



50 ROUTE 20 MILLBURY, MA 01527 P 508.755.1286 ubcleanwater.org

Industrial/Commercial Business Questionnaire

Please attach any additional information for review to this survey. If a section doesn't apply, please mark it "N/A"

A. General Information

1. Name of Business: _____
2. Mailing Address: _____

3. Facility Address: _____

4. Contact: _____ Title: _____
5. Phone #: _____ Fax #: _____ E-mail: _____

B. Product/Service Information

1. Provide a brief description of operations at this facility, and the services and final products provided.

2. Water Use in gallons per day (gpd): Average _____ Maximum _____
3. Number of employees: _____ 5. Number of shifts/hours per shift: _____
4. Hours of operation: _____
5. Days closed, including holidays: _____

6. List applicable North American Industry Classification System (NAICS) Code(s) for all processes (<http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>).

7. Please check all activities that occur at your facility.

- | | | |
|---|---|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Leather Tanning/Finishing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Restaurant/Food Preparation |
| <input type="checkbox"/> Chemical Manufacturing | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Cooling Towers | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Education | <input type="checkbox"/> Office Unit | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Painting, Stripping, Finishing | <input type="checkbox"/> Wood Preserving, Finishing |
| <input type="checkbox"/> Engraving/Coating | <input type="checkbox"/> Photography | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> Flammable/Explosives | <input type="checkbox"/> Plant Wash-down | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Plastics Molding/Forming | _____ |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printing | _____ |
| <input type="checkbox"/> Laundry/Dry Cleaning | <input type="checkbox"/> Photo Processing | _____ |

C. Waste Generation and Disposal Information

1. List the types and amounts of chemicals used in gpd. Indicate the method for disposal for each chemical listing the letter that corresponds to the appropriate method listed below.

- A. Discharge to the City sewer system with no treatment
- B. Discharge to the city sewer system after pretreatment
- C. Placed with domestic trash for collection
- D. On-site storage, treatment, or disposal
- E. Shipment off-site by outside hazardous waste hauler to waste management facility
- F. Other (specify)

Chemical Used	Amount (gpd)	Method of Disposal

Are there any variations to the above listed amounts (daily, monthly, seasonal)? _____

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2. If an outside firm removes hazardous waste, state the name and address of the company and the frequency of services provided.

Name of Waste Hauler	Address	Frequency of Disposal

3. EPA Hazardous Waste Identification Number (if applicable): _____

4. List all environmental permits (if applicable): _____

D. Certification

I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

(Typed or Printed Name)

(Signature)

(Title)

(Date)

SUBMIT THIS FORM TO:

Upper Blackstone Clean Water
50 Route 20
Millbury, MA 01527

ATTN: Pretreatment Department
or pretreatment@ubcleanwater.org