

CITY OF MILLVILLE

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"A MAIN STREET NEW JERSEY COMMUNITY"

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P.O. BOX 609
MILLVILLE, NEW JERSEY 08332

TELEPHONE: (856)825-7000
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Chief Financial Officer
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Tax Collector
BRIAN P. ROSENBERGER
Tax Assessor

WASTEWATER QUESTIONNAIRE COMMERCIAL/INDUSTRIAL

NOTE: This questionnaire must be completed by the person who has responsible charge of the facility. If you require any assistance in filling out this Questionnaire, please contact Mr. Salvador Gioia, Millville Sewer Utility Superintendent, at 856-825-7000 @ ext. 7275. **This original form must be returned to the City of Millville Wastewater Treatment Plant upon completion.**

COMPANY NAME: _____

LOCATION: _____

MAILING ADDRESS: _____

OWNER (IF DIFFERENT FROM ABOVE): _____

COMPANY MANAGER/CONTACT: _____ TITLE: _____

PHONE: _____

PLEASE ANSWER ALL QUESTIONS, USE ADDITIONAL SHEETS IF NECESSARY.

Primary Standard Industrial Classification (SIC) code: _____

If you have a SIU Permit enter permit number: _____

Number of employees per shift – 1st: _____ 2nd: _____ 3rd: _____

SHIFT HOURS – 1st: _____ 2nd: _____ 3rd: _____ Days: M T W T F S S
(Please Check)

Brief description of activity at this location: _____

Raw materials used at this location: _____

Principal product or service at this location: _____

Is there a regularly scheduled shutdown? Yes No If yes, explain: _____

When? _____ How Long? _____

Is operation seasonal? Yes No If yes, explain indicating month(s) of peak production: _____

Is process wastewater discharge to sanitary sewer continuous or batch? Yes No
Of batches per day: _____

Are there any private wells at this location? Yes No If so, please list all wells and approximate volumes pumped in gallons per day:

Is there any additional water treatment process to Municipal or your own well water? If so, please describe:

List water consumption at this location (approximate if necessary): _____

Cooling Water: Gallons per day: _____

Process Water: Gallons per day: _____

Contained in Product: Gallons per day: _____

Other: Gallons per day: _____

List average volume of discharge or water loss to: _____

Municipal Sewer System: Gallons per day: _____

Stream or other water Course: Gallons per day: _____

Waste Hauler: Gallons per day: _____

Contained in Product: Gallons per day: _____

Other: Gallons per day: _____

Every applicant **shall** enter a calculated flow in gallons per day for **Municipal Sewer System**.

Describe any wastewater treatment equipment or processes in use: _____

Is there a spill prevention control and counter measure plan in effect for this location? Yes No

If so, please provide a copy to the City of Millville Wastewater Treatment Plant for our records.

Does the wastewater discharge to the sewer system contain any of the following: Yes No

- Sodium
- Chlorinated Hydrocarbons
- Radioactive Isotopes
- Natural oils & Greases
- Petroleum Distillates
- Pesticides, Toxic Organic or any other Hazardous Substances

If yes, please comment as to compound, quantities and concentrations:

Please provide the following analytical results from your last wastewater analysis (if applicable):

<u>PARAMETER</u>	<u>RESULTS (PPM)</u>	<u>PARAMETER</u>	<u>RESULTS (PPM)</u>
Arsenic	_____	Methoxychlor	_____
Cadmium	_____	PBCs	_____
Chromium	_____	Toxaphene	_____
Copper	_____	CBOD	_____
Cyanide	_____	Oil & Grease	_____
Lead	_____	TSS	_____
Mercury	_____	Sodium	_____
Molybdenum	_____	_____	_____
Nickel	_____	_____	_____
Selenium	_____	_____	_____
Silver	_____		
Zinc	_____		

Analysis performed by: _____

Cert. #: _____

Date of last analysis: _____

You may submit this form by regular mail to the City of Millville Sewer Utility Attn: Tonya Kiley at PO Box 609 Millville, NJ 08332, or you may download it, fill it out, save it and email it to tonya.kiley@millvillenj.gov. You should also send a copy of this questionnaire to your Landlord or Owner. Thank You.

The information contained in this questionnaire is familiar to me and to the best of my knowledge and belief is true, complete and accurate.

Signature of Official

Date

Name (Print or Type)

Title