

Basic Monitoring Report

Delhi Charter Township Publicly Owned Treatment Works

5961 McCue Road
Holt, Michigan 48842
Phone: (517) 699-3873 Fax: (517) 694-1490

Date: _____

Company: _____ Telephone: _____

Local Address: _____

Mailing Address: _____

Company Representative: _____

Principal Products Manufactured or
Processed: _____

No. of Employees: _____ Operation Schedule: _____ Hrs. _____ Days _____ Weeks

1.	Nature of Operation(s)	Production Rate	NAICS / SIC Codes
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2. List any environmental control permits that are required, may be required, or that are held by or for the facility.

3. Your facility's estimated total annual water usage: _____ gallons

4. Is your water supplied by the Board of Water and Light? _____ yes _____ no

5. Do you utilize a private well source? _____ yes _____ no
Is the well metered? _____ yes _____ no Annual usage _____ gallons

How is your well water utilized? _____

Does your facility use any type of cooling water? _____ yes _____ no
Please note type of cooling process: _____ contact _____ non-contact

Explain: _____

6. Indicate below the volume (gallons per day) and type of wastewater discharge, i.e. continuous, intermittent, or batch.

	Type of Discharge	Sanitary Discharge (gpd)	Storm Sewer Discharge (gpd)
Process	_____	_____	_____
Cooling	_____	_____	_____
Sanitary	_____	_____	_____

If batch discharges, please describe below:

Frequency of dumping: _____ Volume discharged: _____ gallons

Duration of discharges: _____

Character of wastewater: _____

7. Description of your facility's outlets to the public sanitary sewer system:

Location: _____

Waste Discharge: _____

Size of sewer: _____

How is your mop (cleaning) water discharged? _____

Does your building have floor drains? _____ yes _____ no If yes, how many? _____

Are there sand/oil/grease traps? _____ yes _____ no

8. Materials stored on your property or discharged to the sanitary sewer:

Type of Critical Material	Product Name	Quantity Stored On Site	Discharged to Sanitary Sewer?
Heavy metals, i.e. copper, lead, etc.	_____	_____	_____
Cyanides	_____	_____	_____
Acids (strong, weak)	_____	_____	_____
Strong Bases (e.g., NaOH)	_____	_____	_____
Organic Chemicals	_____	_____	_____
Phenolic compounds	_____	_____	_____
Solvents or degreasers	_____	_____	_____
Oils (petroleum products)	_____	_____	_____
Sludges or residues from a pretreatment process	_____	_____	_____

9. If yes to any of section 8, describe below the manner in which these materials are handled and/or stored at your facility (transportation, containment).

10. Is secondary containment provided in the event of an accidental loss or spill of these materials?

_____ yes _____ no If yes, please describe: _____

11. Does your facility use any of the following processes or equipment?

Parts Washer _____ Paint Spray Booth _____

Paint Stripper _____ Dip Tank _____

12. Do you perform laboratory analysis on your wastewater discharge? _____ yes _____ no

If yes, please provide the results and a brief description:

13. Are any pretreatment facilities presently in use? _____ yes _____ no

If yes, please describe: _____

14. A submittal of schematic diagrams of each waste generating process including any pretreatment system for your facility's operations is also required in the Basic Monitoring Survey Report. (Flows can be estimated)

15. Include all Material Safety Data Sheets, a Pollution Incident Prevention Plan, & Plumbing Plans for building.

16. If applicable, certification of whether applicable pretreatment standards are being met, and if not, a description of the additional pretreatment facilities that will be needed to comply with the standards. Include a schedule by which the additional facilities will be provided in order to comply with the applicable pretreatment standards.

Name of Company Representative
(please print)

Signature of Company Representative