

Holland Area Wastewater Treatment Plant Non-Domestic Users Survey

OFFICE USE ONLY
gpd
NAICS

Facility Name

Address

City, State, Zip

Authorized Contact Person

Title

Phone

Website

Email Address

1. Does this building contain multiple company occupants?
If yes, please list all of the company names at this address.
2. Please describe the products and/or types of activities that take place at your facility. Please be specific.
3. Please list your North American Industry Classification System (NAICS) Code if known.
4. List the name of chemical compounds suspected or known to be present in the wastewater from this facility that are associated with manufacturing and/or byproducts.

Over

5. What types of waste, other than lavatories and hand washing, are discharged into the sanitary sewer system from this facility? (ie: process, noncontact cooling water, boiler blowdown, stormwater)

6. List any pretreatment devices. (ie: kitchen grease trap, oil interceptor, sand trap, pH adjustment, silver recovery system)

7. List any waste disposal methods other than into the sewer system.

8. What liquids are stored at this facility in quantities larger than five gallons?

Is there containment that will prevent discharge of these materials into the sewer system if a spill occurs?

9. Does this company have any expansions or process changes planned in the next three years?
If yes, please explain.

Certification Statement: I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information 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.

Authorized Signature _____

Date _____

Print Name _____

Please mail, fax, or e-mail this survey to the address listed below

Pollution Control Division
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