

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

in drop down box select *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

click on Title V

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

DEQ –Industrial Pretreatment web site

www.michigan.gov/deq

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

under Featured Collections 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

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
40 CFR, part 413.02 (i) covers Toxic Organics

List of Standard Industrial Classification Codes (SIC)

www.epa.gov/enviro/html/sic_lkup.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 business conducts.

10. Hours of Operation
hrs/day _____ days/week _____ shifts/day _____ months/year _____

11. 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: _____

12. Enter the quantity of each item connected to the sewer.

Floor Drains
Process Drains
Other _____

Sink Drains
Toilet Drains

13. Have the facility discharge waters ever been analyzed?

No

Yes, Provide a brief description _____

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

Acids /Caustics
Boiler Compounds
Chemicals
EPA Total Toxic Organics
Glycol Products
Hazardous Wastes
Liquid Soaps or Detergents

Non-Hazardous Waste
Oils/ Petroleum Products
Paints
Pesticides
Sludge
Solvents
Storage Tanks including Underground

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

16. 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)

17. 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"/> | Amalgam separator | <input type="checkbox"/> | Neutralization, pH correction |
| <input type="checkbox"/> | Biological treatment | <input type="checkbox"/> | Ozonation |
| <input type="checkbox"/> | Carbon absorption | <input type="checkbox"/> | Polymer addition |
| <input type="checkbox"/> | Centrifuge | <input type="checkbox"/> | Rainwater diversion or storage |
| <input type="checkbox"/> | Chemical precipitation | <input type="checkbox"/> | Reverse osmosis |
| <input type="checkbox"/> | Chlorination | <input type="checkbox"/> | Screen |
| <input type="checkbox"/> | Cyclone | <input type="checkbox"/> | Sedimentation |
| <input type="checkbox"/> | Filtration | <input type="checkbox"/> | Septic tank |
| <input type="checkbox"/> | Flow equalization | <input type="checkbox"/> | Silver recovery unit |
| <input type="checkbox"/> | Grease or oil separation | <input type="checkbox"/> | Solvent separation |
| <input type="checkbox"/> | Grease trap | <input type="checkbox"/> | Spill protection |
| <input type="checkbox"/> | Grinding filter | <input type="checkbox"/> | Ultra filtration |
| <input type="checkbox"/> | Grit removal | <input type="checkbox"/> | Other chemical treatment |
| <input type="checkbox"/> | Ground water remediation system | <input type="checkbox"/> | Other physical treatment |

18. 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

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

No

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

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

21. 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: _____