

## **HOLLISTON BOARD OF HEALTH**

### **OPERATIONS INFORMATION QUESTIONNAIRE**

Amended: The Board of Health of the Town of Holliston, Commonwealth of Massachusetts, acting under the authority of Chapter 111, Section 31, of the Massachusetts General Laws and any amendments and additions thereto enabling and acting thereunder and in accordance with, have, in the interest of, and for the preservation of the public health, duly made and adopted the following regulations effective upon publication.

#### **PROJECT REQUIREMENTS**

These regulations shall apply to any and all projects for industrial or commercial purposes for any other project except for the construction of single and two family dwellings. These regulations shall also apply to industrial or commercial operations conducted on residential dwelling property of any size, and also to any hobbyist operation which utilizes materials on the Massachusetts substance list.

A single party of responsibility shall be designated for the proposed project and shall be the applicant of record. The single party of responsibility shall be the owner of the subject building or facility and shall not be an individual tenant therein. All applications for permits from the Board of Health shall be submitted by this responsibility party. All limitations and conditions with regards to any waste, wastewater or atmospheric discharge shall be the responsibility of the responsible party, who shall see that all tenants operate within the limitations and conditions of the permits issued. The Board of Health reserves the right to take whatever appropriate action might be necessary against an individual tenant, however, the Board of Health shall hold the responsible party as the entity or primary responsibility.

Septic tanks serving any commercial or industrial facility shall have the contents of the septic tank serving the facility sampled and tested on an annual basis for volatile organic compounds (EPA 624) and pH, as well as any other parameters required by the Board of Health on a case by case basis. The sampling shall be performed and the results submitted to the Board of Health without having to be requested. The sample shall be taken in the time period of March, April or May of each year and the results submitted to the Board of Health prior to July 1<sup>st</sup>.

All floor drains, except as serving only sanitary facilities, shall be discharged to a tight collection tank and taken away by a licensed waste hauler. Such floor drains shall not be discharged to a septic system, storm drain, dry well, or other surface or subsurface discharge point.

The Board of Health may on a case by case basis, require that each tenant of a multi-use facility shall have a separate discharge point to the septic system. Each such discharge shall be equipped with a flow meter where water usage records will accurately reflect the wastewater discharge a water usage meter may be acceptable. Otherwise, it will be required to install an effluent or discharge meter.

Applicants for facilities subject to this regulation which require Board of Health project evaluation shall complete the Board of Health "Operations Information Questionnaire" which is available from the Board of Health office.

All facilities which store, use, manufacture, or discharge any materials, compounds, or chemicals which are on the Massachusetts substance list shall file a contingency plan with the Board of Health. It shall be updated on an annual basis or when any changes are made in such items.

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**IMPORTANT**

Completion of the form is required for all submittals and requests to the Board of Health for project evaluation of all industrial or commercial proposals, and for all others except for one and two family dwellings. The Board of Health relies on the complete submittal of this information in order to make findings as to project acceptability for either a Board of Health permit or for evaluation or recommendation or recommendation to other boards such as the Zoning Board of Appeals or the Planning Board. Failure by the applicant to provide all the information requested in this questionnaire shall result in an adverse finding or recommendation by the Board of Health. Supporting Documentation for the data shall be attached to the completed questionnaire.

**RESPONSIBLE PARTY –**

A SINGLE PARTY OF RESPONSIBILITY must be designated for the proposed project. All applications for permits of the Board of Health will be expected to be submitted by this responsible party, usually the owner of the building or facility, and not from individual tenants. All limitations and conditions with regards to any wastewater or atmospheric discharge shall be the responsibility of the “RESPONSIBLE PARTY”, who shall see that all tenants operate within the limitations and conditions of the permits issued. While the Board of Health reserves the right to take whatever appropriate action might be necessary against an individual tenant, the Board will hold the “RESPONSIBLE PARTY” as the entity of primary responsibility.

**PLEASE PRINT OR TYPE**

Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ email: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ email: \_\_\_\_\_

What is the building GROSS FLOOR AREA \_\_\_\_\_ Square Feet

How many EMPLOYEES will occupy the building (all shifts)

1<sup>st</sup> shift \_\_\_\_\_ 2<sup>nd</sup> shift \_\_\_\_\_ 3<sup>rd</sup> shift \_\_\_\_\_

Will there be any process operations? Process operations refer to any manufacturing or other similar work procedures such as: painting , servicing vehicles, making semi-conductors, filling chemical containers, photographic developing, printing, x-rays, washing or rinsing of metal, glass, crystals, plastic, or other products, woodworking. If you are still not sure if your operation is not a process operation, describe it anyway so it can be evaluated.

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, provide a complete description with a flow diagram and attach it to this questionnaire.

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#### EXISTING WASTEWATER FACILITIES –

Is there an existing wastewater disposal system? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO - it will be necessary to obtain a Disposal Works Construction Permit from the Board of Health. Inquire at the office for details.

If YES - Provide a plan of the existing facility. Investigate it and provide the following information.

What is the total wastewater disposal system design capacity? \_\_\_\_\_ Gallons per day (GPD)

For Mixed Use Buildings: Unit 1 \_\_\_\_\_ GPD; Unit 2 \_\_\_\_\_ GPD,  
Unit 3 \_\_\_\_\_ GPD; Unit 4 \_\_\_\_\_ GPD; Unit 5 \_\_\_\_\_ GPD

Use a separate sheet if there are more than 5 tenant units within a building.

When was the septic tank last pumped? \_\_\_\_\_

Is the water level in the septic tank above the outlet invert? YES \_\_\_\_\_ NO \_\_\_\_\_

Does it overflow either periodically or always? \_\_\_\_\_

#### PROPOSED WASTEWATER DISCHARGE –

What is the expected quantity of:    SANITARY WASTEWATER    \_\_\_\_\_ GPD  
   COOLING WASTEWATER    \_\_\_\_\_ GPD  
   PROCESS WASTEWATER    \_\_\_\_\_ GPD

If Process Wastewater is proposed:

What is the amount of:    RINSE WATER?    \_\_\_\_\_ GPD  
   BATCH DUMPS?    \_\_\_\_\_ GPD  
   OTHER discharges?    \_\_\_\_\_ GPD

What is the method of disposal \_\_\_\_\_

Will there be any FLOOR DRAINS?    YES \_\_\_\_\_    NO \_\_\_\_\_

If YES – What will flow into the floor drain? \_\_\_\_\_

Will there be any PAINT or LACQUER SPRAY PAINTING?    YES \_\_\_\_\_    NO \_\_\_\_\_

If YES – is the spray painting approved by DEP?    YES \_\_\_\_\_    NO \_\_\_\_\_

Will there be any ATMOSPHERIC DISCHARGE other than fossil fuel for heating purpose?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES – Attach a complete description to this questionnaire.

If YES - Has the discharge been approved by DEP?

Attach documentation of DEP approval.

Will the proposed facility USE, STORE, MANUFACTURE, OR DISCHARGE any materials, compounds, or chemicals which are on the Massachusetts Substance List?    YES \_\_\_\_\_    NO \_\_\_\_\_

If YES - Attach a complete list which includes the following information:

TYPES, MATERIAL SAFETY DATA SHEETS, QUANTITIES, METHOD OF  
STORAGE AND LOCATION. (Show location on a sketch plan of the proposed  
Facility – draw to scale if possible)