

**JOINT MEETING OF ESSEX & UNION COUNTIES**  
**500 South First Street**  
**Elizabeth, New Jersey 07202**  
**(908) 353-1313**

**FACILITY INFORMATION SHEET**

The following information is required for all companies visited during the Industrial Waste Questionnaire Facility Survey:

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Website: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Facility Contact: \_\_\_\_\_  
Name (Print) Title (Print)

Person accepting questionnaire: \_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**INDUSTRIAL WASTE QUESTIONNAIRE**

1) Facility Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

Facility Website: \_\_\_\_\_

3) Person to whom further inquiries should be directed:

_____	_____
Name	Title
_____	_____
Phone	Email Address

4) Number of Employees: \_\_\_\_\_

5) Please give a brief description of the activities performed at this facility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) Days and hours of operation per week: \_\_\_\_\_ days \_\_\_\_\_ hrs./day

7) Primary SIC and NAICS Classification: \_\_\_\_\_  
(Standard Industrial Classification 4 digit Number)

8) Principal Raw Materials used: \_\_\_\_\_

\_\_\_\_\_

9) Does facility store bulk chemicals or hazardous materials on site?

YES       NO

If YES, list such items and the quantities. Use additional sheets as necessary.

Material	Quantity Stored

10) Indicate the volume of water discharge (in gallons per day) to the sewer:

Sanitary: \_\_\_\_\_ Process: \_\_\_\_\_ Other: \_\_\_\_\_

11) Is any treatment performed on the wastewater prior to discharge to the sewer?  YES  NO

If YES, is checked please give a brief description of the treatment process:

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12) Indicate: Water Purveyor \_\_\_\_\_  
Water Account # \_\_\_\_\_

13) Is any Well Water used?  YES  NO

If YES, indicate the volume used in the most recent six month period and how this usage is determined. (i.e. pump time, meters, etc.)

Period \_\_\_\_\_ Volume used \_\_\_\_\_

How determined \_\_\_\_\_

14) Indicated the water volume used in the most recent six month period and attach copies of the water bills for that six month period.

Period \_\_\_\_\_ Volume used \_\_\_\_\_

15) Does this facility generate any waste process material.  
(i.e. waste oils, waste solvent, etc.)

YES  NO

If YES, who removes this material  
(attach a copy of the transfer documentation)

Material	Waste Hauler

Authentication: I certify under penalty of the law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including fine and imprisonment.

_____	_____
Name	Title
_____	_____
Signature	Date

Please return the completed survey to:

Joint Meeting of Essex & Union Counties  
500 South First Street  
Elizabeth, New Jersey 07202

Attention: Industrial Pretreatment Department