



Section A: Facility Information

Business/Company Name: _____

Mailing Address: _____

Facility Address (if different): _____

Telephone: _____

Email: _____

Contact: _____

Title: _____

Telephone: _____

Email: _____

Business Category (Type of business): _____

Describe principal activities or the nature of processes at the facility, in the space provided below.

Number of Employees: _____ Operating Schedule: _____

Section B: Water Usage

Average total monthly water usage in gallons or CCF (*monthly water billings will usually show this in CCF. If you are unsure, please estimate and answer the rest of the questions to the best of your ability*).

Is the building presently connected to the sewer system or does it utilize a septic tank?

If septic tank, who is your liquid waste hauler? What frequency is your septic/holding tank serviced?



Is any water other than domestic waste (restrooms and handwashing sinks) discharged to either a sewer or septic tank?

Is the process water discharged continuously intermittently or both.

If both, _____ % intermittent _____ % continuous.

Describe frequency and nature of the intermittent discharge:

Section C: Additional Information

Is your facility a food service establishment? If yes, is food ever disposed via garbage disposal? If yes, how many guests do you serve daily?

How do you dispose of waste oil (food grade and/or industrial/automotive oil)?

Describe any pretreatment facilities or practices used to remove pollutants or protect the sewer. These include sediment traps, grease interceptors, grease traps, evaporators, etc.

Do you or will you store or use chemicals on site in excess of household quantities?

Are there any hazardous wastes stored on site? If yes, please see table on page 3.

Are there floor drains present at your facility?

Do you or will you have an Accidental Spill Prevention Plan (ASPP) for your business?

Do you have, to the best of your knowledge, an inspection/sampling manhole at your facility?

Are any liquid wastes or sludge from this facility disposed of by means other than discharge to the collection system? If yes, please list quantity, frequency, and liquid waste hauler.



Do you perform any manufacturing, photo processing, commercial laundry, automotive, or industrial processes at your facility?

HAZARDOUS WASTE INFORMATION / NOTIFICATION *(make copies & attach additional sheets if necessary)*

#	NAME OF WASTE	EPA Hazardous Waste Number	Type of Discharge:	
			C – Continuous	B – Batch, O – Other
			Describe Other	
1				
2				
3				
4				

If more than 100 Kilograms (220 pounds) of any hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

HAZARDOUS CONSTITUENT INFORMATION:

Name of Constituent	Mass in Wastestream (this month)	Concentration in Wastestream	Mass in Wastestream
		(this month)	(next 12 months)

Section D: Industry Specific

Standard Industrial Classification Code Number(s) and Classification(s) *(if known)*:

Does ANY part of your industrial process generate a waste stream that ends up in the sewer system? If yes, which ones? (Complete table on following page)



<u>Type</u>	<u>gallons/per day</u>	<u>Estimated</u>	<u>Measured</u>
(Or percentage of total usage)			
<input type="checkbox"/> Domestic (rest rooms, etc)	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, contact	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, non-contact	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Process water	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment/Facility wash down	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm water runoff to sewer	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<u> / </u>	<input type="checkbox"/>	<input type="checkbox"/>

Do you store any process relevant chemicals on site? This could include cutting oils, solvents, paint, caustic cleaners, cooling oils, etc. If yes, what are the quantities stored and do they have secondary containment in the event of spills or leaks?

Is mercury or any mercury containing compound present on site or known to have existed on site in the past?

If your facility employs processes in any of the industrial categories listed below AND any of these processes generate wastewater or waste sludge, circle the category. **(Circle all boxes that apply).**

Aluminum Forming	Feedlots	Meat Products Processing	Pulp and Paper Manufacturing	Coil Coating	Iron/Steel Manufacturing	Phosphates Manufacturing
Battery Manufacturing	Fertilizer Manufacturing	Nonferrous Metal Manufacture	Steam Electric Generation	Dairy Products Processing	Landfills	Textile Mills
Canned/Preserved Fruit and Vegetable Processing	Glass Manufacturing	Plastics/Synthetic Fibers	Transportation Equip Cleaning	Electronic Components Manuf.	Metal Molding and Casting	Petroleum Refining
Cement Manufacturing	Hospitals	Paint Formulating	Timber Products Manufacturing	Explosives Manufacturing	Metal Powders Forming	Porcelain Enameling
Coal Mining and Preparation	Inorganic Chemical Manuf.	Pesticides Manufacturing	Asbestos Manufacturing	Ferroalloy Manufacturing	Mineral Mining/Quarrying	Soaps/Detergent Manufacture
Copper Forming	Leather Tanning/Finishing	Plastics Molding/Forming	Carbon Black Manufacturing	Gum/Wood Chemicals Manuf.	Organic Chemical Manufacture	Sugar Processing
Electrical Components Manuf.	Metal Finishing	Photographic Processing	Canned/Preserved Seafood Processing	Grain Mills Manufacturing	Ore mining/Processing	Waste Combustors
Electroplating	Nonferrous Metals Forming	Pharmaceuticals Manufacturing	Centralized Waste Treatment	Ink Formulating	Paving/Roofing Material Manf.	Alcohol Brewing, Bottling, Distillation, or Storage



Does your facility discharge to surface water, groundwater or storm sewer? Explain.

Section E: Certification Statements

This completed report must be signed by a corporate officer, partner, proprietor, or person having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Signature of Authorized Person

Date

Printed Name

Printed Title

Please return this form to:

Traverse City Regional Wastewater Treatment Plant
Industrial Pretreatment Program
606 Hannah Avenue
Traverse City, MI 49696

Electronic Submission

Electronic copies may be submitted as a PDF by sending to: joshua.lycka@jacobs.com
If you submit electronically, you must retain a copy of this form for your records. You may be asked to present it or submit the original copy during the survey.