



Industrial Waste Survey Short Form 2017
City of Clinton, Norman H. Larkins Water Pollution Control Facility

This form has been sent to your business to determine types and sources of wastewater that are entering, or could potentially enter the City of Clinton Wastewater Treatment Facility. In accordance with Article V, Section 22-137 of our Sewer Use Ordinance this form must be completed by current and potential industrial and commercial users of the City of Clinton Sanitary Sewer System.

Our Sewer Use Ordinance may be viewed on the City website at http://www.cityofclintonnc.com/document_center/index.php#revize_document_center_rz104, or may be obtained by contacting the City's Public Works Dept. at (910) 299-4905. If you have any question or concerns while completing the form please contact Lisa Osthues at (910) 299-4912. If you are not currently a user of the sewer system of the City of Clinton, and do not plan to request use of the system, please indicate this in the comments section of the form.

Name of Business _____

Representative Completing Survey (please print) _____

Business Address _____

City/State/Zip Code _____

Telephone: _____ Fax: _____

Number of Employees _____

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

_____, _____, _____, _____.

Briefly describe your business; include products manufactured or services performed:

Please list all water uses / potential uses and **approximate** volume used in gallons per day for each use, including facility wash-down water:

Water Use / Planned Use	Volume Used (gallons per day)
Process(es)	
Facility Wash-down	
Domestic(bathrooms, cafeteria)	
Other (Please describe)	
Total:	

CONTINUED ON REVERSE

Industrial Waste Survey Short Form 2017 Continued

Briefly describe any existing or planned pretreatment equipment in line with your wastewater discharge (e.g. grease trap, sand filter, oil/water separator):

Do you utilize or plan to utilize commercial waste haulers or hazardous waste haulers such as Safety Kleen? Please list those below:

Comments:

<p>Our Sewer Use Ordinance requires that an Authorized Representative of the User sign all reports to the Sewer Authority. Authorized Representative is defined as a Person responsible for Principle 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>Print Name _____</p> <p>Signature _____ Date _____</p> <p>Title _____</p>

Please return this form within 7 business days to Lisa A. Osthues, Environmental Programs Manager, City of Clinton. The form may be faxed to (910) 590-2387, emailed to lisao@cityofclintonnc.us, or sent via U.S. Mail to Lisa A. Osthues, PO Box 199, Clinton, NC 28329.

Please note: Failure to return this form is enforceable in accordance with the City of Clinton Sewer Use Ordinance.