



# Wastewater Discharge Survey

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PLEASE COMPLETE AND RETURN THIS FORM WITHIN 30 DAYS TO:

**City of Ann Arbor Wastewater Treatment Facility  
49 Old Dixboro Road  
Ann Arbor, MI 48105**

All commercial or industrial users which discharge to the City of Ann Arbor Wastewater Treatment Facility are required to complete a wastewater discharge survey. Use current data, if available, or your best estimate. Answer all questions to the best of your ability.

Check one:  New Sewer Connection  Existing Sewer Connection  
Check one:  Commercial  Industrial

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

Facility Address: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Name of Facility Owner: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

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

Facility Contact: \_\_\_\_\_

Title or Position: \_\_\_\_\_

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

1. Number of Employees: \_\_\_\_\_
2. Hrs/day \_\_\_\_\_ days/week \_\_\_\_\_ shifts/day \_\_\_\_\_ months/year \_\_\_\_\_

3. **NAICS code:** \_\_\_\_\_

What is the nature of business conducted at this address:

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4. List any products manufactured at this facility:

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5. List principal raw materials used at this facility (Attach additional sheets as necessary):

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6. Average Monthly water usage (gallons per day) \_\_\_\_\_ metered      estimated  
(circle the one that applies)

7. Do you use water in your process (es)?  Yes  No

8. If yes, list the process(es) which will produce a waste stream discharged to the sanitary sewer (use an attachment if more space is needed):

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9. Estimated amount of water discharged to the sanitary sewer from your process(es) in gallons per day: \_\_\_\_\_

10. Wastewater generating activities (Check all that apply):

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|--|---|--|
| <input type="checkbox"/> Sanitary Facilities                 | <input type="checkbox"/> Photographic Process   | <input type="checkbox"/> Floor Drains or Sump Pumps    |
| <input type="checkbox"/> Machine Shop                        | <input type="checkbox"/> Printing               | <input type="checkbox"/> Painting                      |
| <input type="checkbox"/> Steam Cleaning                      | <input type="checkbox"/> Vehicle Maint./Washing | <input type="checkbox"/> Silk Screening                |
| <input type="checkbox"/> Sign Painting                       | <input type="checkbox"/> Chemical Formulations  | <input type="checkbox"/> Board Washing                 |
| <input type="checkbox"/> Boilers                             | <input type="checkbox"/> Wave Soldering         | <input type="checkbox"/> Electro-polishing             |
| <input type="checkbox"/> Solder Leveling                     | <input type="checkbox"/> Automotive Repair      | <input type="checkbox"/> Compressor Condensate         |
| <input type="checkbox"/> Laboratory Drains                   | <input type="checkbox"/> Parts Cleaning         | <input type="checkbox"/> Cooling Tower Blow Down       |
| <input type="checkbox"/> Pharmaceutical Manufacturing        |   | <input type="checkbox"/> Food Establishment            |
| <input type="checkbox"/> Groundwater Remediation             |   | <input type="checkbox"/> Research and Development      |
| <input type="checkbox"/> Metal Plating, Finishing or Coating |   | <input type="checkbox"/> Semiconductor Manufacturing   |
| <input type="checkbox"/> Biological Work                     |   | <input type="checkbox"/> Metal Forming, Metal Powders  |
| <input type="checkbox"/> Holding Tanks                       |   | <input type="checkbox"/> Footing Drains or Roof Drains |
| <input type="checkbox"/> Other, (explain below)              |   |  |

11. Has the facility discharge waters ever been analyzed?

- No       YES, provided data as an attachment including test methods

12. Do you currently have any type of treatment for your process waste stream; such as grease interceptors/traps, clarifiers, filters, pH neutralization, other?  
 Yes  No If yes, explain here or in an attachment.

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

<input type="checkbox"/> Acids/Caustics	<input type="checkbox"/> EPA Total Toxics Organics	<input type="checkbox"/> Paints, inks or dyes
<input type="checkbox"/> Boiler Chemicals	<input type="checkbox"/> liquid soaps/detergents	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Oils/Petroleum products	<input type="checkbox"/> Storage tanks(above or below ground)
<input type="checkbox"/> Glycol Products	<input type="checkbox"/> Non hazardous waste	<input type="checkbox"/> Solvents
<input type="checkbox"/> Other (explain)		

14. Please provide specific name, quantity, volume, and disposal methods for all checked products exceeding 5 gallons as an attachment.

15. Are any solid wastes, other than standard refuse generated at your facility (such as hazardous waste, sludges, etc)?  Yes  No If yes, state the disposal method.

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### CERTIFICATION 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.”*

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date