



**Town of Bristol, RI**  
**WATER POLLUTION CONTROL DEPARTMENT**  
2 PLANT AVENUE  
BRISTOL, RI 02809-3015  
(401) 253-8877 fax: (401) 253-2910  
Pretreatment Department, William Rabideau

TOWN HALL  
10 COURT STREET  
BRISTOL, RI 02809  
(401) 253-7000

**INDUSTRIAL PRETREATMENT PROGRAM  
GENERAL SURVEY**

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

LOCATION OF DISCHARGE: \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

NAME OF WASTE HAULER \_\_\_\_\_ HAULING FREQUENCY: \_\_\_\_\_

FLOOR DRAINS: \_\_\_\_\_ GREASE TRAP: \_\_\_\_\_ OIL SEPARATORS: \_\_\_\_\_

APPROXIMATE WATER USAGE PER YEAR: \_\_\_\_\_ WELL WATER: \_\_\_\_\_

INDICATE ANY CHANGES MADE TO YOUR PROCESS DURING THE YEAR:

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EXPLAIN THE NATURE OF YOUR BUSINESS AND/OR PRODUCTS:

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LIST ANY CHEMICALS USED (SUPPLY MSDS SHEETS):

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PRINT NAME OF & TITLE AUTHORIZED PERSONNEL:

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SIGNATURE OF AUTHORIZED PERSONNEL: \_\_\_\_\_