



Robert A. Ficano  
County Executive

Please Print or Type Only

## Industrial - Commercial Questionnaire Permit Application

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*Wayne County  
Department of Environment  
Facilities Management Division  
Industrial Pretreatment Program*

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Please mail the completed and signed questionnaire to  
*New Address and phone:*

**Wayne County FMD  
Industrial Pretreatment Program  
797 Central Avenue  
Wyandotte, Michigan 48192  
Phone: 734-285-7232; Fax 734-285-5248**

Please send a copy to your local community water and sewer department

**Wayne County Facilities Management Division  
Industrial Pretreatment Program  
Industrial-Commercial Waste Questionnaire**

WC FMD Use Only			
Date Sent:	Date rec'd	_____	
Reviewed by:	Date:	_____	
Category	1	2	3

**Section A. General information  
(Please print or type only)**

1. Facility name \_\_\_\_\_
2. Parent Company or affiliation: \_\_\_\_\_
3. Facility street address: \_\_\_\_\_  
\_\_\_\_\_
4. Facility mailing address:  
(If different) \_\_\_\_\_  
\_\_\_\_\_
5. Authorized representative: \_\_\_\_\_  
Title or position: \_\_\_\_\_
6. Facility contact: \_\_\_\_\_  
Title or position: \_\_\_\_\_  
Phone No. \_\_\_\_\_
7. Check one: Existing discharger  Proposed discharger

Note to Authorized Representative: All industrial / commercial users proposing to connect to or to discharge sewage, industrial wastes, or other wastes to a municipal sewerage system tributary to the Wayne County Wyandotte WWTP are required to file this questionnaire / application with the Wayne County FMD - IPP at least 90 days prior to said connection or commencing discharge. The information provided herein shall be used to determine whether a Class D Wastewater Discharge Permit is necessary.

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 gathered and evaluated 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 and 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.

Signature: \_\_\_\_\_  
(Authorized Representative) Date \_\_\_\_\_

**SECTION B. Product or Service Information**

- 1. Principal products or service present at your facility:  

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- 2. Standard Industrial Classification Code (SIC). (see Attachment A). 

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- 3. Brief narrative description of manufacturing or service activity at premise address:  

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- 4. Principal raw materials used: 

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Attach additional sheets, if necessary. 

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**SECTION C. Plant Operational Characteristics**

- 1. What month/year did operations begin? 

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- 2. Shift of Operation:  
Total number of employees 

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Shift Information  
Hours/Shift 

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 Shifts/Day 

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Days/Week 

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 Months/Year 

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- 3. Is operation subject to seasonal variation? Yes  No   
If "Yes" indicate  
Seasonal maximum flow 

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 gallons/day during month of  
Seasonal minimum flow 

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 gallons/day during month of
- 4. Provide a detailed description, including schematic diagrams for all processes and plant layout. Attach additional pages, if necessary.  

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- 5. Are any process changes or expansions planned during the next three years that would alter wastewater volumes or characteristics? Yes  No   
If "Yes" briefly describe these changes.  

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6. List environmental permits held by facility.

Type	Permit Number	Purpose
NDPES		
Air Quality		
RCRA		
Other		

7. Is facility subject to National Emission Standards for Hazardous Air Pollutants (NESHAP) per 40 CFR Part 63?  
 ( List applicable subpart ) Yes  No

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8. Does facility rely on treatment and controls at the Wyandotte WWTP to comply with any applicable NESHAP requirement? Yes  No

**SECTION D: Water Usage**

1. Raw Water Source: City  Other  If other, describe:

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2. Water bills for last 12 months (show units). Account No. \_\_\_\_\_

1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_

3. List Average water usage on premises.

Type	Average Water Usage (Gallons per day)	Type	Average Water Usage (Gallons per day)
a. Process		e. Boiler feed	
b. Plant & equipment wash down		f. Sanitary	
c. Contact cooling water		g. Other	
d. Non-contact cooling water		Total of a thru g:	

4. Does this facility discharge any wastewater other than sanitary?  
 Yes If "Yes" complete the remainder of the application.  
 No If "No" you may proceed to Section H.

**SECTION E. Wastewater Information**

1. Number of sewer outlets from property \_\_\_\_\_
2. Does facility have a discharge flow meter?      Yes       No
3. List plant sewer outlets, size and flow (assign sequential reference number to each sewer or use numbering as appears on your construction drawing).

Ref. No	Sewer Size (in inches)	Description of Outfall Sewer & Sampling-Point Location	Avg Flow (GPD)

4. Attach a sketch of plant area showing location of sewers as described in Item E-1 above and their connection or discharge point outside plant property (show plant buildings, streets, alleys, streams) and sampling points.
5. List average and maximum daily volumes and disposal methods for each process and generated waste stream (attach a block flow diagram).

Description of Process	Production Rate (per day)	Average Volume *	Maximum Volume *	Batch or Continuous	Disposal Method

\* List volume gallons per day.

**SECTION F. Wastewater Characteristics**

- a. Examine closely the attached list (Attachment B) of EPA's Priority Pollutants/Critical Materials and **circle** those compounds that are present in your raw materials or in the wastewater discharge from any of your processes.
- b. Attach a copy of the most recent wastewater analyses report of wastewater discharges from your facility (analyze each waste stream if categorical). The analysis report shall contain sampling date, time, place, and method of analysis and certify that the sampling is representative of the normal work cycles and expected discharge.

Parameter	EPA Method	Average Daily Concentration (mg/L)	Maximum Daily Concentration (mg/L)

- 1. According to this analytical report and other analyses previously performed, Are Sewer Use Ordinance limits being met on a consistent basis?" (See Attachment C.)  
 Yes  No  Unknown
- 2. Have you filed a hazardous waste notification with Wayne County FMD, MDEQ, or USEPA pursuant to 40 CFR part 403.12(p)?  
 Yes  No
- 3. Does your facility collect and/or treat storm water?  
 Yes  No
- 4. If "Yes" briefly describe the treatment method.  
 Yes  No

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**SECTION G. Pretreatment**

1. Is there pretreatment at facility prior to discharge? Yes  No   
If "No" proceed to next section.
2. Wastewaters that are treated in wastewater treatment system.  

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3. Brief description of pretreatment facilities, including layout and site of tanks.  

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4. Brief description of pretreatment methods.  

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5. Design flow for treatment system. GPD  
 Continuous Operation  Batch Volume \_\_\_\_\_  
 Batch Operation \_\_\_\_\_  Discharge Frequency \_\_\_\_\_
6. Are all treatment units in service? Yes  No   
If "No" explain.  

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7. Is there a qualified wastewater pretreatment operator? Yes  No   
Full-time  Part-Time
8. Are off-the-shelf stock replacement parts available for critical components, e.g., pumps, pH probes? Yes  No
9. Are treatment chemicals available, e.g., lime, chlorine, caustic soda? Yes  No
10. Does your company keep a continuous record of wastewater pH? Yes  No
11. Is there an updated O & M manual? Yes  No
12. Is there a potential for bypasses? Yes  No
13. Is there sludge generated due to treatment of wastewater? Yes  No
14. Waste characterization of sludge. Hazardous  Non-Hazardous



**SECTION I. Spill / Slug Control Plans**

1. Do you have floor drains in the following plant areas? Please check below.

Area	Yes / No	Where does it discharge to <b>Storm drain, Sanitary Sewer, Other?</b>
Chemical storage		
Manufacturing		
Waste storage		
Other Areas		

2. Do you have any secondary containment for spill control?  
(dikes, trenches, curbs). Yes  No

If "Yes" to where is it discharged? Sanitary , Storm  Other

3. Do you have an accidental spill prevention plan to prevent spill of chemical spills and slug discharges from entering the municipal sewer and/or the county collection system?

Please check and attach copy with this application.

PIP , SPCC , Contingency Plan , Wayne County Slug/Spill Plan

4. Please describe below any spills in the last three (3) years and remedial measures taken to prevent future occurrences.

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**SECTION J. Non-Discharged Wastes**

1. Do you generate any waste liquids or sludges that **are not disposed** of in the sewer system?  
**Yes**  describe and quantify below, **No**  skip the remainder of this section.

Waste Generated	Quantity/Year	Disposal Method
Waste Solvent		
Oil & Grease		
Waste Product		
Pretreatment Sludge		
Paints & Thinners		
Acid and/or Alkalies		
Plating Wastes		
Organics		
Pesticides		
Other		

2. If an outside firm removes any generated wastes, list the name(s), address(es), and permit number(s) of all haulers.

Name	Address	Permit

3. Are any of the above wastes placed in trash for disposal? Yes  No
4. Do any of the generated wastes require Resource Conservation and Recovery Act, or Community Right-to-Know reporting?  
 If "Yes" please specify below: Yes  No

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If unknown, contact MDEQ Environmental Assistance Division at 1-800-662-9278.

**SECTION K. Compliance Certification**

12. Does the wastewater discharged from this facility comply with the requirements and / or limitations as set forth in the WC SUO on a consistent basis?  
Yes       No
2. For categorical industries (those which must comply with Federal Pretreatment Standards), "Is this facility currently in compliance with the applicable pretreatment standards?"  
Yes       No
3. If "No" to either question, submit a plan of action to assure compliance with the applicable regulations. This may include additional operation and maintenance activities and/or additional pretreatment equipment.

Milestone	Plan of Action	Completion Date

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