



## Industrial Waste Survey Short Form

This form has been sent to your business to determine types and sources of wastewater that are entering the South Granville Water and Sewer Authority (SGWASA) Wastewater Treatment Plant. This form must be completed in accordance with section 5.10 of our Sewer Use Ordinance (NC Model Section 5.7). Our Sewer Use Ordinance can be examined during normal business hours at the address listed below or online at [www.sgwasa.org](http://www.sgwasa.org). If you have any question or concerns while completing the form, please contact Shanell Thomas at (919) 575-3111.

Name of 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 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) |                               |
| <b>Total:</b>                  |                               |

Our Sewer Use Ordinance requires that an Authorized Representative of the User sign all reports to SGWASA. 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,

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Return this form within 30 days to:**      **Shanell Thomas, Wastewater Compliance Supervisor**  
**South Granville Water and Sewer Authority**  
**Email: [sthomas@sgwasa.org](mailto:sthomas@sgwasa.org)**  
**415 Central Avenue, Suite B**  
**Butner, NC 27509**

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