



Triangle WWTP Industrial Waste Survey Short Form

This form has been sent to your business to determine types and sources of wastewater entering the Durham County Triangle Wastewater Treatment Plant. This form shall be completed in accordance with section 26-98 of the Durham County Sewer Use Ordinance. The Durham County Sewer Use Ordinance can be examined online (<https://www.dconc.gov/government/departments-a-e/engineering-and-environmental-services/utility-division/pretreatment>) or during normal business hours at the address listed below. If you have any question or concerns while completing the form please contact Amy Moore, Compliance Manager, at (919) 560-9035.

Name of Business: _____

Address: _____

City/State/Zip Code: _____

Name of person completing form: _____

Telephone: _____ Email: _____

Number of Employees: _____ 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 Property Owner: _____

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 and the general nature of work performed on-site (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"/> Cooling Towers/Boilers | <input type="checkbox"/> Pharmaceutical manufacturing |
| <input type="checkbox"/> Dry Cleaning | <input type="checkbox"/> Photo or X-ray Processing |

Do you operate any of the following processes or activities at your facility? (CHECK ALL THAT APPLY), continued

| | |
|---|---|
| <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"/> Production Packaging |
| <input type="checkbox"/> Glassware washing | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Heating/Closed cooling loop water discharges or blowdown | <input type="checkbox"/> Tank or line cleaning |
| <input type="checkbox"/> HVAC Chillers | <input type="checkbox"/> Vehicle maintenance/Auto Repair |
| <input type="checkbox"/> Laboratory (with sinks or floor drains) | <input type="checkbox"/> Vehicle washing |
| <input type="checkbox"/> Laundry/Cleaning Services | <input type="checkbox"/> Veterinary Office/Kennel |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Medical office/Dental office/Clinical laboratory | <input type="checkbox"/> Water purification or treatment operations |

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 (please describe): | |
| | |
| | |
| Facility Washdown (please describe): | |
| 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>Durham County Sewer Use Ordinance requires an Authorized Representative of the User sign all reports to the Sewer Authority. Authorized Representative is defined in Section 26-82 of the Durham County Sewer Use Ordinance.</p> <p><i>To the Best of my knowledge the information on this form is true and accurate,</i></p> <p>Name of Authorized Representative (please print): _____</p> <p>Signature: _____</p> <p>Title: _____ Date _____</p> | |
|--|--|

Return this form within thirty (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 Durham County Sewer Use Ordinance.