

CITY OF LUDINGTON

**WASTEWATER SURVEY FOR NON-RESIDENTIAL USERS
APPLICATION FOR WASTEWATER DISCHARGE PERMIT OR
PERMIT RENEWAL**

SECTION A-GENERAL INFORMATION

A-1 Company name, mail address and telephone number:

A-2 Name, title and telephone number of the person authorized to represent this firm in Official dealings with the Sewer Use Authority and/or the City of Ludington:

A-3 Alternate person to contact concerning information provided herein:

Name _____ Title _____ Phone No. _____

A-4 Identify the type of business conducted, (auto body, food processing, hospital, meat processing, metal plating, foundry, etc).

Note to signing Official: In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 403.14, information and data provided in this questionnaire 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 40CFR Part 2. Should a discharge permit be required for your facility, the information in the questionnaire will be used to issue the permit.

This is to be signed by an official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date _____ Signature of Official _____

SECTION B- FACILITY OPERATION CHARACTERISTICS

B-1 Number of employee shifts worked per 24-hour day: _____
Average number of employees per shift: _____

B-2 Starting time for each shift: 1st _____ 2nd _____ 3rd _____

THE FOLLOWING INFORMATION MUST BE COMPLETED FOR EACH PRODUCT LINE:

B-3 Principle product produced:

B-4 Raw materials and process additives used:

B-5 Production process is:
Batch Continuous Both %Batch %Continuous

B-6 Hours of operation: _____ a.m. to _____ p.m. Continuous

B-7 Is production subject to seasonal variation? Yes No

If yes, briefly describe seasonal production cycle:

B-8 Are any process changes or expansions planned during the next three years?

Yes No

If Yes, please explain:

SECTION C- WASTEWATER INFORMATION

C-1 If your facility employs processes in any of the 34 Industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity. (check all that apply)

1. Adhesives
2. Aluminum forming
3. Auto & other laundries
4. Battery manufacturing
5. Coal mining
6. Coil coating
7. Copper forming
8. Electric & electronic components
9. Electroplating
10. Explosive manufacturing
11. Foundries
12. Gum and wood chemicals
13. Inorganic chemicals
14. Iron & steel
15. Leather tanning finishing
16. Mechanical products
17. Nonferrous metals
18. Ore mining
19. Organic chemicals
20. Paint & ink
21. Pesticides
22. Petroleum refining
23. Pharmaceuticals
24. Photographic supplies
25. Plastics & synthetic materials
26. Plastics processing
27. Porcelain enamel
28. Printing & publishing
29. Pulp & paper
30. Rubber
31. Soaps & detergents
32. Steam electric
33. Textile mills
34. Timber

Other Business Activity:

Dairy products
Slaughter/Meat Packing/Rendering
Food/Edible Products Processor
Beverage Bottler

C-2 Pretreatment devices or processes used for treating wastewater or sludge: (check all that apply)

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation
Type:_____
- Grease trap
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screening
- Sedimentation
- Septic tank, tanks
- Solvent Separation
- Spill protection, prevention
- Sump
- Biological treatment
Type:_____
- Rain water diversion or storage
Type:_____
- Other chemical treatment
Type:_____
- Other physical treatment
Type: _____
- No pretreatment provided

C-3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date, name of laboratory used and the location from which the sample(s) were taken.