SOUTH ESSEX SEWERAGE DISTRICT TENANT WASTEWATER DISCHARGE REPORT ATTACHMENT I

Section A General Information

1. Business Name:			
2. Facility Address:			
3. Mailing Address:			
Section B Business Info	<u>rmation</u>		
1. Check All Activities w () Office () Manufacturing () Processing () Other(specify): 2. Give a brief description	•	() Storage() Retail() Service	() Sales () Medical () Cleaner occur at your facility:
			Code(s) for all business activities:
a	b	c	d
4. Number of Employees	: I	Hours of work:	Days: (S) (M) (T) (W) (T) (F) (S)
Section C Water and W	astewater Inform	<u>ation</u>	
1. Check All Spaces that Water Use () () () () ()	Apply and Estim <u>Usage Type</u> Sanitary Process Cooling Wa In Product Other(specif	Wastewater Use () () (ter ()	Quantity Used(gpd)

Continue On Other Side

ATTACHMENT I (Continued)

Section D Other Facility Wastes

1. Identify any wastes that are removed	from the facility by a licensed Hazardous Waste Hauler:
TYPE () Solvents () Oils\Greases () Acids\Alkalies () Waste Product () Paints\Inks () Other(specify)	ESTIMATED GALLONS PER YEAR ———————————————————————————————————
2. Identify the licensed Hazardous Was	ste Hauler:
3. List all other Wastes that are placed	in the trash for disposal:
() Municipal Solid Waste only() Other(specify)	
Section E Other Information	
1. List all other environmental permits	held for this business and the permit number:
() Sewer Extension Connection	() Air Quality
2. List any environmental Citations rec	
3. List any Chemical that is stored or u	sed in a 55 gallon or greater capacity:
Massachusetts General Laws Chapters 21 and 27, ir discharge shall be available to the public without re-	with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and aformation and data provided in this questionnaire which identifies the nature frequency of striction. Requests for confidential treatment other information shall be governed by R 10.008. Should a discharge permit be issued for your facility, the information supplied e permit.
	werage District for a Wastewater Discharge Permit to discharge wastewater to the SESD y Permit issued will be governed by the South Essex Sewerage District Sewer Use and regulations.
	Applicant, have personally examined and am familiar with the information submitted in abmitted information is true, accurate and complete. I am aware that there are significant at the possibility of fine and/or imprisonment.
DATE SIGNATURE OF AUT	HORIZED REPRESENTATIVE PRINT NAME