

WASTEWATER DISCHARGE DISCLOSURE REPORT

INDUSTRIAL USER BACKGROUND INFORMATION

PARENT COMPANY

PARENT ADDRESS

PARENT CITY, STATE, ZIP

FACILITY NAME

FACILITY ADDRESS

FACILITY CITY, STATE, ZIP

AUTHORIZED CONTACT PERSON

TITLE

PHONE

FAX

E-MAIL

EMERGENCY CONTACT PERSON

HOME PHONE

PAGER

EMERGENCY CONTACT PERSON IS FOR EMERGENCIES DURING AFTERNOONS, MIDNIGHTS, WEEKENDS, AND HOLIDAYS. THIS PERSON HAS KEYS TO ALL GATES AND DOORS, AND HAS COMPLETE ACCESS AUTHORITY.

WASTEWATER DISCHARGE PERMIT NUMBER

EXPIRATION DATE

GENERAL INDUSTRIAL USER INFORMATION

NATURE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

SCHEDULE OF OPERATION: _____ HOURS/ DAY _____ SHIFTS/DAY

_____ DAYS/ WEEK _____ MONTHS/YEAR

PLANNED SHUTDOWNS OCCUR:

_____ , _____ , _____

STANDARD INDUSTRIAL CLASSIFICATION - SIC CODES

IS THIS A CATEGORICAL INDUSTRIAL USER:

YES

NO

(IF NO, GO TO NEXT SECTION, **WATER SUPPLY**)

CATEGORY - IF APPLICABLE

SUBCATEGORY - IF APPLICABLE _____

IS THIS AN EXISTING OR NEW SOURCE:

EXISTING

NEW

HAS THE BASELINE MONITORING REPORT (BMR) BEEN
SUBMITTED:

YES; DATE SUBMITTED: _____

NO

IS THE INDUSTRIAL USER SUBJECT TO ANY OF THE FOLLOWING:

1. COMBINED WASTESTREAM FORMULA: YES NO

2. PRODUCTION-BASED CATEGORICAL STANDARDS: YES NO

3. TOTAL TOXIC ORGANIC (TTO) LIMITS: YES NO

4. SOLVENT MANAGEMENT PLANS: YES NO

5. WATER SUPPLY YES NO

8/2/2000

WASTEWATER TREATMENT FACILITY

IS THERE PRETREATMENT AT THIS FACILITY (i.e. SAND TRAPS, GREASE TRAPS, pH ADJUSTMENT):

- YES
- NO (IF NO, GO TO THE NEXT SECTION, **STORAGE AREAS**)

BRIEF DESCRIPTION OF PRETREATMENT FACILITIES AND METHODS:

WASTEWATERS THAT ARE TREATED IN WASTEWATER TREATMENT SYSTEM:

DESIGN FLOW FOR THE TREATMENT SYSTEM: _____GPD

ARE ALL TREATMENT UNITS, OTHER THAN BACK-UP UNITS, IN SERVICE: YES NO

IF NO, WHY NOT (ON STANDBY, BROKEN DOWN, OUTDATED, ETC.): _____

IS THERE A FULL-TIME QUALIFIED OPERATOR: YES NO

IS THERE A PART-TIME QUALIFIED OPERATOR: YES NO

ARE OFF-THE-SHELF STOCK REPLACEMENTS AVAILABLE FOR CRITICAL COMPONENTS (i.e. PUMPS, PROBES): YES NO

ARE TREATMENT CHEMICALS FOR USE IN THE WASTEWATER TREATMENT SYSTEM READY AND AVAILABLE (i.e. LIME, CHLORINE, ACID, CAUSTIC SODA):

YES NO

IS THERE AN O & M MANUAL: YES NO

IS THERE A POTENTIAL FOR BYPASS: YES NO

IS THERE SLUDGE GENERATED DUE TO TREATMENT OF WASTEWATER:

YES NO; (GO TO NEXT SECTION, **STORAGE AREAS**)

IS THE SLUDGE TREATED BEFORE DISPOSAL YES NO

DESCRIBE TREATMENT _____

AMOUNT OF SLUDGE PRODUCED _____ (UNITS)

TYPE OF STORAGE _____

IS SLUDGE HAZARDOUS _____

PHYSICAL STATE (SOLID, LIQUID) _____

PERCENT SOLIDS _____

DISPOSE OF SLUDGE YOURSELF YES NO

TYPE OF DISPOSAL _____

LIST NAMES AND ADDRESSES OF ALL PUBLIC AND PRIVATE LANDFILLS OR LAND APPLICATION SITES WHERE YOU DISPOSE OF THE SLUDGE:

LIST NAMES AND ADDRESSES OF ALL PRIVATE AND COMMERCIAL WASTE HAULERS WHO TRANSPORT THE SLUDGE:

STORAGE AREAS

ARE THERE LIQUID CHEMICALS AT THIS FACILITY STORED IN QUANTITIES OF FIVE GALLONS OR MORE: YES NO

ARE THERE MSDS AVAILABLE AT THE FACILITY: YES NO

ARE THERE FLOOR DRAINS IN THE CHEMICAL STORAGE AREA: YES NO

IF YES, WHERE DO THE FLOOR DRAINS DISCHARGE TO (STORM, SANITARY, SELF-CONTAINED PIT, FLOOR TRENCH, PRETREATMENT FACILITY, ETC):

DOES THIS FACILITY HAVE A FLAMABLE STORAGE AREA: YES NO

ARE THERE FLOOR DRAINS IN THE FLAMMABLE STORAGE AREA: YES NO

IF YES, WHERE DO THE FLOOR DRAINS DISCHARGE TO: _____

ARE THERE WASTES OF ANY TYPE STORED ON SITE: YES NO

ARE THERE FLOOR DRAINS IN THIS AREA: YES NO

IF YES, WHERE DO THE FLOOR DRAINS DISCHARGE TO: _____

LIST CHEMICALS STORED ON SITE THAT ARE ON THE MICHIGAN CRITICAL MATERIALS REGISTER OR EPA PRIORITY POLLUTANT LISTING:

BRAND NAME	COMMON NAME	VOLUME	REACTIVE?	CONTAINED?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRODUCTION AREAS

ARE THERE FLOOR DRAINS WITHIN THE PRODUCTION AREA: YES NO

IF YES, WHERE DO THE FLOOR DRAINS DISCHARGE TO: _____

SLUG DISCHARGE CONTROL PLANS

HAS YOUR FACILITY SUBMITTED A SLUG DISCHARGE CONTROL PLAN:

- YES; DATE SUBMITTED _____ (NEEDS TO BE UPDATED EVERY TWO YEARS)
- NO

IF YES, DOES THE EMERGENCY SPILL OR DISCHARGE PROCEDURES INCLUDE

- NOTIFICATION POLICIES: YES NO
- * TO THE POLLUTION CONTROL DEPARTMENT: YES NO
- * TO THE MDEQ: YES NO

HAS THIS FACILITY BEEN RESPONSIBLE FOR ANY SLUG DISCHARGES OR SPILLS TO THE POTW SINCE THE LAST INSPECTION DATE: YES NO

IF YES, WHEN: _____

DESCRIBE: _____

INDUSTRIAL USER LABORATORY AND SAMPLING PROCEDURES

DOES THE INDUSTRIAL USER HAVE LABORATORY MONITORING OF THE WASTEWATER DISCHARGE: YES NO

ARE ANALYTICAL RESULTS AVAILABLE ON FILE: YES NO

FOR AT LEAST THREE YEARS: YES NO

IS FREQUENCY THE SAME AS REQUIRED IN PERMIT: YES NO

IF NO, HOW IS IT DIFFERENT: _____

(IF LABORATORY WORK IS DONE EXCLUSIVELY BY THE HOLLAND BPW OR DOES NOT APPLY, YOU MAY SKIP TO THE NEXT SECTION, **WASTESTREAM CHARACTERISTICS**.)

NAME AND ADDRESS OF OFF SITE LABORATORY: _____

WHAT TESTS ARE DONE OFF SITE: _____

ARE SAMPLING TECHNIQUES ACCORDING TO 40 CFR PART 136 OR SOME OTHER APPROVED METHODS: YES NO

ARE SAMPLE LOCATIONS AND TYPE OF SAMPLE SAME AS SPECIFIED IN THE PERMIT:

YES NO

DOES THE CONTROL AUTHORITY AND THE INDUSTRIAL USER BOTH HAVE ACCESS TO SAMPLING LOCATIONS: YES NO

IS THE pH A GRAB SAMPLE? YES NO

DOES INDUSTRIAL USER HAVE LABORATORY WORK DONE ON-SITE?

- YES
- NO

IF YES, WHAT TESTS ARE DONE ON SITE: _____

IF LAB WORK IS DONE ON SITE, IS THERE A WRITTEN QA/QC PROGRAM IMPLEMENTED: FOR SAMPLING: YES NO

FOR ANALYSIS: YES NO

DESCRIPTION OF QA/QC PROGRAM (BLANKS, DUPLICATES, SPLITS, KNOWN, UNKNOWN, SPIKES, ETC.):

WASTESTREAM CHARACTERISTICS

PROVIDE A LIST OF POLLUTANTS THAT COME IN DIRECT CONTACT WITH THE WATER THAT IS DISCHARGED TO THE POTW: _____

PROVIDE A LIST OF POLLUTANTS THAT DO NOT COME IN DIRECT CONTACT WITH THE WATER THAT IS DISCHARGED TO THE POTW, BUT HAS THE POTENTIAL TO ENTER THE WASTEWATER DUE TO SPILLS, LOADING AND UNLOADING ACCIDENTS, MACHINERY MALFUNCTIONS OR OTHER SIMILAR PROBLEMS:

GENERAL

DOES THIS FACILITY HAVE ANY STORMWATER THAT GOES TO THE SANITARY SEWER, INCLUDING ANY DRAINS OUTSIDE THE FACILITY BUILDINGS SUCH AS THOSE NEAR THE TRUCK DOCKS OR LOADING/UNLOADING AREAS, OR THE ROOF DRAINS FROM ANY BUILDINGS:

- NO
- YES; EXPLAIN _____

IS THERE A COMPLETE FILE OF BPW MAILINGS, INFORMATION, CORRESPONDENCE, PROCEDURES, ETC.; YES NO

IS THE PERMIT AVAILABLE FOR INSPECTION OR RESEARCH:

- YES
- NO; WHY NOT: _____

IS ANY OF THE INFORMATION IN THIS FORM CONFIDENTIAL INFORMATION PURSUANT TO 40 CFR 403.14:

- YES NO

HAS THE INDUSTRIAL USER HAD TO NOTIFY THE POTW OF SUBSTANCES DISCHARGED TO THE POTW THAT OTHERWISE DISPOSED OF WOULD BE A HAZARDOUS WASTE UNDER 40 CFR PART 261 AS REQUIRED IN 40 CFR 403.12(P):

- YES NO

SCHEMATIC DRAWING

THE CONTROL AUTHORITY NEEDS A SCHEMATIC DRAWING THAT INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

- 1. LOCATIONS OF PROCESS EQUIPMENT, WASTEWATER TREATMENT, CHEMICAL AND WASTE STORAGE AREAS.
- 2. WATER FLOW THROUGHOUT THE FACILITY, COMPLETE WITH DIRECTION.
- 3. LOCATION OF SAMPLING POINTS.
- 4. LOCATION OF FLOOR DRAINS.
- 5. LOCATION OF DISCHARGE POINTS.

THIS SCHEMATIC ONLY HAS TO BE SUBMITTED ONCE, HOWEVER SHOULD BE CONTINUALLY UPDATED IF THERE ARE CHANGES, ADDITIONS, OR DELETIONS TO ANY OF THE ABOVE REQUIRED ITEMS.

DOES THIS FACILITY HAVE AN UPDATED SCHEMATIC ON FILE WITH THE CONTROL AUTHORITY: YES NO

REQUIRED SIGNATURE

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

SIGNATURE: _____ DATE: _____

NAME (PRINT): _____ TITLE: _____

FOR OFFICE USE ONLY

INSPECTION INFORMATION

INSPECTOR'S NAME TITLE DATE

TYPE OF INSPECTION:

- SCHEDULED
- UNANNOUNCED

REASON FOR INSPECTION:

- NEW COMPANY
- COMPLAINT
- ROUTINE
- FOLLOW-UP
- SPILL
- VIOLATION
- SAMPLING
- NON-SAMPLING
- ANNUAL
- OTHER

DATE OF LAST INSPECTION: _____

DATE AND TIME OF THIS INSPECTION: _____

OBSERVE AND DESCRIBE THE CHARACTERISTICS OF THE WASTESTREAM BEING DISCHARGED BY THE INDUSTRIAL USER TO THE SANITARY SEWER (COLOR, TURBIDITY, OIL AND GREASE, pH, ETC.): _____

TIME OF OBSERVATION: _____

IS THE FACILITY WELL-MAINTAINED:

- GOOD
- FAIR
- POOR