

INDUSTRIAL USER QUESTIONNAIRE

1. NAME OF INDUSTRY: _____
2. ADDRESS: _____

3. SIC CODE/S: _____
4. PERMITS HELD (type and number): _____

5. AUTHORIZED CONTACT PERSON: _____
6. TELEPHONE NUMBER (area code): () _____
7. DESCRIPTION OF MANUFACTURING PROCESS OR SERVICE: _____

8. PRODUCTS MANUFACTURED (if any): _____

9. RAW MATERIALS USED: _____

10. CHEMICALS USED IN PROCESS: _____

11. HOW ARE CHEMICALS (BULK) STORED? _____

12. BUILDING SCHEMATIC WITH FLOWS INCLUDED (please attach--
questionnaire not complete unless submitted). PLEASE
INCLUDE:
 1. Process Lines
 2. Water Flows
 3. Water Meter Location
 4. Working Floor Drains
 5. Chemical Storage Areas
 6. Sampling Locations
 7. Containment Structures
13. DO YOU HAVE PRETREATMENT FOR YOUR DISCHARGE?
YES () NO ()
14. IF YES TO NO. 13, WHAT SORT OF TREATMENT DO YOU USE?
PLEASE ATTACH DIAGRAM WITH FLOWS. _____

15. WATER SOURCES:

SOURCE:	QUANTITY		GALLONS/DAY
	AVG.	MAX	
_____	_____	_____	GALLONS/DAY
_____	_____	_____	GALLONS/DAY
_____	_____	_____	GALLONS/DAY
TOTALS	_____	_____	GALLONS/DAY

16. LIST VOLUME OF DISCHARGE OR WATER LOSS TO:

	QUANTITY		GALLONS/DAY
	AVG.	MAX	
CITY WASTEWATER SEWER	_____	_____	GALLONS/DAY
NATURAL OUTLET/ STORM SEWER	_____	_____	GALLONS/DAY
WASTE HAULER	_____	_____	GALLONS/DAY
EVAPORATION	_____	_____	GALLONS/DAY
CONTAINED IN PRODUCT	_____	_____	GALLONS/DAY

17. IS DISCHARGE TO SEWER: INTERMITTENT () STEADY ()

18. IS THERE A SCHEDULE SHUTDOWN? YES () NO ()

19. IF YES, WHEN? _____

20. IS PRODUCTION SEASONAL? YES () NO ()

21. IF YES, INDICATE MONTH(S) OF PEAK PRODUCTION: _____

22. AVERAGE NUMBER OF EMPLOYEES PER SHIFT:

1ST _____ 2ND _____ 3RD _____

23. SHIFT STARTING TIMES:

1ST _____ 2ND _____ 3RD _____

24. SHIFTS NORMALLY WORKED EACH DAY:

	SUN	MON	TUE	WED	THR	FRI	SAT
1ST	_____	_____	_____	_____	_____	_____	_____
2ND	_____	_____	_____	_____	_____	_____	_____
3RD	_____	_____	_____	_____	_____	_____	_____

25. CAN WASTEWATER PERSONNEL GAIN ACCESS DURING ANY SHIFT OF OPERATION FOR SAMPLING? YES () NO ()

26. WHAT CHEMICALS OR OTHER PRODUCTS USED IN YOUR PROCESS MIGHT BE FOUND IN YOUR WASTEWATER DISCHARGE? _____

27. DO YOU USE WATER SOLUBLE OILS OR DO YOU REMOVE OIL FROM PARTS DURING CLEANING? YES () NO ()

28. IF YES, LIST TYPE AND AMOUNT _____

29. DO YOU USE ANY ORGANICS (SOLVENTS) IN YOUR FACILITY?

YES () NO ()

30. IF YES, WHICH DO YOU USE?

31. IF YES TO NO. 29 AND 30, HOW DO YOU DISPOSE OF THEM?

32. DO YOU MAINTAIN RECORDS OF THEIR DISPOSAL?

YES () NO ()

33. DO YOU HAVE A SPCC (SPILL PREVENTION CONTAINMENT & CONTROL) PLAN?

YES () NO ()

34. IF YES, HAVE ALL EMPLOYEES BEEN INFORMED AS TO ITS PLACEMENT, CONTENTS AND UNDERSTAND ITS PURPOSE?

YES () NO ()

35. IF YOU HAVE ANY EFFLUENT ANALYTICAL DATA, PLEASE ATTACH.

The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

DATE

SIGNATURE OF OFFICIAL

Enclosed is a copy of the Michigan Department of Natural Resources CRITICAL MATERIALS REGISTER, published January 1, 1994.

Please place a check (✓) next to any substance which is used or stored at your facility.