Department of Public Works – Wastewater Division
70 Letchworth Avenue, North Billerica, Massachusetts 01862
PH: (978) 671-0956 FAX: (978) 671-1305

Frederick Russell, Director
Jeff Kalmes, Superintendent
Connor Morey, Pre-Treatment Coordinator

NON-DOMESTIC SEWER USER QUESTIONNAIRE

INDUSTRIAL PRETREATMENT PROGRAM

Please complete this informational survey and return it within (30) days to the Industrial Pretreatment Technician at the address below. This questionnaire is intended for all commercial and/or industrial users in the Town of Billerica who do not currently have a wastewater discharge permit. The form will allow the Town to assess your type of discharge and determine if a wastewater discharge permit is required. For specific information regarding wastewater discharge permits or types of wastewater discharged to the sanitary sewer system, please contact the Town for a copy of the Town of Billerica Sanitary Sewer Rules and Regulations.

All forms are to be completed in duplicate and returned within thirty (30) days of issuance to:

Town of Billerica
Wastewater Division
70 Letchworth Avenue
North Billerica, MA 01862

All items are to be completed by the applicant. If an item is not applicable, indicate with N/A, unless otherwise specified. Please contact Connor Morey at (978) 671-0956 with any questions.
Please print or type.

PART I COMPANY INFORMATION

1. Company Name _____
2. Address _____ Map-Block-Lot (MBL)_____
3. Mailing Address (if different) _____
4. Representative _____
5. Title _____
6. Telephone Number _____
7. Nature of Business _____
8. North American Industry Classification System Code _____
9. Federal Pretreatment Category _____
10. Type of Process: Continuous _____ Batch _____
11. Hours of operation per day _____
12. Days of operation per week _____

PART II WASTEWATER DISCHARGE

13. Please check all that apply to your business/facility:

____ Animal Hospital (Vet.)
____ Auto Body/Repair Shop
____ Bakery
____ Beverage (Bottler)
____ Car Washing Facility (auto laundry)
____ Dentist
____ Funeral Home
____ Gas Station
____ Graphic Design
____ Hospital
____ Hotel
____ Jeweler
____ Laboratory (R&D, Analytical)
____ Laundries (cleaners)
____ Machine Shop
____ Mechanic Shop
____ Manufacturing: _____
____ Other: _____
____ Metal Stamping/Finishing
____ Municipal
____ Newsprint/Print Shop
____ Nursing Home
____ Office
____ Pharmaceutical (Mfrs.)
____ Photography (film developing)
____ Restaurant/Food Service
____ Retail Shop
____ Screen Printing
____ School
____ Shipping/Receiving (trucking)
____ Supermarket
____ Warehouse/Storage
____ Welder
____ Woodworking

14. Provide a brief description of the manufacturing, production or service activities at your company:

_____
_____
_____
_____
_____

15. Is your facility connected to:

____ Municipal Sewers ____ Septic ____ Surface Discharge
____ Other (describe): _____

16. Does your facility <u>produce</u> wastewater from:

____ Toilet(s) & Sink(s) from bathrooms or kitchens
____ Lab Sinks
____ Process (Flow _____gpd)
____ Floor Drains
____ Kitchen or cafeteria
____ Other (describe: _____, flow: _____gpd)

17. Does your facility <u>discharge to the municipal wastewater collection system</u> wastewater from:

____ Toilet(s) & Sink(s) from bathrooms or kitchens
____ Lab Sinks
____ Process (Flow _____gpd)
____ Floor Drains
____ Other (describe: _____, flow: _____gpd)

18. Please check the types of pretreatment systems present at your facility for wastewater discharges to the municipal wastewater collection system.

____ Silver Recovery Unit ____ Sand filter ____ Filtration ____ Grit removal
____ Grease/Oil Water separator
____ Grease Trap (size of grease trap: _____)
____ Other: _____
____ No pretreatment provided.

19. Do you discharge to the municipal wastewater collection system any non-domestic wastewater that meets any of the following criteria:

____ User is regulated by National Categorical Pretreatment Standards.
____ User discharges an average of twenty-five thousand (25,000) gallons or more per operational day of process wastewater.
____ User has a reasonable potential for upsetting the operational process at the Wastewater Treatment Facility or violating any Pretreatment standard.
____ User discharges up five (5) percent or more of the average dry weather organic capacity of the Wastewater Treatment Facility (high BOD concentration).

20. Does your facility store or use any of the following?

____ Acids/Caustics
____ Boiler Compounds
____ Chemicals
____ EPA Total Toxic Organics
____ Glycol Products
____ Hazardous Wastes
____ Liquid Soaps or Detergents
____ Non-Hazardous Waste
____ Oils/Petroleum Products
____ Paints
____ Pesticides
____ Sludge
____ Solvents
____ Storage Tanks

21. If anything is checked in question 20, please specify the name, quantity and volume of each container exceeding five gallons.

_____
_____
_____

22. If your facility has roof drains, where do they discharge?
____ storm drain system ____ municipal wastewater collection system

23. Provide building layout diagram with showing location of all unit processes, chemical storage areas, water flow meters, floor drains, plumbing and piping connected directly or indirectly to municipal sewer including process, sanitary and storm water lines and facility connection to municipal sewer.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

_____

Signature of Applicant

_____ _____

Title Date of Application