



Industrial Wastewater Survey

This form is to be completed by a manager who oversees operations to determine if an industrial discharge permit will be required for the facility. Failure to return the survey by the deadline may result in termination of water and sewer service, denial of application, and/or other penalties in accordance with the TRI Water and Sewer Rules, Regulations and Rates

Facility Name: _____

Facility Address: _____

Mailing Address: _____

APN: _____

Industrial Site Contact Information:

Primary Site Contact Name: _____

Primary Site Contact Phone Number: _____

Primary Site Contact Email: _____

Indicate all major activities that are performed at this location:

- | | |
|--|--|
| <input type="checkbox"/> Electroplating/ Metal Finishing | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Printed Circuit Board Mfg. | <input type="checkbox"/> Research Laboratory |
| <input type="checkbox"/> Food/Beverage Processing | <input type="checkbox"/> Machine Shop |
| <input type="checkbox"/> Wholesale/Retail | <input type="checkbox"/> Photo processing |
| <input type="checkbox"/> Pharmaceutical Mfg. | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Landfill | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Industrial Laundry | <input type="checkbox"/> Other: |

Description of Industrial Process (provide attachment, if necessary):

Complete Wastewater Characterization Worksheet (attached). Sections highlighted in blue shall not exceed TRIGID Daily Max Limits

Test Parameter	Unit	GID Daily Max. Limit	Anticipated Level
Total wastewater flow rate	gpd	na	
Peak wastewater flow rate	gpm	na	
5-day biochemical oxygen demand (BOD)	mg/l	240	
Total Suspended solids (TSS)	mg/l	240	
Total Kjeldahl Nitrogen (TKN)	mg/l	40	
pH	pH units	6.5-9.5	
Alkalinity, Total	mg/l	430	
Aluminum	mg/l	0.2	
Antimony	mg/l	0.006	
Arsenic	mg/l	0.01	
Barium	mg/l	2	
Beryllium	mg/l	0.004	
Boron	mg/l	1.00	
Cadmium	mg/l	0.005	
Chloride	mg/l	110	
Chromium	mg/l	0.05	
Chemical Oxygen Demand, COD	mg/l	720	
Copper	mg/l	0.05	
Cyanide	mg/l	0.2	
Fluoride	mg/l	4.0	
Iron	mg/l	0.6	
Lead	mg/l	0.15	
Magnesium	mg/l	150	
Manganese	mg/l	0.1	
Mercury	mg/l	0.002	
Nickel	mg/l	0.1	
Phenol	mg/l	0.005	
Phosphorus	mg/l	8	
Selenium	mg/l	0.04	
Silica, as SiO ₂	mg/l	80	
Silver	mg/l	0.05	
Sulfate	mg/l	240	
Thallium	mg/l	0.002	
Total Chlorinated Hydrocarbons, TCH	mg/l	0.005	
Total Dissolved Solids, TDS	mg/l	500	
Zinc	mg/l	1	

Operations Information:

Number of workdays per week: _____

Number of employees: _____

Process discharges are:

- Batch
- Continuous
- Both
- ___%Batch
- ___% Continuous

Water Usage and Discharge Information:

TRI-GID Account Number(s): _____

If you do not have a sanitary sewer connection, have you applied for one?

- Yes
- No

If water and/or sewer is provided through a landlord, indicate the following information:

Landlord Name: _____

Address: _____

Phone Number: _____

Examine applicable sources of water usage/wastewater generation. Indicate the volume in units of gallons per day and check (✓) if estimated or measured values.

	GPD	Estimated	Measured
Process flow			
Washdown (equipment/facility)			
Contact cooling water			
Non-contact cooling water			
Boiler blowdown			
Air pollution control device			
Sanitary			
Other:			
Other			
Total (all the above)			

Water Usage and Discharge Information:

Provide average volume of water discharged or losses to the following sources. Indicate the volume in units of gallons per day and check (✓) if estimated or measured values.

	GPD	Estimated	Measured
Sanitary sewer			
Storm drain			
Ground			
Landfill			
Septic tank			
Evaporation			
Consumed in product/process			
Waste hauler			
Other:			

List all water-related processes. Indicate the chemical content, process discharge rate, and method of disposal. Attach additional documentation if necessary.

Process	Chemical Content	Discharge Rate (GPM, GPD, MGD)	Method of Disposal

Herbicides and Fungicides:

List any herbicides and/or fungicides that are introduced during your process. Include any Safety Data Sheets if applicable.

Chemical Content	Estimated Volume

Pretreatment:

List all pretreatment systems and the process waste streams treated by each system. Attach additional documentation if necessary.

Pretreatment System	Process Waste stream

Certification:

Certified by:

Name (print): _____

Title: _____

Signature: _____

Date: _____

Prepared by:

Name(print): _____

Title: _____

Signature: _____

Date: _____

Mail completed surveys to:

TRI General Improvement District
440 USA Parkway, Suite 105
McCarran, NV, 89437

Or email to:

swhalen@tri-gid.org