



# Environmental / Wastewater Survey for Nonresidential Establishments

Class I     Class II     Grease     Permit Not Required     Other  
 Return to: City of North Las Vegas, Utilities Operations Division, 2829 Fort Sumter Dr., North Las Vegas NV 89036  
 telephone (702) 633-1374, fax (702) 399-7035

1. A/P NUMBER \_\_\_\_\_ Company Name: \_\_\_\_\_  
 North Las Vegas Address & Zip: \_\_\_\_\_ Phone  
 Numbers: \_\_\_\_\_

2. Current Mailing Address: \_\_\_\_\_  
 Current Phone Numbers: \_\_\_\_\_

3. Authorized Representatives of this Company:	Title:	Phone Numbers:

4. Does this Company have an existing North Las Vegas Industrial Wastewater Contribution Permit?

No     Yes; permit number \_\_\_\_\_

5. Does this Company discharge any wastewater other than from restrooms to the North Las Vegas wastewater collection system?     No     Yes; type of discharge: \_\_\_\_\_

6. Is any form of wastewater treatment used at this Company?     No     Yes; describe in detail (e.g., silver recovery [type], perc separator [type], sand/oil interceptor, grease interceptor, etc.): \_\_\_\_\_

7. List <u>estimated</u> daily water consumption on premises.	GALLONS PER DAY
Sanitary use (restrooms, sinks, showers, etc.)	
Process (includes any water used for non-domestic purposes, including	
Facility or equipment washdown	
Boiler feed	
Contact cooling water	
Non-contact cooling water	
Contained in product	
Irrigation or lawn watering	
Other	
<b>TOTAL DAILY CONSUMPTION:</b>	

8. Place a check beside any condition that applies to this Company. Check all that apply.

<b>MACHINE SHOP</b> <input type="checkbox"/> Use cutting oil <input type="checkbox"/> Use self-contained coolant <input type="checkbox"/> Use cooling water <input type="checkbox"/> Sand & oil interceptor <input type="checkbox"/> On-site parts degreaser <input type="checkbox"/> Metal filing disposal <input type="checkbox"/> Store waste oils/solvents _____	<b>PHOTO PROCESSING</b> <input type="checkbox"/> Develop/process proofs <input type="checkbox"/> Develop/process film or prints <input type="checkbox"/> Develop/process microfilm <input type="checkbox"/> Self-contained mini-lab <input type="checkbox"/> Custom lab <input type="checkbox"/> Silver recovery _____	<b>GROCERY / MARKET</b> <input type="checkbox"/> On-site butcher/seafood shop <input type="checkbox"/> On-site bakery <input type="checkbox"/> Produce washing <input type="checkbox"/> Food preparation <input type="checkbox"/> Grease interceptor <input type="checkbox"/> On-site photo processing _____	<b>PEST CONTROL</b> <input type="checkbox"/> Store pesticide <input type="checkbox"/> Chemical preparation _____  <b>CAR WASH</b> <input type="checkbox"/> Self-service <input type="checkbox"/> Full-service <input type="checkbox"/> Sand & oil interceptor _____
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- - - - COMPLETE BOTH SIDES - - - -

<b>VEHICLE REPAIR SERVICE</b> <input type="checkbox"/> Store waste oils, antifreeze or solvents <input type="checkbox"/> Sand & oil interceptor <input type="checkbox"/> Conduct oil changes <input type="checkbox"/> Auto body shop <input type="checkbox"/> Repair or flush radiators <input type="checkbox"/> Change transmission fluid <input type="checkbox"/> Change brake fluid <input type="checkbox"/> Internal engine repair <input type="checkbox"/> Steam clean engines <input type="checkbox"/> On-site parts degreaser <input type="checkbox"/> Vehicle wash <input type="checkbox"/> Battery containment <hr/> <b>WATER TREATMENT</b> <input type="checkbox"/> On-site water treatment <input type="checkbox"/> On-site regeneration of water softening equipment	<b>PRINTER / NEWSPAPER</b> <input type="checkbox"/> Conduct offset printing <input type="checkbox"/> Conduct silk-screening <input type="checkbox"/> Generate photog. waste <input type="checkbox"/> Conduct solvent/ink recycling <input type="checkbox"/> Storage of chemicals <hr/> <b>MORTUARY</b> <input type="checkbox"/> Embalm <input type="checkbox"/> Cremate <input type="checkbox"/> Perform autopsies <hr/> <b>MEDICAL / DENTAL</b> <input type="checkbox"/> On-site X-ray processing <input type="checkbox"/> On-site lab <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Storage of chemicals	<b>LAUNDRY / DRY CLEANER</b> <input type="checkbox"/> Self-service laundromat <input type="checkbox"/> Full-service laundromat <input type="checkbox"/> Sand & oil interceptor <input type="checkbox"/> On-site dry cleaning <input type="checkbox"/> Steam pressing <input type="checkbox"/> Cooling tower <input type="checkbox"/> Boiler blowdown <input type="checkbox"/> Lint interceptor <input type="checkbox"/> Secondary containment of dry cleaning solvents <hr/> <b>RESTAURANT</b> <input type="checkbox"/> Grease Interceptor <input type="checkbox"/> On-site cooking <input type="checkbox"/> Enclosed bulk commodities (fry oil)	<b>HOTEL / CASINO</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Grease Interceptor <input type="checkbox"/> On-site laundry <input type="checkbox"/> Lint interceptor <input type="checkbox"/> On-site photo processing <input type="checkbox"/> On-site parts degreaser <input type="checkbox"/> Engineering maintenance shop <input type="checkbox"/> Cooling tower <input type="checkbox"/> Boiler blowdown <input type="checkbox"/> Swimming pool / spa <hr/> <b>OTHER</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> NONE
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9. Does this Company conduct any manufacturing or production activities?  No  Yes; describe activities: \_\_\_\_\_

10. Does this Company have any chemicals totaling more than five (5) gallons on site?  No  Yes; list all chemicals stored on site (attach separate sheet if necessary) \_\_\_\_\_

11. Does this Company conduct any production activities or utilize any chemicals which could accidentally discharge to any of the following? (check all that apply)  
 an on-site disposal system  
 to ground (soil)  
 wastewater collection system (e.g. floor drain, trench train, and/or interceptor)  
 stormwater collection system (including storm drain, curb and gutter)  
 not applicable, no possible discharge to any of the above routes  
 other (specify): \_\_\_\_\_

12. Does this Company have a spill containment system for chemicals?  No  Yes

13. List all liquids, sludges and solids generated by this Company and how they are disposed of:

Type of Waste	Estimated Quantity / Month	Disposal Method			
14.	Disposal company used	Address	Phone	Type of Waste	Final Disposal Location

*Should any Wastewater Contribution Permit be required for your facility, the information provided in this survey will be used to issue any permit(s). After completion of this form a responsible corporate officer should review the information provided and sign that all information is correct*

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Officer (Seal if applicable) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_