Woonsocket Regional Wastewater Commission
Pretreatment Division
Non Domestic
Pre Connection Questionnaire

Company Name:__________________________
Address:_______________________________
City________________State___________Zip________
SIC#:_______________________________

1) What is the Source of incoming water?
________________________________________________________________________

2) How much water is to be discharged?
________________________________________________________________________

3) What activity occurs on the premises?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4) What type and quantity of chemicals are stored on the premises?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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The Town of Bellingham and the City will not accept any documents signed by persons other than the Company's authorized agent(s) or authorized representative(s).

I, ___________________________________________ being the ___________________________________________, have personally examined and am familiar with the information submitted in this document. I believe that the information submitted 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. I further agree that should the information submitted on this questionnaire indicate the need for my company to apply for and obtain a non-domestic (non-residential) wastewater discharge permit, that I/we accept and agree to abide with all the provision of the regulations of the Town of Bellingham and City of Woonsocket related to sewer use, and all other pertinent ordinances or regulations that may be adopted in the future, to cooperate at all times with the officials of the Town of Bellingham and the City of Woonsocket with regard to inspection, monitoring and enforcement, and agree to submit to the jurisdiction of the State of Rhode Island for all criminal and civil enforcement of these regulations against myself and/or my company.

Signed: ______________________________________ Date __________________________

(SEAL)

Any information submitted to the Town of Bellingham and/or City of Woonsocket pursuant to the Pretreatment Regulations and Requirements may be claimed as confidential by the submitted. This claim must be asserted at the time of the submission in the manner described below. If no claim is made at the time of the submission, the Town, City, State of Rhode Island, Commonwealth of Massachusetts, or Federal Agencies may make the information available to the public without further notice. Effluent data shall at all times be available to the public without restriction.

A Business Confidentiality claim may be asserted by attaching to this questionnaire, a cover sheet, or other suitable form of notice employing language such as “trade”, “proprietary”, or “company confidential”. Information covered by such claims will be disclosed only to the extent, and by means of the procedures, set forth in the Federal EPA Regulations at 40 CFR 2.