

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

**City of Saginaw/Northwest Utilities Authority Sewer District**  
**Discharge Permit Application/Comprehensive Industrial Wastewater Survey**

The information provided in this survey/permit application 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 the Permit Application and return it within ninety (90) days to the Environmental Compliance Office. This survey/permit application 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 permit.

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

[www.amlegal.com/library/mi/index.shtml](http://www.amlegal.com/library/mi/index.shtml)

**DEQ –Industrial Pretreatment web site**

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

[\(Go to Department/ Water\)](#)

**General Industrial Pretreatment Regulations, (40CFR403)**

[www.gpoaccess.gov/cfr/index.html](http://www.gpoaccess.gov/cfr/index.html)

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

[www.sec.gov/info/edgar/siccodes.html](http://www.sec.gov/info/edgar/siccodes.html)

**List of North American Industry Classification System (NAICS)**

[www.naics.com](http://www.naics.com)

**Reference material included with this application:**

1. Local limits
2. List of pollutants for analysis

**SECTION A - GENERAL INFORMATION**

- 1. Facility Name: \_\_\_\_\_
  
- 2. Facility Address:  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone and Fax # \_\_\_\_\_
  
- 3. Business Mailing Address:  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone and Fax # \_\_\_\_\_
  
- 4. Designated signatory authority of the facility: (Attach similar information for each authorized representative)  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone and Fax # \_\_\_\_\_  
E-mail \_\_\_\_\_
  
- 5. Designated environmental facility contact: (if different from #4 above)  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone and Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**SECTION B - BUSINESS ACTIVITY**

- 1. If the facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (Check all that apply).

EPA Industrial Categories

<input type="checkbox"/>	Aluminum Forming
<input type="checkbox"/>	Asbestos Manufacturing
<input type="checkbox"/>	Battery Manufacturing
<input type="checkbox"/>	Canned and Preserved Fruits and Vegetable Processing
<input type="checkbox"/>	Canned and Preserved Seafood Processing
<input type="checkbox"/>	Carbon Black Manufacturing
<input type="checkbox"/>	Cement Manufacturing
<input type="checkbox"/>	Centralized Waste Treatment

	Chemicals with Pesticides
	Coal Mining
	Coil Coating
	Copper Forming
	Dairy Products Processing
	Electrical and Electronic Components
	Electroplating
	Explosives Manufacturing
	Ferroalloy Manufacturing
	Fertilizer Manufacturing
	Glass Manufacturing
	Gum and Wood Chemicals Manufacturing
	Hospital
	Ink Formulating
	Inorganic Chemicals Manufacturing
	Iron and Steel Manufacturing
	Meat and Poultry Products
	Leather Tanning and Finishing
	Meat and Poultry Products
	Metal Finishing (electroplating, electrolyses plating, anodizing, coating, chemical Etching and milling, and printed circuit board manufacture)
	Metal Molding and Casting
	Metal Powders
	Metal Products and Machinery
	Nonferrous Metal Forming and Metal Powders
	Nonferrous Metal Manufacturing
	Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing
	Paint Formulating
	Paving and Roofing Materials (Tars and Asphalt)
	Pesticide Chemicals
	Pharmaceutical Manufacturing
	Photographic
	Phosphate Manufacturing
	Plastic and Synthetic Materials Manufacturing
	Plastics Molding and Forming
	Porcelain Enameling
	Pulp, Paper, and Paperboard Manufacturing
	Rubber Manufacturing
	Soap and Detergent Manufacturing
	Steam Electric Power Generating
	Sugar Processing
	Timber Processing
	Transportation Equipment Cleaning
	Waste Combustors



**SECTION C - WATER CONSUMPTION AND LOSS**

List average water usage at the facility:

Type	Average Water Usage (GPD)
Contact cooling water	
Non-contact cooling water	
Boiler, tower blow down	
Contained in product	
Process Wastewater	
Domestic (bathrooms, kitchen, household)	
Air pollution control unit	
Irrigation and lawn watering	
Facility & equipment wash down	
Other	
TOTAL	

**SECTION D - SEWER and WASTEWATER DISCHARGE INFORMATION**

1. In business since: \_\_\_\_\_

2. Is the building presently connected to the public sanitary sewer system? (Yes/No)

If yes, what is the sanitary sewer account number? \_\_\_\_\_

If no, have you applied for a sanitary sewer hookup? (Yes/No)

3. Does (or will) this facility discharge any wastewater other than domestic (bathrooms, kitchen, household) to the City (POTW)? (Yes/No)

4. List size, descriptive location, and flow of each facility sewer, that connects to the City's sewer system (POTW). (Attach additional sheets as needed)

Sewer Size Inches	Descriptive Location of Sewer Connection and Discharge Point	Flow Avg/Max (GPD)



9. Sewer Layout – For the entire property, provide a sewer layout blueprint which includes all sanitary, storm and combined sewer sizes, connections, manholes and orientation. The drawing must be signed and certified by a state registered professional engineer.
10. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? (Consider production processes as well as air or water pollution treatment processes that may affect the discharge.)

(Yes/No)

If yes, describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if necessary)

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11. Are any reclamation systems in use or planned?

(Yes/No)

12. Are any of the following located on the property? (Check all that apply)

<input type="checkbox"/>	Private or abandoned wells	<input type="checkbox"/>	Monitoring wells
<input type="checkbox"/>	Dry wells	<input type="checkbox"/>	Storm sewer
<input type="checkbox"/>	Combined sewer- sanitary/storm	<input type="checkbox"/>	Sanitary sewer

**SECTION E – CHARACTERISTICS OF DISCHARGE**

Analytical data reports shall be provided for all pollutants listed below and shall conform to 40 CRF Part 136. Samples must be representative of normal work cycles and expected pollutant discharges to the WWTP. Reports must also contain the sampling location, flow rate, time and date of sample collection.

Parameter	Units
Biochemical Oxygen Demand (BOD <sub>5</sub> )	mg/L
Fats, Oils and Grease (FOG)	mg/L
Ammonia Nitrogen (NH <sub>3</sub> N)	mg/L
Total Phosphorus	mg/L
pH	Standard Units
Temperature (T)	Degrees Fahrenheit
Total Suspended Solids (TSS)	mg/L
Amenable Cyanide (CN <sup>-</sup> )	mg/L
Arsenic (As)	mg/L
Cadmium (Cd)	mg/L
Chromium (Cr)	mg/L
Copper (Cu)	mg/L
Mercury (Hg)	mg/L
Nickel (Ni)	mg/L

Lead (Pb)	mg/L
Selenium (Se)	mg/L
Zinc (Zn)	mg/L
Benzene	mg/L
BTEX	mg/L
Total Toxic Organics (TTOs)	mg/L
Polychlorinated Biphenyls (PCBs)	ug/L

**SECTION F- WASTEWATER TREATMENT**

1. Is any form of wastewater treatment practiced at this facility? (Yes/No)  
 If no, skip to section G

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

- |  |   |
|--|---|
| <input type="checkbox"/> Air flotation                   | <input type="checkbox"/> Ion exchange                   |
| <input type="checkbox"/> Biological treatment, type      | <input type="checkbox"/> Mercury recovery system        |
| <input type="checkbox"/> Carbon Adsorption               | <input type="checkbox"/> Neutralization, pH correction  |
| <input type="checkbox"/> Centrifuge                      | <input type="checkbox"/> Ozonation                      |
| <input type="checkbox"/> Chemical precipitation          | <input type="checkbox"/> Polymer addition               |
| <input type="checkbox"/> Chlorination                    | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Cyclone                         | <input type="checkbox"/> Reverse osmosis                |
| <input type="checkbox"/> Filtration                      | <input type="checkbox"/> Sedimentation                  |
| <input type="checkbox"/> Flow equalization               | <input type="checkbox"/> Septic tank                    |
| <input type="checkbox"/> Grease or oil separation, type  | <input type="checkbox"/> Silver recovery unit           |
| <input type="checkbox"/> Grease trap                     | <input type="checkbox"/> Solvent separation             |
| <input type="checkbox"/> Grinding filter                 | <input type="checkbox"/> Spill protection               |
| <input type="checkbox"/> Grit removal                    | <input type="checkbox"/> Sump                           |
| <input type="checkbox"/> Ground water remediation system | <input type="checkbox"/> Ultra filtration               |
|  | Other, Please name                                      |

3. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment process checked above.  
 (Attach additional sheets if necessary)

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4. Is any form of wastewater treatment (or changes to a existing wastewater treatment) planned for this facility within the next three years? (Yes/No)

If yes, describe treatment

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5. Attach a process flow diagram for each existing or planned treatment system. Include process equipment, by-products, by-product disposal method, and by-product transfer method, waste and by-product volumes and design and operating conditions.

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6. Describe any future changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include the estimated completion date(s).

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7. Is there a wastewater treatment operator or a company responsible for the operation of the treatment system? (Yes/No)

If yes, provide the following information, If no, skip to number 8

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

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

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

Full Time: \_\_\_\_\_ (Specify hours)

Part Time: \_\_\_\_\_ (Specify hours)

8. Is the operator certified? (Yes/No)

9. Is there an Operations Manual kept on site for the pretreatment equipment? (Yes/No)

10. Is there a maintenance schedule for the pretreatment system(s)? (Yes/No)

11. What preventative maintenance is performed on the pretreatment system(s)?

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## SECTION G – CHEMICAL INVENTORY AND SPILL PREVENTION

1. Does this facility use or store any pesticides or toxic organic pollutants?  
(See list of organic pollutants provided)

(Yes/No)

2. List types and quantity of all chemicals used or planned for use. Include copies of manufacturer's Material Safety Data Sheets (MSDS) and any other related certificates of analyses for all chemicals identified. For petroleum products please list description and quantity only. (Information can be put on a CD or Disk)

Chemical	Quantity

3. Are there chemical storage containment areas at the facility? (Yes/No)

If yes, please give a description of their location, contents, size, type, frequency and the method of cleaning. Also, indicate in a diagram or comment on the proximity of these containment areas to a sewer or storm drain.

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4. Are there floor drains in the manufacturing or chemical storage area(s)? (Yes/No)

If yes, where do they discharge?

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5. If there are chemical storage containment areas in the manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)

<input type="checkbox"/> Sanitary sewer system (POTW)	<input type="checkbox"/> Ground
<input type="checkbox"/> Storm drain	<input type="checkbox"/> Combined sewer –sanitary/storm
<input type="checkbox"/> Other, specify _____	

6. Does this facility have a Pollution Incident Prevention Plan (PIPP), Slug Plan, Spill Prevention or Spill Prevention Countermeasure & Control Plan (SPCC) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system? (Yes/No)

If yes, (Please attach a copy of all that apply with the application)

7. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

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8. Does the facility discharge, generate, dispose of, store or handle hazardous materials or wastes. (Yes/No)

**SECTION H - CATEGORICAL INDUSTRIAL USERS**

**Provide the following Total Toxic Organic (TTO) information.**

1. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard 40 CFR Part 433.2 and 413.3 of the applicable categorical pretreatment standards published by EPA? (Yes/No)
2. Has a baseline monitoring report (BMR) that contains TTO been completed? (Yes/No)  
 If yes, please attach a copy
3. Has a toxic organics management plan (TOMP) been developed? (Yes/No)  
 If yes, please attach a copy

**SECTION I - NON-DISCHARGED WASTES**

1. Are any waste liquid or sludge generated, reclaimed, recycled or disposed of at the facility? (Yes/No)  
 If yes, please describe below

Waste Generated	Quantity (per year)	Disposal Method

2. State the name and address of all waste haulers:
- |                       |                       |
|-----------------------|-----------------------|
| Name _____            | Name _____            |
| Address _____         | Address _____         |
| Permit # _____        | Permit # _____        |
| (If applicable) _____ | (If applicable) _____ |
| Name _____            | Name _____            |
| Address _____         | Address _____         |
| Permit # _____        | Permit # _____        |
| (If applicable) _____ | (If applicable) _____ |

**SECTION J - ENVIRONMENTAL PERMITS**

If any federal, state, or local environmental permits have been issued to the facility please list them below?

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**SECTION K - COMPLIANCE CERTIFICATION**

1. Are all applicable federal, state, or local pretreatment standards and requirements being met on a consistent basis? (Yes/No)   
If no, answer the following questions:

- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

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- b. Provide a schedule for bringing the facility into compliance. Specify major events planned and reasonable completion dates. Note: if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone	Completion Date

**SECTION L - AUTHORIZED SIGNATURES**

In accordance with City of Saginaw Code of Ordinances Title V, Chapter 51§34 or the Northwest Utilities Authority Sewage Disposal Regulations No. 91-1, §1-114, information and data provided in this permit application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in Chapter 51§39 or 1-114. There is a \$200.00 dollar administration fee for processing the permit application. Send the completed and signed application, and the \$200.00 processing fee, within 90 days to:

**City of Saginaw, Wastewater Treatment Facility**  
**2406 Veterans Memorial Parkway**  
**Saginaw, MI 48601-1268**

Make check payable to: **Treasurer, City of Saginaw**  
Include City account number: **590-0000-523-4730.**

Your cooperation is appreciated.

Authorized Representative Statement:

“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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

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

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

Signature: \_\_\_\_\_

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

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

Fax #: \_\_\_\_\_

## **City of Saginaw Discharge Permit Application Required Analytical Parameters**

Ammonia Nitrogen  
Biological Oxygen Demand (BOD-5 day)  
Phosphorus  
pH  
Temperature  
Total Suspended Solids  
Oil and grease  
Cyanide, total  
Cyanide, amenable  
Arsenic  
Cadmium  
Chromium  
Copper  
Mercury  
Nickel  
Lead  
Selenium  
Zinc

### **Priority Pollutants, Volatiles (VOC)**

1,1,1-Trichloroethane  
1,1,1,2-Tetrachloroethane  
1,1,2-Trichloroethane  
1,1-Dichloroethane  
1,1-Dichloroethene  
1,2-Dichlorobenzene  
1,2-Dichloroethane  
1,2-Dichloropropane  
2-Chloroethylvinyl ether  
Acrolein  
Acrylonitrile  
Benzene  
Bromodichloromethane  
Bromoform  
Bromomethane  
Carbon tetrachloride  
Chlorobenzene  
Chloroethane  
Chloroform  
Chloromethane  
Cis-1,2-Dichloroethene  
Cis-1,3-Dichloropropene  
Dibromochloromethane  
Ethylbenzene  
Methylene chloride  
Tetrachloroethene  
Toluene

Trans-1,2-Dichloroethene  
Trans-1,3-Dichloropropene  
Trichloroethene  
Trichlorofluoromethane  
Vinyl chloride  
Xylenes

**Priority Pollutants, Semi-Volatile Base Neutral, Acids**

2,4,6-Trichlorophenol  
2,4-Dichlorophenol  
2,4-Dimethylphenol  
2,4-Dinitrophenol  
2-Chlorophenol  
2-Methyl-4,6-dinitrophenol  
2-Nitrophenol  
4-Chloro-3-methylphenol  
4-Nitrophenol  
Pentachlorophenol  
Phenol  
1,2,4-Trichlorobenzene  
1,2-Dichlorobenzene  
1,2-Diphenylhydrazine  
1,3-Dichlorobenzene  
1,4-Dichlorobenzene  
2,3,7,8-TCDD  
2,4-Dinitrotoluene  
2,6-Dinitrotoluene  
2-Chloronaphthalene  
3,3'-Dichlorobenzidine  
4-Bromophenyl phenyl ether  
4-Chlorophenyl phenyl ether  
Acenaphthene  
Acenaphthylene  
Anthracene  
Benzidine  
Benzo(a)anthracene  
Benzo(a)pyrene  
Benzo(b)fluoranthene  
Benzo(ghi)perylene  
Benzo(k)fluoranthene  
Bis(2-chloroethoxy)methane  
Bis(2-chloroethyl)ether  
Bis(2-chloroisopropyl)ether  
Bis(2-ethylhexyl)phthalate  
Butylbenzyl phthalate  
Chrysene  
Di-N-butylphthalate  
Di-n-Octyl phthalate

Dibenzo(ah)anthracene  
Diethyl phthalate  
Dimethyl phthalate  
Fluoranthene  
Fluorene  
Heptachlor  
Heptachlor epoxide  
Hexachlorobenzene  
Hexachlorobutadiene  
Hexachlorocyclopentadiene  
Hexachloroethane  
Indeno(123cd)pyrene  
Isophorone  
N-Nitrosodi-n-propylamine  
N-Nitrosodimethylamine  
N-Nitrosodiphenylamine  
Naphthalene  
Nitrobenzene  
Phenanthrene  
Pyrene

**Priority Pollutants, Pesticides**

4,4'-DDD  
4,4'-DDE  
4,4'-DDT  
Aldrin  
Alpha-BHC  
Beta-BHC  
Chlordane  
Delta-BHC  
Dieldrin  
Endosulfan I  
Endosulfan II  
Endosulfan sulfate  
Endrin  
Endrin aldehyde  
Gamma-BHC  
Heptachlor  
Heptachlor epoxide  
Toxaphene

**Priority Pollutants, PCBs by Method 608 Only**

PCB Aroclor 1016  
PCB Aroclor 1221  
PCB Aroclor 1232  
PCB Aroclor 1242  
PCB Aroclor 1248  
PCB Aroclor 1254  
PCB Aroclor 1260

## City of Saginaw

### Code of Ordinances, Title V: Chapter 51: Sewer Local Limits

Parameter	Limit Daily Max	Units
BOD <sub>5</sub> Biochemical Oxygen Demand	493	mg/L
CN <sup>-</sup> Cyanide (amenable)	0.473	mg/L
FOG Fats, Oils and Grease	100	mg/L
NH <sub>3</sub> N Ammonia Nitrogen	77	mg/L
P Phosphorus	7	mg/L
pH	6.0 to 10.5	S.U.
Temperature	120	Deg. F.
TSS Total Suspended Solids	1100	mg/L
<b>Metals</b>		
As Arsenic	0.473	mg/L
Cd Cadmium (total)	0.110	mg/L
Cr Chromium (total)	2.770	mg/L
Cu Copper (total)	1.184	mg/L
Hg Mercury	• 0.0002	mg/L
Ni Nickel (total)	1.786	mg/L
Pb Lead (total)	0.377	mg/L
Se Selenium (total)	0.083	mg/L
Zn Zinc (total)	1.162	mg/L
<b>Organics</b>		
Benzene	0.5	mg/L
Total BTEX	5	mg/L
PCBs Total Polychlorinated Biphenyls	• 0.2	µg/L

- The quantification level shall not exceed 0.0002 mg/L unless a higher level is appropriate due to matrix interference. Any discharge of mercury at or above the quantification level is a specific violation.
- The quantification level shall be 0.2 µg/L unless a higher level is appropriate due to matrix interference. Any discharge of total PCBs at or above the quantification level is a specific violation.

### Surcharge Limits

Parameter	Limit	Units	Surcharges
BOD <sub>5</sub> Biochemical Oxygen Demand	200	mg/L	\$0.14 /lb
NH <sub>3</sub> N Ammonia Nitrogen	30	mg/L	\$0.41 /lb
P Phosphorus	4	mg/L	\$1.02 /lb
TSS Total Suspended Solids	350	mg/L	\$0.12 /lb

Plus a 10% charge of the amount of the charges not paid on or before the due date.