

**QUONSET DEVELOPMENT CORPORATION
QUONSET BUSINESS PARK
INDUSTRIAL QUESTIONNAIRE**

Industry Name: _____

Street Address: _____

Telephone Number: _____

Name/Title of Industry Person Supplying most information:

Name/Title of Industry Person to Contact for further information:

INDUSTRIAL QUESTIONNAIRE CERTIFICATION

I have personally examined and am familiar with the information submitted in this Industrial Questionnaire which was submitted to the Quonset Development Corporation on _____ . 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 possibility of fine and/or imprisonment.

Signature of Authorized Representative

Date

Print Name and Title

NOTE: An authorized agent or authorized company representative is a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or per a vote of the directors if the company is a corporation; a general partner or proprietor if the company is a partnership or sole proprietorship respectively; or a duly authorized representative of an individual designated above if such representative is responsible for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company's name and otherwise bind the company.

1) Facility Standard Industrial Classification (SIC) Code: _____

2) Describe the Nature of the Manufacturing or Service activity provided by the Company and list the Industrial/Manufacturing Process Involved: (Tanning, Electroplating, etc.) Indicate which ones are water using processes. (*Construct Process Flow Diagram on Separate Sheet*)

3) Does the Industry foresee any Expansion or Contraction of Operations?

4) Identify Products, By-products and Waste Products:

5) Maximum Production Rate:

6) Are there any Seasonal Changes in the operation of the industry?

7) Average Production Rate, at present: _____

8) List Names of Principal Raw Materials, Solvents, Chemicals involved in process and/or used at the Facility: *(Enclose copies of material Data Safety Sheets (MSDS) for all key process chemicals or chemicals commonly stored or used in the facility)*

<u>Name of Chemical or Raw Material</u>	<u>Rate of Consumption</u>
Lime	_____
Sodium Sulfide	_____
Sodium Sulphydrate	_____
Basic Chromium Sulfate	_____
Vegetable Compounds	_____
Mineral Acids	_____
Sodium Chloride	_____

9) Are there any storage tanks for Liquid Chemicals? _____

If yes, how many tanks and what are the volumes? _____

- 10) a. Quantity of Wastewater Discharged 6:00 AM - 9:00 AM _____ Gal.
Quantity of Wastewater Discharged 9:00 AM - 12:00 PM _____ Gal.
Quantity of Wastewater Discharged 12:00 PM - 3:00 PM _____ Gal.
Quantity of Wastewater Discharged 3:00 PM - 6:00 PM _____ Gal.
Quantity of Wastewater Discharged 6:00 PM - 12:00 AM _____ Gal.
Quantity of Wastewater Discharged 12:00 AM - 6:00 AM _____ Gal.

Note: If Quantity is unavailable, estimate the percentage of Total Wastewater discharged at the various periods.

10) b. Indicate in Average Gallons Per Day

- | | |
|------------------------------|----------------------------------|
| *Domestic Wastes | _____ () estimated () measured |
| *Cooling Water, Non-contact | _____ () estimated () measured |
| *Boiler/Lower Blowdown | _____ () estimated () measured |
| *Cooling Water, Contact | _____ () estimated () measured |
| *Process | _____ () estimated () measured |
| *Equipment Facility Washdown | _____ () estimated () measured |
| *Air Pollution Control Unit | _____ () estimated () measured |
| *Stormwater Run-off to Sewer | _____ () estimated () measured |
| *Other (Describe) | _____ () estimated () measured |

11) Is Discharge of Wastewater Continuous _____ or Batch _____?

If Batch, when and how much is dumped? _____

12) How many Points of Discharge are there to Sewer? What is the location and size of Outfall to sewer? _____

13) Is Pretreatment provided Before Discharge? _____

If Yes, Describe Process (Screening, Settling, Dewatering, pH Adjustment, Filtration, Oil/Grease Separation, etc.): _____

14) If Sludge is produced, where is its final destination and how often is it collected? What is the Name, Address and Telephone Number of Trucker who removes the sludge from the industry?

15) Add any additional useful information here: _____

16) If pretreatment is not provided, describe space available for such facilities to be added: _____

17) Does your Facility have a formal plan in the event of a Chemical Spill to insure that chemicals do not get into the sewer?

Yes _____ No _____

18) Does the industry have a copy of the Sewer Ordinance?

Yes ___ No ___

19) Please indicate

a. Number of shifts to be operated _____

b. Number of personnel employed on each shift and number of days per week shift operates:

<u>Shift No.</u>	<u>Number of personnel on shift</u>	<u>Days per week shift operates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____