

**City of Eden  
Industrial Waste Survey Short Form**

This form has been sent to your business to determine types and sources of wastewater that are entering one of the City of Eden Wastewater Treatment Plants. This form must be completed in accordance with **Chapter 16: Article III, Section 16-162** of our Sewer Use Ordinance. Our Sewer Use Ordinance can be examined during normal business hours at the address listed below.

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 washdown water.

Water Use	Volume Used (gallons per day)
Process:	
Facility Washdown	
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: \_\_\_\_\_

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

**Return this form within 30 days to:**

Pretreatment Supervisor  
PO Box 70  
Eden, NC 27289-0070

Failure to return this form is enforceable in accordance with the City of Eden's Sewer Use Ordinance.