

Metropolitan Sewerage District of Buncombe, N.C.

Industrial Waste Survey

Name of Business:	
Contact Name:	
Phone/Email:	
Address:	
City/ST/Zip:	
Number of Employees:	
ID# On Cover Letter:	
What Standard Industrial (Classification (SIC) code(s) do you report under?
What North American Ind	ustry Classification System (NAICS) number(s) do you report under?
Briefly describe your busin	ess. Include products manufactured or services performed.

Do you operate any of the following processes or activities at your facility? (Check all that apply.)

□ Alcohol Production	Metal Finishing
Aluminum Forming	Metal Molding & Casting
Asphalt Manufacturing	□ Mineral & Ore Processing
Battery Manufacturing	□ Nonferrous Metal, Form, & Powders
Beverage Bottling	Nonferrous Metals Manufacturing

□ Canning Foods

- □ Carbon Black Manufacturing
- □ Cement Manufacturing
- □ Coil Coating
- □ Copper Forming
- □ Dairy Products Processing
- □ Electronic Components Manufacturing
- □ Electroplating
- □ Explosives Manufacturing
- \Box Feedlots
- □ Ferro Alloy Manufacturing
- □ Fertilizer Manufacturing
- □ Foundries: Metal Mold & Casting
- □ Glass Manufacturing
- □ Grain Mills
- □ Gum & Wood Chemicals Manufacturing
- □ Ink Formulating
- □ Inorganic Chemical Manufacturing
- □ Laundry
- □ Leather Tanning & Finishing
- □ Meat Processing
- □ Medical Care Operations

- □ OCPSF, Organic Chemicals, Plastics, & Synthetic Fiber Manufacturing □ Oil & Gas Extraction □ Paint Formulating □ Roofing Materials Manufacturing □ Pesticide Manufacturing □ Petroleum Refining □ Pharmaceutical Manufacturing □ Phosphate Manufacturing □ Photographic Developing □ Plastic Injection Molding & Forming □ Porcelain Enameling □ Printing & Publishing □ Rendering □ Rubber Manufacturing □ Soap & Detergent Manufacturing □ Textile Mills □ Timber Products Processing □ Service
 - Other

Please list all water uses and approximate volume used in gallons per day for each use; including facility washdown water.

	Volume Used (gallons/day)	Check If Metered
Water Use		
Process(es)-(Specify):		
Facility Washdown		
Domestic (restrooms, cafeterias, etc.)		
Totals:		

Do you use well water?	🗆 Yes 🗆 No
Do you have a groundwater remediation system?	🗆 Yes 🗆 No
Is rainwater collection and used at your facility?	🗆 Yes 🗆 No
Do you have deluge system on site?	🗆 Yes 🗆 No

Please certify there is no stormwater entering the sanitary sewer system at this site by initializing._____

Our Sewer Use Ordinance (SUO) requires that an Authorized Representative of t reports to the Sewer Authority. Authorized Representative is defined in the SUC The SUO can be found at: <u>http://www.msdbc.org/documents/policies/SewerUse</u>) Section 1.03.04.	
To the best of my knowledge, the information on this form is true and accurate.		
Printed Name & Title:		
Signature:	_Date:	

Return this completed form no later than May 10, 2019 to the following address:

MSD - IW Pretreatment Attn: Shannon Bergeron 2028 Riverside Dr. Asheville, NC 28804

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