

INDUSTRIAL WASTE SURVEY



1015 Airport Dr.
Wadsworth, OH 44281
330-336-2894

Company name:	
Address:	
Mailing Address:	
City/State/Zip:	
Phone:	
Contact Person:	
email:	

What Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) code(s) do you report under?

_____ ; _____ ; _____ ; _____

Number of employees: _____

Shift times: _____

Briefly describe your business. Include products manufactured or services performed (add additional pages if needed).

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

	WATER USE	Volume used (gallons per day)
Process:		
Facility Washdown:		
Domestic (bathrooms, cafeteria):		
Total		

The City of Wadsworth's Sewer Rules & Regulations require that an Authorized Representative of the User sign all reports. Authorized Representative is defined in Chapter 5 of the Sewer Rules & Regulations.

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

Signature: _____

Date: _____

Print name: _____

Failure to return this form is enforceable in accordance with the Sewer Rules & Regulations.