



Water Reclamation Facility
 P.O. Box 483
 Hanover, NH 03755
 (603) 643-2362
 Fax (603) 643-5927
 mark.roper@hanovernh.org

INDUSTRIAL WASTE SURVEY QUESTIONNAIRE

All items are to be completed. If an item is not applicable, indicate "NA." Please print or type.

ORGANIZATION INFORMATION

- 1. Organization Name _____
- 2. Physical Location _____
- 3. Mailing Address (if different) _____
- 4. Authorized Representative _____ Title _____
- 5. Telephone Number _____ Facility SIC Code(s) _____

OPERATIONS INFORMATION

- 6. Nature of activity (or proposed activity) at this location _____

- 7. How does your facility use materials, processes, or practices that reduce or eliminate the creation of pollutants or wastes at the source? _____

- 8. Number of employees Shift 1 _____ Shift 2 _____ Shift 3 _____
- 9. Circle the days of operation per week S M T W Th F S Hours of operation per day _____
- 10. Wastewater treatment provided prior to entering municipal sewer system:

Grease Removal Device (indicate size)	Oil/Sand Interceptor (indicate size)	Other Pretreatment (describe)

11. For your particular establishment, fill in the appropriate number of units:

Airport Passengers/Year _____	Laundromat Wash Machines _____
Bar Seats _____	Restaurant, Cafeteria Seats; Meals served/day _____
Medical Office Patients/Day _____	Service Station Bays; Vehicles services/day _____
Factory, Warehouse, Light Manufacturing Sq.ft. floor space _____	Shopping Center, Office Building Sq.ft. of floor space _____
Hospital Beds _____	Other (specify) _____

12. Describe potential expansion plans within the next 3 to 5 years. Include description of possible impacts on wastewater discharges to the sewer: _____

13. Show the estimated average quantity of water received and wastewater discharged daily:

Water Used For	INCOMING WATER		OUTGOING WATER		
	Source (††)	Average Gallons/Day	To Sanitary Sewer Gallons/Day	Other than Sanitary Sewer	
				Gallons/Day	Discharged to (**)
Domestic/Sanitary					
Other water use: List activities/processes/production lines that generate wastewater (attach additional pages if necessary)					
1.					
2.					
3.					
Non-Contact Cooling					
Contact Cooling					
Lawn Irrigation					Irrigation
Boiler Blowdown					
Other:					
Stormwater	Stormwater				
Total Gallons/Day					

(††) Typical sources: A) Hanover Water Works B) River C) Well

(**) Discharges other than sanitary sewer: A) Surface Waters B) Evaporation C) Storm Drains D) Holding Tanks/Leachfields
E) Consumed in Product F) Hauled Away

I have personally examined and am familiar with the information submitted in this document and attachments. 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 enforcement provisions of Section 10 of the Sewer Use Ordinance of the Town of Hanover, New Hampshire.

Authorized Signature Title Date

Authorized Signature: A corporate officer, general partner or proprietor, or manager who has been assigned authority to sign documents.

Return completed form within seven (7) days to:
HANOVER WATER RECLAMATION FACILITY
POST OFFICE BOX 483
HANOVER, NEW HAMPSHIRE 03755
TELEPHONE: (603) 643-2362

Town review by: _____ Date: _____