



City Of Marshall
Robert J. Swalwell Wastewater Treatment Facility
801 Industrial Road
Marshall, MI 49068
(269) 781-3289
(269) 781-9980 (fax)

The information provided in this questionnaire will enable the City of Marshall's Wastewater Treatment Facility's Industrial Pretreatment Program to update all files related to non-domestic sewer users in the City of Marshall in accordance with City Ordinance Chapter 52, and all applicable Michigan Department of Environmental Quality (MDEQ) and the U.S. Environmental Protection Agency (USEPA) rules and regulations.

Please complete this form and return to the above address.
If you have any questions please contact the Environmental Program Coordinator.

A separate questionnaire is required for each business location.

The following websites contain information to help complete this survey

1. City of Marshall

www.cityofmarshall.com, go to City Clerk, then Code of Ordinance, Chapter 52 (Sewer).

2. EPA Priority -Pollutants

<http://cfpub.epagov/npdes/index.cfm>
www.epa.gov/superfund/programs/clp/target.htm

3. To see a list of SIC Codes

www.epa.gov/enviro/html/sic-lookup.html

4. Code of Federal Regulations (CFR)

www.gpoaccess.gov, go to Executive Resources and Click on Code of Federal Regulations (CFR), or you can go to the right side of the page and Choose "Related Resources" to go to the Electronic Code of Regulations (e-CFR) page Select Title 40- Protection of Environment, which covers wastewater regulations 40CFR, part 403 covers Industrial Pretreatment

5. DEQ

www.michigan.gov/deg, Click water; click Biosolids & Industrial Pretreatment, Click on the Industrial Pretreatment Box

1. Company Name _____
2. Property Owners Name _____
3. Facility address _____
4. P.O. Box No. _____
5. City and zip code _____

6. Facility contact person _____

7. Title _____

8. Phone # _____ Fax _____ E-mail _____

9. Number of Employees _____

10. Water billing account number _____

11. Average monthly water usage _____

12. Please explain the nature of your business

13. Standard Industrial Classification (SIC) code _____

14. Hours of Operation
Hrs/day _____, days/week _____, shifts/day _____, months/year _____

15. Does your business discharge water other than domestic wastewater? ()yes ()no
(Domestic wastewater- water that comes from your bathroom and kitchen sink areas)

If yes, please specify the type(s) of wastewater discharged to the Wastewater Treatment facility.

16. Are wastewater discharge waters ever tested? ()yes ()no
If yes, please specify when, what was tested and give the testing lab name.

17. Stored or used chemicals or wastes

- Solvents ()yes ()no
- Pesticides ()yes ()no
- Paints ()yes ()no
- Acids/caustics ()yes ()no
- Oils/petroleum products ()yes ()no
- Sludge ()yes ()no
- Photo Finishing Chemicals ()yes ()no
- Other chemicals ()yes ()no
- Are hazardous wastes generated? ()yes ()no
- Are non-hazardous wastes generated? ()yes ()no
- Are storage tanks located at facility (include any underground tanks) ()yes ()no

If yes to any of the above questions, please specify name and volumes of chemicals/waste.

Do you have secondary containment? (Dikes____ Trenches____ Storage control____)
Specify location:

18. Do you file?

- (PIPP) Pollution Incident Prevention Plan MDEQ ()yes ()no
- (SPCC) Spill Prevention & Counter Measure Control USEPA ()yes ()no
- (CEPP) Contingency & Emergency Procedure Plan USEPA ()yes ()no

19. Have you been issued any Federal, State or Local environmental permits or an EPA?
Identification Number? ()yes ()no

If yes, please give the number & date issued _____

20. Do you have any PCB's at your facility? ()yes ()no

21. Have PCBs been at this facility in the past? ()yes ()no

22. Has any PCB testing been done at this facility? ()yes ()no

If yes, please include date & testing lab _____

23. If you answered No to questions 20, 21 and 22, sign and date the questionnaire and return.

24. If you answered yes to questions 20, 21 and 22, complete and return questionnaire.

25. What is the source and description of the PCBs?

26. Where is the location of the PCB source? Include a map showing the location of PCB source(s).

27. What are the quantities (volume & weight) of the PCB sources?

28. Do the PCBs have proper containment? yes no

29. What is the volume of the containment? _____

30. Are the PCBs properly labeled? yes no

31. Are there current or past PCB remediation plans or activities? yes no

If yes, please include plan or activities.

32. Inspection interval and date of last inspection? _____

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

Print name and title of authorized representative:

Signature of authorized representative and date:

_____ Date _____