



INDUSTRIAL SURVEY QUESTIONNAIRE

This questionnaire is to be filled out completely and signed by an AUTHORIZED OFFICIAL 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:

<input type="checkbox"/> Boonton	<input type="checkbox"/> Randolph
<input type="checkbox"/> Boonton Twp.	<input type="checkbox"/> Rockaway Boro.
<input type="checkbox"/> Denville	<input type="checkbox"/> Rockaway Twp.
<input type="checkbox"/> Dover	<input type="checkbox"/> Victory Gardens
<input type="checkbox"/> Mine Hill	<input type="checkbox"/> 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:

<input type="checkbox"/> Animal Hospital (Vet.)	<input type="checkbox"/> Metal Stamping/Finishing
<input type="checkbox"/> Auto Body/Repair Shop	<input type="checkbox"/> Municipal
<input type="checkbox"/> Bakery	<input type="checkbox"/> Newsprint/Print Shop
<input type="checkbox"/> Beverage (Bottler)	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Car Washing Facility (auto laundry)	<input type="checkbox"/> Office
<input type="checkbox"/> Dentist	<input type="checkbox"/> Pharmaceutical (Mfrs.)
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Photography (film developing)
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Restaurant/Food Service
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Retail Shop
<input type="checkbox"/> Hospital	<input type="checkbox"/> Screen Printing
<input type="checkbox"/> Hotel	<input type="checkbox"/> School
<input type="checkbox"/> Jeweler	<input type="checkbox"/> Shipping/Receiving (trucking)
<input type="checkbox"/> Laboratory (R&D, Analytical)	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Laundries (cleaners)	<input type="checkbox"/> Warehouse/Storage

2. (continued)

____ Machine Shop
____ Mechanic Shop
____ Manufacturing: _____
____ Other: _____

____ Welder
____ Woodwork

3. Is your facility connected to:

____ Public Sewers
____ Surface Discharge (NJDPES No.: _____)
____ Other (describe): _____

____ Septic

4. Your facility produces wastewater from:

____ Toilet(s) & Sink(s)
____ Process (Flow _____ gpd)
____ Other (describe: _____, flow: _____ gpd)

5. Please check all that apply to your facilities "pretreatment", if applicable.

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

____ Sand filter
____ Grit removal

**** If not a COMMERCIAL or INDUSTRIAL establishment – please skip to question 8. ****

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 can not provide RVRSA with any of the above information (for question 6), please write an explanation as to why: _____

7. If your facility is an INDUSTRIAL establishment, please provide the following information:

____ Copy of schematic or sketch of plumbing.
____ Copies of manifest from waste hauler.
____ Copy of latest waterbill.
____ Copy of chemical/solvent inventory (i.e. Right to Know survey)

*If this facility can not provide RVRSA with any of the above information (for question 7), please write an explanation as to why: _____

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

9. 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 RVRSA reserves the right, by regulations, 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 at (973) 263 – 1555.