



INDUSTRIAL SURVEY QUESTIONNAIRE

This questionnaire is to be filled out completely and signed by an AUTHORIZED OFFICIAL, OWNER, or GENERAL MANAGER of your facility. Please fill out this form in its entirety; if a question does not apply, please write N/A (not applicable). Please type or print clearly.

1. Company Name: _____

Facility Address: _____

Municipality: Please check one of the following:

- Boonton, Randolph, Boonton Twp., Rockaway Boro., Denville, Rockaway Twp., Dover, Victory Gardens, Mine Hill, Wharton

Block & Lot No. (s): _____

Mailing Address: _____
(*if different from mailing address)

Telephone No.: _____

Fax No.: _____

2. 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), 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

2. (continued)

<input type="checkbox"/> Laundries (cleaners)	<input type="checkbox"/> Warehouse/Storage
<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Welder
<input type="checkbox"/> Mechanic Shop	<input type="checkbox"/> Woodwork
<input type="checkbox"/> Manufacturing (specify): _____	
<input type="checkbox"/> Other (specify): _____	

3. Is your facility connected to:

<input type="checkbox"/> Public Sewers	<input type="checkbox"/> Septic
<input type="checkbox"/> Surface Water Discharge (NJDPES No.: _____)	
<input type="checkbox"/> Other (describe, i.e. storm drain): _____	

4. Your facility produces wastewater from:

<input type="checkbox"/> Toilet(s) & Sink(s)	
<input type="checkbox"/> Process (Flow _____ gpd)	
<input type="checkbox"/> Other (describe: _____, flow: _____ gpd)	

5. Please check all that apply to your facility's "pretreatment", if applicable.

<input type="checkbox"/> Silver Recovery Unit	<input type="checkbox"/> Sand filter
<input type="checkbox"/> Filtration	<input type="checkbox"/> Grit removal
<input type="checkbox"/> Oil/Water separator	
<input type="checkbox"/> Grease Trap (size of grease trap: _____)	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> No pretreatment provided	

**** If not a COMMERCIAL or INDUSTRIAL establishment – please skip to question 7. ****

6. If your facility is a COMMERCIAL establishment, please provide the following information:

- Number of grease traps: _____
- Size of grease traps: _____
- Last time traps were cleaned: _____
- Manifest of trap cleaning (if cleaning done by outside contractor).

*If this facility cannot provide RVRSA with any of the above information (for question 6), please write an explanation as to why: _____

7. Any additional information on the size and nature of your business/facility:

8. If your business/facility **DOES NOT** own the space in which you are occupying, please provide the following information:

- Name of owner: _____
- Phone No. of owner: _____
- Address of owner: _____
- Any additional information: _____

Please be aware that the RVRSA reserves the right to follow-up on all information received in this survey by conducting an on-site inspection. Please be sure that all information sent to RVRSA is accurate and up to date; submitting false information can result in fines and/or imprisonment.

“I have personally examined and am familiar with the information submitted. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fines and/or imprisonment.”

Name (Please print)

Title

Signature

Date

If you should have any questions pertaining to this questionnaire, please call Natalie Pisarcik, IPP Coordinator at (973) 263 – 1555, ext. 213 or e-mail at nataliep@rvrsa.org

Please return the completed survey at your earliest convenience by either e-mailing, faxing or mail to our offices. Thank you.

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Mail:
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