Wastewater Discharge Survey

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:
   
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

4. List any products manufactured at this facility:
   
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

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

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):
   
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

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

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.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

13. Does the facility contain or store any of the following? (check all that apply)
   □ Acids/Caustics    □ EPA Total Toxics Organics  □ Paints, inks or dyes
   □ Boiler Chemicals □ liquid soaps/detergents  □ Pesticides
   □ Chemicals       □ Oils/Petroleum products  □ Storage tanks (above or below ground)
   □ Glycol Products □ Non hazardous waste      □ Solvents
   □ 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.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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