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|---|---|
| <b>City of Las Vegas Environmental Division</b>   | <b>*OFFICIAL USE ONLY*</b>                                  |
| WASTEWATER PROFILE FOR NONRESIDENTIAL ESTABLISHMENTS<br>APPLICATION FOR CLASS II WASTEWATER CONTRIBUTION PERMIT | Date: _____<br>Permit #: _____                              |
|   | <input type="checkbox"/> PNR<br><input type="checkbox"/> PI |

1. Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number (include area code): \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Person and alternate person authorized to represent this company:  
 Name: Mr./Ms. \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: Mr./Ms. \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Does this company have an existing Wastewater Contribution Permit:  Yes  No  
 If yes, permit number: \_\_\_\_\_

5. Does this company have an existing City of Las Vegas business license?  Yes  No  
 If yes, license number(s): \_\_\_\_\_

6. Describe the type of work this company does: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Does this company discharge anything into the sewer that is not restroom related?  Yes  No  
 If yes, please describe the discharge: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. If question 7 was answered "yes", is any form of treatment used to remove pollutants?  Yes  No  
 If yes, please describe the treatment device (e.g. silver recovery, sand/oil interceptor, grease trap, perc separator, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Does this company have any liquids or chemicals on-site?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. If question 9 was answered "yes", where would an accidental spill go? (check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> City sewer system (e.g. floor drain)      | <input type="checkbox"/> Floor or ground  |
| <input type="checkbox"/> Parking lot, street gutter or storm drain | <input type="checkbox"/> Other, specify: _____  |
| <input type="checkbox"/> An on-site disposal system                | <input type="checkbox"/> Not applicable, no possible discharge to any of the above routes |

11. Does this company conduct any manufacturing or production activities?  Yes  No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Does this company generate any waste liquids or sludges?  Yes  No

If yes, please describe below:

| Type of Waste | Estimated Quantity (per month) | Disposal Method | Waste Hauler & Address (if applicable) |
|---------------|--------------------------------|-----------------|--|
|               |                                |                 |  |
|               |                                |                 |  |
|               |                                |                 |  |
|               |                                |                 |  |

13. Estimated daily water use:  None  Less than 10,000 gallons  More than 10,000 gallons

14. Place a check beside any item that applies to this company (check all that apply). If none, check here  None

| AUTOMOTIVE  | GROCERY / MARKET   | HOTEL / CASINO                                    | MACHINE SHOP   |                                      |
|---|--|---|--|--------------------------------------|
| <input type="checkbox"/> Store waste oils, antifreeze or solvents | <input type="checkbox"/> On-site butcher shop            | <input type="checkbox"/> Greater than 300 rooms   | <input type="checkbox"/> Use cutting oil                                   |                                      |
| <input type="checkbox"/> Sand & oil interceptor                   | <input type="checkbox"/> On-site bakery                  | <input type="checkbox"/> Restaurant               | <input type="checkbox"/> Use self-contained coolant                        |                                      |
| <input type="checkbox"/> Conduct oil changes                      | <input type="checkbox"/> Produce washing                 | <input type="checkbox"/> Grease trap              | <input type="checkbox"/> Use cooling water                                 |                                      |
| <input type="checkbox"/> Repair of flush radiators                | <input type="checkbox"/> Food preparation                | <input type="checkbox"/> On-site laundry          | <input type="checkbox"/> Sand & oil interceptor                            |                                      |
| <input type="checkbox"/> Change transmission fluid                | <input type="checkbox"/> Grease trap                     | <input type="checkbox"/> On-site photo processing | <input type="checkbox"/> On-site parts degreaser                           |                                      |
| <input type="checkbox"/> Change brake fluid                       | <input type="checkbox"/> On-site photo processing        | <input type="checkbox"/> On-site print shop       | <b>PHOTO PROCESSING</b>  |                                      |
| <input type="checkbox"/> Internal engine repair                   | <b>PRINTER / NEWSPAPER</b>                               | <input type="checkbox"/> On-site parts degreaser  |  |                                      |
| <input type="checkbox"/> Steam clean engines                      |  | <input type="checkbox"/> On-site car washing      | <input type="checkbox"/> Develop / process proofs                          |                                      |
| <input type="checkbox"/> On-site parts degreaser                  | <input type="checkbox"/> Conduct offset printing         | <input type="checkbox"/> Engineering shop         | <input type="checkbox"/> Develop / process film/prints                     |                                      |
| <input type="checkbox"/> Paint vehicles                           | <input type="checkbox"/> Conduct silk-screening          | <input type="checkbox"/> Cooling tower            | <input type="checkbox"/> Develop / process microfilm                       |                                      |
| <input type="checkbox"/> Wash vehicles                            | <input type="checkbox"/> Generate photographic waste     | <input type="checkbox"/> Boiler blowdown          | <input type="checkbox"/> Self-contained mini-lab                           |                                      |
| <b>CAR WASH</b>   | <input type="checkbox"/> Develop paper or metal plates   | <input type="checkbox"/> Swimming pool            | <input type="checkbox"/> Custom lab  |                                      |
|   | <input type="checkbox"/> Conduct solvent / ink recycling | <b>MEDICAL / DENTAL</b>                           | <b>RESTAURANT/CAFETERIA</b>  |                                      |
| <input type="checkbox"/> Self-service                             | <input type="checkbox"/> On-site x-ray processing        |   |  | <input type="checkbox"/> Grease trap |
| <input type="checkbox"/> Full-service                             | <input type="checkbox"/> Self-service laundromat         | <input type="checkbox"/> On-site lab              | <input type="checkbox"/> On-site cooking                                   |                                      |
| <input type="checkbox"/> Auto detailing (non-mobile)              | <input type="checkbox"/> Full-service laundromat         | <input type="checkbox"/> Nuclear medicine         | <input type="checkbox"/> Non-disposable table service                      |                                      |
| <input type="checkbox"/> Sand and oil interceptor                 | <input type="checkbox"/> Sand & oil interceptor          | <b>MORTUARY</b>                                   | <b>WATER TREATMENT</b>   |                                      |
| <b>PEST CONTROL</b>   | <input type="checkbox"/> On-site dry cleaning            |   |  | <input type="checkbox"/> Embalm      |
|   | <input type="checkbox"/> Steam processing                |   |  | <input type="checkbox"/> Cremate     |
|   | <input type="checkbox"/> Cooling tower                   | <input type="checkbox"/> Perform autopsies        |  |                                      |
| <input type="checkbox"/> Over the counter sales                   | <input type="checkbox"/> Boiler blowdown                 |   | <input type="checkbox"/> On-site regeneration of water softening equipment |                                      |

ATTACH ADDITIONAL SHEETS IF NECESSARY

*Should a Wastewater Contribution Permit be required for your facility, the information in this profile will be used to issue the permit. This is to be signed by a responsible corporate officer of your firm after adequate completion of this form and review of the information by the signing official.*

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.

**X**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Officer (Seal if applicable)

Return completed form to City of Las Vegas, Industrial Waste Section, 6005 East Valley View Drive, Las Vegas, NV 89142

Phone: (702) 229-6594

Fax: (702) 641-9738

E-mail: iws@LasVegasNevada.gov



## INSTRUCTIONS FOR COMPLETEING THE "WASTEWATER PROFILE FOR NONRESIDENTIAL ESTABLISHMENTS"

The following is step-by-step instructions for completing the Wastewater Profile for Nonresidential Establishments / Application for Class II Wastewater Contribution Permit. Each instruction number corresponds to the question number on the form.

1. Fill in the complete company name, street address, zip code and business telephone numbers.
2. Fill in the complete mailing address, including the city, state and zip code.
3. Fill in the person and alternate person authorized to represent this company in official dealings with the City of Las Vegas. The first name listed will be the one used in official correspondence and in whose name a Wastewater Contribution Permit will be written, if required. If there is only one person authorized to represent this company, simply leave the second line blank. Please list the telephone numbers where the individuals listed can be reached during normal business hours.
4. Answer "yes" or "no" as to whether this company has an existing Wastewater Contribution Permit. If so, list the permit number. Permit numbers are designated as three letters followed by four numbers (e.g. AUT-1234). If this company is brand new, you do not have an existing permit and can answer the question "no". If you are not sure whether this company has one, please call (702) 229-6594 and ask to speak with an Industrial Waste Inspector.
5. Answer "yes" or "no" as to whether this company has an existing City of Las Vegas business license. If so, list the license number. If you are applying for a new business license, list the temporary license number that was given to you by Business Licensing.
6. Give a brief description of the type of work that this company will do. Also list the functions and activities that will be performed at the business location.
7. Answer "yes" or "no" as to whether this company will discharge anything into the sewer that is not restroom related. If "yes", describe the discharge. Restroom related discharges to the sewer include washing hands and discharges from showers, toilets & urinals. Any other discharges to the sewer need to be described.
8. If question 7 was answered "no", leave this question blank. If question 7 was answered "yes", this question must be answered. Answer "yes" or "no" as to whether any form of treatment will be used to remove pollutants from the wastewater described in question 7. If "yes", describe the treatment device. Treatment devices may include silver recovery, sand/oil interceptor, grease trap, perc separator, etc
9. Answer "yes" or "no" as to whether this company will have any liquids or chemicals on-site. If "yes", describe the chemical(s). You do not need to include standard household cleaning chemicals unless they are stored in large quantities. All other liquids or chemicals need to be listed. Feel free to attach Material Safety Data Sheets (MSDS) if it is more convenient.
10. If question 9 was answered "no", leave this question blank. If question 9 was answered "yes", this question must be answered. Check the box that indicates where an accidental spill of the liquid or chemical described in question 9 would go.
11. Answer "yes" or "no" as to whether this company will conduct any manufacturing or production activities. If "yes", give a brief description of what will be manufactured or produced and the process(es) that will be used.

12. Answer "yes" or "no" as to whether this company will generate any waste liquids or sludges. If "yes", list 1) the type of waste (e.g. oil, antifreeze, perc sludge, silver, etc.), 2) estimated quantity that will be generated each month (gallons or pounds), 3) the method of disposal that will be used, and 4) the waste hauler name & address (if applicable).
13. Check the appropriate box that indicates what your company's estimated daily water consumption will be. This includes water that will be used for both restroom and non-restroom purposes. If no water will be used whatsoever, check "none". If your company's water consumption will be between 0 and 10,000 gallons per day, check "less than 10,000 gallons". If your company's water consumption will be greater than 10,000 gallons per day, check "more than 10,000 gallons".
14. Place a check beside any item that applies to this company. Check all that apply. Please check any and all tasks that will be performed by this company, even if they are not the main function of the company. An example would be a company that maintains its own vehicles but does not repair vehicles for the general public.

If any of the questions requires more space than was provided, please attach additional sheets. After completing questions 1-14, please read the statements in the boxes on the bottom of the second page and sign & date on the lines provided. If you have any questions or would like to discuss any of the items in this form further, please contact an Industrial Waste Inspector at the number listed below. Return the completed form to the address listed below or to the Department of Public Works located on the 9th floor of the Development Services Center (DSC).

City of Las Vegas  
Industrial Waste Section  
6005 East Vegas Valley Drive  
Las Vegas, Nevada 89142

Phone: (702) 229-6594  
Fax: (702) 641-9738  
E-mail: [iws@LasVegasNevada.gov](mailto:iws@LasVegasNevada.gov)