

**CITY OF PORTLAND  
COMMERICAL AND INDUSTRIAL WASTEWATER DISCHARGE  
SURVEY**

**I. GENERAL INFORMATION**

\_\_\_\_\_  
Corporate or Business Name

\_\_\_\_\_  
Name of Portland Facility

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Corporate Address

\_\_\_\_\_  
Portland Address

\_\_\_\_\_  
Corporate Phone No.

\_\_\_\_\_  
Portland Phone No.

The information contained in this questionnaire is familiar to me and to the best of my knowledge is true, accurate and complete.

\_\_\_\_\_  
Type or Print Name of Principal Executive Officer

\_\_\_\_\_  
Signature of Principal Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

**II. BUSINESS INFORMATION**

1. Describe the nature of your business.
2. What is your business Standard Industrial Classification (SIC) Code, if known?
3. List everything discharged or has the potential to be discharged to the City sewers from you facility such as but not limited to sanitary sewage, chemicals, solids, fats, oils, grease, boiler water, etc..

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4. List any by-products, residues or sludges that are produced at your facility. Describe how and where these materials are disposed.

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6. List all chemicals and amounts in gallons or pounds stored at your facility
7. Does your facility have a Spill Prevention Program that protects the sanitary sewers from accidental discharge of materials that would violate the City's Sewer Use Ordinance? The Sewer Use Ordinance can be viewed at [www.portland-michigan.org](http://www.portland-michigan.org), City Hall or the Wastewater Treatment Plant.
8. Schedule of Facility Operations:  
A. Shifts/day \_\_\_\_\_  
B. Hrs./day \_\_\_\_\_ Days/week \_\_\_\_\_ Weeks/year \_\_\_\_\_
9. Do roof, parking lot or other similar drains discharge to the sanitary sewer?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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Please return this survey to: The Portland Wastewater Treatment Plant, 600 Morse Drive, Portland MI 48875.

**III. SPILL PREVENTION**

1. Please provide the City of Portland with a copy of your Spill Prevention Control and Counter Measures Program (SPCC) or a Pollution Incident Prevention Plan (PIPP). Include a drawing of your facilities showing the location of your bulk storage areas the possible flow paths to the sanitary sewer.
  
2. Please list the materials stored at your facility, their approximate volume, how they are stored (55 gallon drums, steel storage tanks, ect) and where they are stored.

Material	Volume	Type Storage	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Is secondary containment provided for these materials?

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No. \_\_\_\_\_

**IV. DISPOSAL PRACTICES**

1. List all solids, residues, by-products, sludges etc. produced by your operations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe how the by-product(s) is separated from the wastewater discharged to the sanitary sewer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How do you dispose of your by-product(s)?

Material	Volume	Disposal Method	Frequency of Disposal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you have a waste hauler?

Yes\_\_\_ Name\_\_\_\_\_

License Number: \_\_\_\_\_

No\_\_\_

5. Describe any pretreatment for each of your wastes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe any air emission control equipment which would discharge to the sewer system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. PROCESSES AND PROCESS WASTEWATERS

1. What sources of water supply do you have, and what is your annual consumption?

Municipal\_\_\_\_\_ Annual Consumption \_\_\_\_\_gals.

Well\_\_\_\_\_ Annual Consumption \_\_\_\_\_gals.

Other\_\_\_\_\_ Annual Consumption \_\_\_\_\_gals.

Total Annual Consumption: \_\_\_\_\_gals.

2. Provide a complete list of products and chemicals used in your process(es). If you use trade names or proprietary chemicals which do not list contents on the package, indicate the trade name(s) and manufacturer's name(s) at this time. You must also write the manufacturer to request an OSHA Form 20 for each substance, and provide the City with the necessary information when available.

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3. Describe each process.

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4. Is any of the enclosed information considered to be confidential?

Yes \_\_\_\_\_ Please Explain

No \_\_\_\_\_

5. Provide a flow diagram(s) of all process flows and all floor drains to the municipal sanitary sewer.

6. What is the volume and duration of your discharge to the municipal sanitary sewer?

Average Daily Flow \_\_\_\_\_ gal/day Intermittent \_\_\_\_\_

Maximum Daily Flow \_\_\_\_\_ gal/day Continuous \_\_\_\_\_

Please describe:

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7. What percentage of your wastewater is:

Process \_\_\_\_\_%

Cooling \_\_\_\_\_%

Other \_\_\_\_\_%

**VI. SAMPLING AND ANALYSIS**

1. Are sampling points available for each:

A. Process Line Yes\_\_\_\_\_ No\_\_\_\_\_

B. Outfall Yes\_\_\_\_\_ No\_\_\_\_\_

2. Do you sample your process discharges?

Yes\_\_\_\_\_ No\_\_\_\_\_

3. Type of sample:

Grab\_\_\_\_\_ Simple Composite\_\_\_\_\_ Flow-Proportioned Composite\_\_\_\_\_

4. Is a sampling vault or a manhole provided?

Yes\_\_\_\_\_ No\_\_\_\_\_

5. What is your sampling schedule?

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6. What laboratory analysis can you run on site?

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**VII MISCELLANEOUS**

1. Describe any safety precautions to be observed by those visiting your site.

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2. Safety Contact Person:

Name:\_\_\_\_\_

Title:\_\_\_\_\_

Phone Number:\_\_\_\_\_