

*“For Cleaner Lakes and Rivers”*

**GRAND HAVEN-SPRING LAKE SEWER AUTHORITY**

WASTEWATER TREATMENT PLANT  
1525 WASHINGTON AVENUE  
GRAND HAVEN, MICHIGAN 49417  
PHONE: (616) 847-3485 FAX: (616) 847-4880

Dear Non-Domestic User of the Grand Haven-Spring Lake Sewer Authority System:

Pursuant to the Federal Clean Water Act, discharges into the Grand Haven-Spring Lake wastewater treatment plant (WWTP) are subject to Federal Regulations and the local sewer use ordinance. The Grand Haven-Spring Lake Sewer Authority, in an effort to meet its obligations under the Federal Regulations, is updating its records of all non-domestic users of the sewer system by way of a survey to;

1. Determine whether your facility should be classified as a "Major Industrial User" and be required to obtain a permit to discharge and meet ordinance pretreatment standards.
2. To prevent the introduction of pollutants into the Grand Haven-Spring Lake WWTP which will interfere with the operation of the plant or contaminate the biosolids.

We realize you may not be a "Major Industrial User". However we are required to obtain this information from all non-domestic users. The survey can be found on the City of Grand Haven website, [www.grandhaven.org](http://www.grandhaven.org). Please complete the survey on-line or print it off and send it back via fax or mail to the address listed above.

Please submit a completed survey to this office no later than ten (10) days after being notified. Failure to return this form is a violation of the local Sewer Use Ordinance.

If you should have any questions please contact me.

Sincerely,  
GRAND HAVEN-SPRING LAKE SEWER AUTHORITY

David Krohn  
Environmental Compliance Supervisor  
p: 616-847-3485  
c: 616-638-5928  
e: [dkrohn@grandhaven.org](mailto:dkrohn@grandhaven.org)

# NONDOMESTIC / INDUSTRIAL USER SURVEY FORM

## GENERAL INFORMATION

\_\_\_\_\_  
Corporate Name    Plant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address-Street and Number

\_\_\_\_\_  
Address-Street and Number

\_\_\_\_\_  
City                      State    Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name and Title of Person Completing Survey    Phone No.

\_\_\_\_\_  
Plant Phone No.

1. Identify the type of business conducted (machine shop, metal finishing, etc.).

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

2. Provide a brief narrative description of the manufacturing, production, or service, your firm conducts.

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

3. Standard Industrial Classification Number (SIC Code) for your facility.

\_\_\_\_\_

4. List type and quantity of chemicals used and discharged to sanitary sewer.

Material	Approx. quantities (lbs. or gal. stored on site)	Type of storage (55 gal. drum, steel tanks, etc.)

If you use trade name(s) or proprietary chemicals that do not list contents on the package, indicate the trade name(s) and manufacture's name at this time.

Are Material Safety Data Sheets available?    Yes    No

5. Please indicate the type and gallons per day (or the % of total flow) of water used and waste generated at this facility.

Waste	gal/day or %
Domestic waste (restrooms, etc.)	
Process	
Cooling water, non-contact	
Cooling water, contact	
Boiler/Tower blowdown	
Equipment/Facility washdown	
Air pollution control unit	
Storm water runoff to sanitary sewer	
Waste oil	
Waste solvent	
Other (describe)	

6. The above wastes are discharged to:

Discharge Location	gal/day or %
Sanitary sewer	
Storm sewer	
Surface water	
Ground water	
Waste hauler	
Evaporation	
Other (describe)	

7. Schedule of Operations:

- a. Number of employees \_\_\_\_\_ shifts/day \_\_\_\_\_
- b. Hrs/day \_\_\_\_\_ days/wk \_\_\_\_\_ wks/yr \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Title