

Office of Environmental Compliance  
City of Saginaw Wastewater Treatment Facility  
2406 Veterans Memorial Parkway  
Saginaw, Michigan 48601-1268

### **City of Saginaw Non-Domestic Sewer User Survey**

The information provided in this survey will enable the City of Saginaw Wastewater Treatment Industrial Pretreatment Program to update files related to non-domestic sewer users in the City of Saginaw and Northwest Utilities Authority service area.

Please complete this mandatory survey and return it within thirty (30) days to the Environmental Compliance Office. This survey is in accordance with the City of Saginaw Code of Ordinances Title V, Chapter 51:Sewer, Michigan Department of Environmental Quality (MDEQ) and the United States Environmental Protection Agency (USEPA), Industrial Pretreatment rules and regulations. If you have any questions please contact the Environmental Compliance Office at (989) 759-1523.

The following websites contain information that may be helpful in filling out this survey.

#### **City of Saginaw Code of Ordinances Title V, Chapter 51: Sewer**

[www.saginaw-mi.com](http://www.saginaw-mi.com)

click on *Information*

click on *Code of Ordinance*

click on <http://www.amlegal.com/saginaw-mi/>

click on *No Frames*

under Links choose *Online Library* click on *The State of Michigan*

click on *Saginaw*

click on the *Framed Version* to view the ordinance

once *Chapter 51 Sewer* is opened, go down to "*Wastewater Disposal*" for information on wastewater.

#### **DEQ –Industrial Pretreatment web site**

[www.michigan.gov/deg](http://www.michigan.gov/deg)

click on *Water* click on *Biosolids & Industrial Pretreatment*

click on the *Industrial Pretreatment* box

#### **Code of Federal Regulations (CFR) on Industrial Pretreatment**

[www.gpoaccess.gov](http://www.gpoaccess.gov)

under Executive Resources click on *Code of Federal Regulations*

under Related Sources click on *e-CFR*

browse, choose and go to *Title 40-Protection of Environment*, this covers wastewater regulations  
40CFR, part 403 covers Industrial Pretreatment

#### **EPA- Total Toxic Organics**

[www.gpoaccess.gov](http://www.gpoaccess.gov)

under Executive Resources click on *Code of Federal Regulations*

under Related Sources click on *e-CFR*

browse, choose and go *Title 40-Protection of Environment*, this covers wastewater regulations  
40 CFR, part 413.02 (i) covers Toxic Organics

#### **List of Standard Industrial Classification Codes (SIC)**

[www.epa.gov/enviro/html/sic\\_1kup.html](http://www.epa.gov/enviro/html/sic_1kup.html) enter your classification

**City of Saginaw Non-Domestic Sewer User Survey**

A separate questionnaire is required for each business location.

1. Company Name: \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_

3. Facility Address: \_\_\_\_\_

P.O. Box Number: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

4. Contact person: \_\_\_\_\_

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

5. Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ e-mail: \_\_\_\_\_

6. Number of employees: \_\_\_\_\_

7. Water billing account number: \_\_\_\_\_

8. Average monthly water usage: \_\_\_\_\_

9. Provide a brief description of the manufacturing, production or service activities your company conducts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Standard Industrial Classification (SIC) code(s): \_\_\_\_\_

11. Hours of Operation  
hrs/day \_\_\_\_\_ days/week \_\_\_\_\_ shifts/day \_\_\_\_\_ months/year \_\_\_\_\_

12. Outlets that would involve discharge to the sewer system (check all that apply)

<input type="checkbox"/>	Air Conditioning
<input type="checkbox"/>	Bldg. Underdrains
<input type="checkbox"/>	Boiler Blowdown
<input type="checkbox"/>	Floor Drains
<input type="checkbox"/>	Footing Drains
<input type="checkbox"/>	Holding Tanks
<input type="checkbox"/>	Kitchen Wash Sinks

<input type="checkbox"/>	Laundry Facilities
<input type="checkbox"/>	Public Restrooms
<input type="checkbox"/>	Process Drains
<input type="checkbox"/>	Roof Drains
<input type="checkbox"/>	Sump Pumps
<input type="checkbox"/>	Wash Bays
<input type="checkbox"/>	Other: _____

13. List the number of sewer outlets at your facility. (all that apply)

<input type="checkbox"/>	Floor Drains
<input type="checkbox"/>	Process Drains
<input type="checkbox"/>	Other _____

<input type="checkbox"/>	Sink Drains
<input type="checkbox"/>	Toilet Drains

14. Have the facility discharge waters ever been analyzed?

No

Yes, Provide a brief description \_\_\_\_\_

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15. Does the facility contain or store any of the following? (check all that apply)

<input type="checkbox"/>	Acids /Caustics
<input type="checkbox"/>	Boiler Compounds
<input type="checkbox"/>	Chemicals
<input type="checkbox"/>	EPA Total Toxic Organics
<input type="checkbox"/>	Glycol Products
<input type="checkbox"/>	Hazardous Wastes
<input type="checkbox"/>	Liquid Soaps or Detergents

<input type="checkbox"/>	Non-Hazardous Waste
<input type="checkbox"/>	Oils/ Petroleum Products
<input type="checkbox"/>	Paints
<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	Sludge
<input type="checkbox"/>	Solvents
<input type="checkbox"/>	Storage Tanks including Underground

16. If the answer to question 15 is yes, provide the specific name, quantity and volume of each container exceeding five gallons.

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17. Is secondary containment provided for the above products in the event of an accidental spill of these materials, please describe? (Dikes, Trenches or Storage control)

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18. Treatment devices or processes used or proposed for treating wastewater or sludge (Check all that apply)

<input type="checkbox"/>	Air flotation
<input type="checkbox"/>	Biological treatment

<input type="checkbox"/>	Neutralization, pH correction
<input type="checkbox"/>	Ozonation

- Carbon Absorption
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation
- Grease trap
- Grinding filter
- Grit removal
- Ground Water Remediation System
- Ion exchange

- Polymer addition
- Rainwater diversion or storage
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Silver Recovery Unit
- Solvent separation
- Spill protection
- Sump
- Ultra filtration
- Other chemical treatment
- Other physical treatment

19. Do you file? Yes      No

(PIPP) Pollution Incident Prevention Plan MDEQ

(AWR) Annual Wastewater Reports MDEQ

Storm Water Permits MDEQ

(SPCC) Spill Prevention & Counter Measure Control USEPA

20. Has your facility been issued any Federal, State, of Local environmental permits or an EPA identification number?

No

Yes, Please give the number(s) and date(s) issued: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Are there any Polychlorinated biphenyls (PCBs) at your facility? Yes      No

22. Have PCBs been present at this facility in the past? Yes      No

The information contained in this questionnaire is familiar to me and to the best of my knowledge and belief; said information is true, complete and accurate.

Print name and title of authorized representative:

\_\_\_\_\_

Signature of authorized representative and date:

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