



1. Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

2. Write the appropriate Standard Industrial Code (SIC) in the box.  other   
Write the appropriate National American Industry Classification System (NAICS) number  
for your business here:

3. What type of waste(s) do you discharge to the sanitary sewer?  
 Sanitary                       Wash Water                       Rinse Waters  
 Cooling Water                       Process Water                       Scrubber Water  
Other \_\_\_\_\_

4. Do you use, store or discharge any acids, bases, or other materials that may be harmful to aquatic organisms?  
 Yes                       No

5. Does the operation of your processes or wastewater treatment facility result in a residue or residual sludge type waste?       Yes                       No

6. Schedule of Operations:  
\_\_\_\_\_ Number of employees  
\_\_\_\_\_ hrs/day      \_\_\_\_\_ days/wk      \_\_\_\_\_ shifts/day      \_\_\_\_\_ mos./yr

7. a. If you answered only Sanitary to question 3., sign and return this form to address listed in 7b.
- b. If your answer to question 3. is other than Sanitary., complete Section II through VII of this form, sign it, and return to:

Fred Taylor, Industrial Pre Treatment Coordinator  
City of Gandville Clean Water Plant  
15 Baldwin,  
Jenison, MI 49428

## II. PROCESS AND PRODUCTS

1. Describe each process (add sheets if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is any of the enclosed information considered to be confidential?

Yes

No

If yes, please explain (all requests for confidentiality will be processed accordingly):

3. Water Supply:

Municipal

Well

Other (explain)

Water consumption:

\_\_\_\_\_ Gallons per \_\_\_\_\_

4. Does your facility have a Spill Prevention Control and Counter Measures Program?

Yes

No

## III. PROCESS WASTEWATER

1. Identify Outfalls (check):

\_\_\_\_\_ Surface Waters. Name of receiving waters:

\_\_\_\_\_ Septic tank-tile field.

\_\_\_\_\_ Surface of ground

\_\_\_\_\_ Municipal sanitary sewer.

\_\_\_\_\_ Storm sewer.

\_\_\_\_\_ Other, describe:

(include line drawing(s) of process flows and all floor drains discharging to each outfall)

2. Volumes of discharge:

Average Daily Flow: \_\_\_\_\_ Gallons per Day

Flow is:

Maximum Daily Flow: \_\_\_\_\_ Gallons per Day

Estimated

Measured

3. Type of wastewater:

\_\_\_\_\_ % Process

\_\_\_\_\_ % Cooling

\_\_\_\_\_ % Sanitary

\_\_\_\_\_ % Other

4. Are drains (roof, parking lot, etc.) discharged into the sanitary sewer?

Yes

No

If Yes, estimate area drained: \_\_\_\_\_ sq. ft.

**IV. DISPOSAL PRACTICES (add extra pages if necessary)**

1. Please explain how do you dispose of spent chemicals.

Volume disposed:

2. Please explain how do dispose of spoilage.

3. Please explain how do you dispose of precipitates and/or sludges or residuals.

Volume disposed:

4. Name of waste hauler: \_\_\_\_\_ License number: \_\_\_\_\_

5. Do you have pretreatment for your wastes?

Yes  No

If Yes: Type:

Size:

Frequency of Operation:

If No, where and how are the wastes disposed of?

To Sanitary Sewer  To Storm Sewer

Industrial Waste hauler  Other

If Other, Please explain: \_\_\_\_\_

6. Do you have air emission control equipment which would discharge to the sewer system?

Yes  No

7. Are any of the materials listed in Table I discharged with wastes?

Yes  No

If Yes, list by number from Table I:

## V. SPILL PREVENTION (add extra pages if necessary)

1. List bulk materials stored on site (liquid, solids), (include cleaning agents).

Material: \_\_\_\_\_ Volume: \_\_\_\_\_ Location in Plant: \_\_\_\_\_

Material: \_\_\_\_\_ Volume: \_\_\_\_\_ Location in Plant: \_\_\_\_\_

2. Is Separate secondary containment provided for bulk materials?

Yes  No  Some

3. Is separate secondary containment provided for those processes which contain chemicals listed in Table I?

Yes  No  Some

4. Has separate storage been provided for those chemicals with the potential for hazardous reactions, i.e. acid with cyanide, acids with bases?

Yes  No

## VI. SAMPLING AND ANALYSIS

1. Are sampling points available for:

Process Line  Yes  No

Outfall  Yes  No

2. Do you sample your process discharge(s)?

Yes  No

3. Type of sample:

Grab  Composite

If Composite, are samples taken by:

Time  Flow

4. Is a sampling vault and/or manhole provided?

Yes  No

5. Sampling schedule (i.e., 24-hour, during working hours, etc.):

6. What laboratory analysis (wastewater/solids) can be performed on site?

## VII. MISCELLANEOUS

1. Describe any safety precautions to be observed by those visiting your site (safety glasses, hard hats, etc.).

2. Company Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

**Please sign and date the front page of this document.**

**This document should be returned within 30 days of receipt**