



CITY OF GRAHAM WASTEWATER SURVEY SHORT FORM

P.O.DRAWER 357
201 S. MAIN STREET
GRAHAM, NC 27253

This form is for all businesses to determine types and sources of wastewater that are entering the City of Graham's sewer system. This form must be completed in accordance with Section 13-233(a) of the City of Graham Sewer Use Ordinance. The Sewer Use Ordinance is available at [www.cityofgraham.com/department/water & sewer/wastewater pretreatment](http://www.cityofgraham.com/department/water%20&%20sewer/wastewater%20pretreatment) or at City Hall. If you have any questions or concerns when completing this form, please contact Shelby Smith at 336-570-6721 or ssmith@cityofgraham.com.

Name of Business: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

Number of Employees: _____ Number of days per week in operation: _____

What Standard Industrial Classification (SIC) Code(s) or North American Industry Classification System (NAICS) Code(s) do you report under, list all: _____

1. Type of business (please check ALL that apply):

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Sales	<input type="checkbox"/> Service
<input type="checkbox"/> Distribution	<input type="checkbox"/> Other, list	

2. Briefly describe your business activity (major products manufactured, services provided, etc.):

3. Please check ALL activities occurring at the above facility address:

<input type="checkbox"/> Dental care	<input type="checkbox"/> Medical care	<input type="checkbox"/> Plastics processing
<input type="checkbox"/> Electrical component assembly or manufacturing	<input type="checkbox"/> Metal finishing (electroless plating, anodizing, coating, etching, etc.)	<input type="checkbox"/> Porcelain enameling
<input type="checkbox"/> Electroplating/galvanizing	<input type="checkbox"/> Metal molding and casting	<input type="checkbox"/> Printed circuit board mfg.
<input type="checkbox"/> Flammables, explosives use	<input type="checkbox"/> Metal products manufacturing	<input type="checkbox"/> Printing and publishing
<input type="checkbox"/> Food or beverage processing	<input type="checkbox"/> Paint or ink formulation	<input type="checkbox"/> Steam/power generation
<input type="checkbox"/> Funeral home, morgue	<input type="checkbox"/> Painting, finishing	<input type="checkbox"/> Vehicle repair shop, garage
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Photographic processing	<input type="checkbox"/> Vehicle/equipment wash
<input type="checkbox"/> Laundry, dry cleaning	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

4. Does this facility have the potential to place and/or remove dental amalgam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Form Continued on Back. Please Complete Entire Form.

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

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

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.

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

Signature _____ Date _____

Print: _____ Title _____

Contact Telephone Number or Email: _____

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

FOR OFFICE USE ONLY			
TOTAL WATER USAGE PER MONTH:			
Site Visit:	No	Yes	Date: Insp. Initials:
Long Form Required:	No	Yes	
Remarks:			