

CITY OF ZEELAND
BMR/WWDDR

U. S. EPA I. D. NO. _____
USER FEDERAL I. D. NO. _____
FACILITY PERMIT NO. _____

CITY OF ZEELAND
BASELINE MONITORING REPORT/WASTEWATER DISCAHRGE DISCLOSURE REPORT
(BMR/WWDDR)

SECTION I. GENERAL INFORMATION

1. Parent Company: _____
Address: _____

2. Facility Address: _____
Address: _____

3. Authorized Contact Person:

Name	Title	Phone
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4. Nature of Business: _____

5. Has there been a change in ownership or facility name change since submittal of your last BMR/
WWDDR? Yes _____ No _____

6. Standard Industrial Classification (SIC) Code (s):
_____, _____, _____, _____

7. What types of waste (s) do you discharge to the sanitary sewer:

- A. Sanitary _____
- B. Contact Cooling Water _____
- C. Noncontact Cooling Water _____
- D. Storm Water _____
- E. Onsite Wastewater Pretreatment _____
- F. Air Pollution Control _____
- G. Ground water Remediation _____
- H. Process _____
- I. Cafeteria _____
- J. Photo Lab _____
- K. Other, Describe _____

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8. Do you use, store, or discharge any acids or bases or priority pollutants as established by the U. S. EPA, or materials listed in the Michigan Critical Materials Register (see enclosed Critical Materials list) ? Yes _____ No _____

9. Does the operation of your process or wastewater treatment facility result in a residual or sludge type waste? Yes _____ No _____

10. Schedule of Operation

A. Number of Employees: _____

B. Hours/Day: _____ Shifts/Day: _____
Days/Week: _____ Days/Year: _____

11. A. If you answered only A to question I.7 sign this form under Section IX.2. and return the form to the City of Zeeland.

B. If your answer to question I.7 is other than A. please complete Sections I. through IX., sign the form under IX.2., and return the form to the City of Zeeland.

12. Source of Water Supply:

A. Municipal Quantity (max.) _____ gpd

B. Private Well Quantity (max.) _____ gpd

C. Other, describe: _____
Quantity (max.) _____ gpd

13. Facility Water Usage:

A. Process Quantity (max.) _____ gpd

B. Noncontact Cooling Quantity (max.) _____ gpd

C. Sanitary Quantity (max.) _____ gpd

D. Other, describe: _____
Quantity (max.) _____ gpd

14. Description:

Provide a brief description of the water flow through your facility or proposed facility from intake to discharge. Briefly describe all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water. Describe all significant losses of water to products, atmosphere, and discharge.

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SECTION II. PROCESS AND PRODUCTS

1. Flow Diagram:

Provide a line diagram of the water flow through your facility or proposed facility from intake to discharge. Show all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water. Show all significant losses of water to products, atmosphere, and discharge.

1. Plans:

- A. Has your facility submitted detailed site plans to the City of Zeeland? Yes _____ No _____
- B. If Yes, has your facility changed since the last plan submittal? Yes _____ No _____
- C. If you answered No to Item a. or Yes to Item B., please submit with this completed form updated site plans, floor plans, mechanical and plumbing plans for your facility indicating in detail by size and location all sewers, sewer connections, water services, and monitoring manholes or locations.

3. Process Streams Contributing to this Discharge:

For each separate process provided the following information (flow estimations appropriate for new sources):

PROCESS 1

- A. Name of Process contributing to discharge: _____
- B. Process schedule (yearly average):
Hours/Day _____
Days/Year _____
- C. Process volume flow rate:
Total Yearly _____ gallons
Daily Minimum _____ gallons
Daily maximum _____ gallons
- D. Type of Discharge: Batch _____ Continuous _____
- E. Process production rate:

Units/Time
- F. U. S. EPA Regulated Category/Subpart: _____
- G. SIC Code:

PROCESS 2

- A. Name of Process contributing to discharge: _____
- B. Process schedule (yearly average):
Hour/Day _____
Days/Year _____
- C. Process volume flow rate:
Total Yearly _____ gallons
Daily Minimum _____ gallons
Daily Maximum _____ gallons

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D. Type of Discharge: Batch _____

Continuous _____

E. Process production rate:

Units/Time

F. U.S. Regulated Category/Subpart: _____

G. SIC Code:

PROCESS 3

A. Name of Process contributing to discharge: _____

B. Process schedule (yearly average):

Hours/Day _____
Days/Year _____

C. Process volume flow rate:

Total Yearly _____ gallons
Daily Minimum _____ gallons
Daily Maximum _____ gallons

D. Type of Discharge: Batch _____

Continuous _____

E. Process production rate:

Units/Time

F. U. S. EPA Regulated Category/Subpart

G. SIC Code:

PROCESS 4

A. Name of Process contributing to discharge:

B. Process schedule (yearly average):

Hours/Day _____
Days/Year _____

C. Process volume flow rate:

Total Yearly _____ gallons
Daily Minimum _____ gallons
Daily Maximum _____ gallons

D. Type of Discharge: Batch _____

Continuous _____

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E. Process production rate:

F. U. S. EPA Category/Subpart _____

G. SIC Code:

SECTION III. EXISTING OR EXPECTED WASTEWATER CHARACTERISTICS

1. Wastewater Characteristics:

A. Conventional Parameters:

CONCENTRATION
(mg/l)

PARAMETER	AVERAGE	MAXIMUM	NO. of ANALYSES	SAMPLE TYPE
BOD5				
COD				
TOC				
TOX				
Ammonia, Nitrogen (as N)				
Total Suspended Solids				
Total Phosphorus as P				

pH - minimum _____ maximum _____

B. Other Characteristics (Specify)

CONCENTRATION
(mg/l)

PARAMETER	AVERAGE	MAXIMUM	NO. of ANALYSES	SAMPLE TYPE

C. Explain the following regarding the concentrations indicated in Section IV:

Time, Date, and Place of Sampling:

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Name (s) of Person (s) obtaining samples (attach statement from laboratory performing the analyses certifying the result):

- _____

D. Report all pollutants or materials contained in the Michigan Critical materials Register and U. S. EPA Priority Pollutant Listing that are used, manufactured, or stored that may be present in the discharge from you facility.

NAME OF SUBSTANCE	NAME OF SUBSTANCE

- E. Report any other pollutants or materials that may be present in the discharge from your facility not listed in A., B., or C. above.

NAME OF SUBSTANCE	NAME OF SUBSTANCE

SECTION IV. RESIDUALS, SLUDGES AND RESIDUES

1. Are sludges, residuals, or critical materials produced as a result of treatment or control of your wastewater discharge? Yes _____ No _____
2. Is the sludge treated before disposal? Yes _____ No _____
3. If yes, indicate type of treatment: _____
4. Amount of sludge produced: _____
Amount Units/Time

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5. Indicate type of residual storage, if any: _____

6. Is the sludge considered to be hazardous? Yes _____ No _____

7. Physical Characteristics: Physical State _____
Percent solids _____

8. Does your facility dispose of the sludge itself? Yes _____ No _____

Type of disposal: _____

9. List name (s) and address (es) of all public and private landfills or land application sites where you dispose of the sludge.

10. List name (s) and address (es) of all commercial waste hauler (s) who transport the sludge.

SECTION V. SPILL PREVENTION AND CONTAINMENT

1. Does your facility have a Spill Prevention Control and Counter Measures Program (SPCC) as required by Title 40 Code of Federal Regulations Part 112 or a Pollution Incident Prevention Plan (PIPP) as required by the Michigan Water Resources Commission Act 245, P.A. of 1929, and Part 5, Rules?

Yes _____ Date completed: _____

No _____ Date of last update: _____

2. Has your SPCC or PIPP been approved?

Yes _____ Approval Date: _____

No _____

3. List bulk material stored on site (liquid and solid).

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MATEREIAL	DESCRIPTION OF CONTAINMENT STRUCTURE	VOLUME STORED

4. Is separate containment provided for each bulk material/

Yes _____ No _____ Some _____

5. Has separate storage been provided for those chemicals which cause hazardous reactions (i.e., acids with cyanide or acids and bases)? Yes _____ No _____

SECTION VI ENVIRONMENTAL CONTROL PERMITS

Please list all existing and pending environmental control permits in effect at this facility. Give permit number and reason for permit.

EXISTING PERMITS

STATE	LOCAL	U.S. EPA

PENDING PERMITS

STATE	LOCAL	U.S. EPA

SECTION VII. COMPLIANCE SCHEDULE

1. A. Action Items Completion Dates

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B. Total Toxic Organic (TTO's):

- I waive the certification statement. My Solvent Management Plan is attached.
- I monitored for Total Toxic Organics. My results are attached.
- I achieved compliance for Total Toxic Organics Monitoring.
- I did not achieve compliance for Total Toxic Organics monitoring (see Item 1.A. above).

SECTION VIII. COMPLIANCE PROGRESS REPORTS

1. A. Periodic Progress Reports

I submitted each required progress report to the following agency on the date(s) noted:

I did not submit the required progress reports. My schedule is included in Section VIII.

I have not complied with each action item described in Section VIII. My reasons for delay, as well as the necessary steps being taken to return to the schedule, are attached.

My revised schedule for achieving compliance is as follows:

<u>Action Items</u>	<u>Completion Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

B. Final Progress Reports:

I achieved compliance. See Section IV.

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_____ I did not achieve compliance. See Section VIII.

SECTION IX. CERTIFICATION STATEMENT AND SIGNATURE

1. Is any of the enclosed information considered to be confidential? Yes _____ No _____

If yes, explain what and why (all requests for confidentiality will be processed according to 40 CFR 2.302 and 40 CFR 403.14) :

2. A. Qualified Professional Certification:

I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the General Pretreatment Regulations and amendments thereto. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Name (print)	Signature	Title	Date
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B. Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering 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 fines and imprisonment for a knowing violation.

Name (print)	Signature	Title	Date
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FOR OFFICE USE ONLY

Date Received: _____ In compliance: Yes _____ No _____

Follow up action necessary:

_____ Letter _____ Phone contact
_____ Sampling _____ Technical meetings
_____ Inspection _____ Notice Of Violation

Reviewed by: _____ Date: _____