



# WASTEWATER SURVEY

## Short Form

P.O. Drawer 357  
 201 South Main Street  
 Graham, NC 27253  
 (336) 570-6700  
 Fax (336) 570-6703  
 www.cityofgraham.com

This form is used to determine types and sources of wastewater that your business is or will be discharging into the Graham Wastewater Treatment Plant. This form must be completed in accordance with Section 13-233(a) of the City of Graham Sewer Ordinance. The Sewer Use Ordinance is available at [www.cityofgraham.com/departments/utilities](http://www.cityofgraham.com/departments/utilities) or at City Hall. If you have any questions or concerns when completing this form, please contact Shelby Smith at 336-570-6721.

### Business

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Number of days per week in operation: \_\_\_\_\_

Describe your business, including products manufactured or services performed:

### Authorized Representative

Our Sewer Use Ordinance requires that an Authorized Representative of the Business 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.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

FOR OFFICE USE ONLY	
Total water usage per month:	
Site Visit?    No    Yes	Date: Insp. Initials:
Long Form required?    No    Yes	
Remarks:	