, or 4 on-site? Yes No
- Please certify there is **no** stormwater entering the sanitary sewer system from this site by initialing. _____

<p>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 Section 26-82 and is attached.</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 this form within 30 days to:

Durham County Triangle WWTP
(Wastewater Treatment Plant)
Attn: Compliance Manager
5926 NC Highway 55
Durham, NC 27713

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