COMPLIANCE REPORT FOR BUSINESSES
To Comply with Upper Blackstone Sewer and Pretreatment Regulations

1. Business Name: ____________________________________________________________

2. Business Address: _________________________________________________________

3. Mailing Address: __________________________________________________________

4. Owner(s) Name: ____________________________________________________________

   Owner’s Phone: ______________________ Owner’s E-mail address: __________________

5. Business Contact Name: _____________________________________________________

   Business Contact Phone: ______________________ Business Contact E-mail address: __________

6. Description of the use of water for processes other than toilets and hand washing:

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. Description of the nature of the business activities performed at premise:

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

“I am a responsible officer or a duly authorized representative and certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of the person or persons 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.”

Authorized Representative (Owner or Contact):

Signature __________________________ Print Name __________________________ Date ____________

Email address __________________________ Phone number __________________________

SUBMIT THIS FORM TO:

Upper Blackstone Clean Water, 50 Route 20, Millbury, MA 01527 or pretreatment@ubcleanwater.org.

Provide proof of this submission to the local authority.

(See additional notes on back of form)
Additional Instructions

Complete the fields on the opposite side of this form. If the business is a tenant in a building, provide the local business address, the business owner contact information [Business Contact], and information on the property owner [Owner].

This form is to be completed by all businesses with the exception of the following list:

- Restaurants
- Dentists (Dentist complete a Dental Compliance Report)
- Businesses that will be or are using water in its facility only for toilets and hand washing sinks
- Businesses not connected to the sewer system (i.e. Businesses on septic systems)

Proof of submission of this form is a required step in the local permitting process.