



12803 S. Wacousta Rd., Grand Ledge, MI 48837

517-626-6593

517-626-6405 Fax

www.watertownmi.gov

## Application for Site Plan Review

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Applicant Name \_\_\_\_\_  
Applicant Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Permit Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Parcel # 19- 150- \_\_\_\_\_  
Zoning District \_\_\_\_\_

Property Owner \_\_\_\_\_  
Property Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

☐ Please attach a legal description of the property

**All questions must be answered completely.**

If additional space is needed, number and attach additional sheets. Number of attached sheets: \_\_\_\_\_

### Site Information

It is hereby requested that the Watertown Charter Township Planning Commission approve the site plan for:

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

What is the existing use of the property?

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

Please describe your business:

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

**Staff use only:**

Case Number \_\_\_\_\_ Date Filed \_\_\_\_\_ Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

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List all other persons, companies, and/or corporations having a legal or equitable interest in the property:

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Are there deed restrictions on the property?

☐ Yes (attach a copy) ☐ No

Are there liens on the property?

☐ Yes (attach a copy) ☐ No

List the gross acreage of the property: \_\_\_\_\_

List the net acreage of the property: \_\_\_\_\_

**\*\*net acreage=gross acreage minus front, side and rear setbacks\*\***

### Development Plans

How many new buildings will be built?

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List the size of all proposed building (s):

Length _____	Width _____	Height _____
Length _____	Width _____	Height _____
Length _____	Width _____	Height _____
Length _____	Width _____	Height _____

Type of buildings being built: \_\_\_\_\_

Type of construction: \_\_\_\_\_

List the number of square feet occupied for the following uses:

Office	_____ Square Feet
Warehouse	_____ Square Feet
Manufacturing	_____ Square Feet
Other	_____ Square Feet

Residential Use:

List the number of units per building: \_\_\_\_\_

List the square feet per unit: \_\_\_\_\_

List the number of bedrooms: \_\_\_\_\_

### Existing Building(s)

How many existing building(s) will be used? \_\_\_\_\_

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List the size of all existing building (s):

Length _____	Width _____	Height _____
Length _____	Width _____	Height _____
Length _____	Width _____	Height _____
Length _____	Width _____	Height _____

### **Number of Employees**

List the total number of people employed on site: \_\_\_\_\_

List the maximum number of employees on site at any one time: \_\_\_\_\_

### **Parking and Traffic**

List the number of parking spaces to be provided for:

Passenger cars (9' x 20')	_____
Semi-trucks (12'x40')	_____
Barrier free (12'x40')	_____

At night the parking area will be (choose one)

☐ Brightly lit      ☐ Partially lit      ☐ Not lit

How many entrances will there be from a public street? \_\_\_\_\_

Merchandise is transported to and from the site with:

☐ Pick-ups      ☐ Light delivery trucks      ☐ Semi-trucks

How many deliveries go to and from the site each week? \_\_\_\_\_

### **Other**

Are there open spaces provided?      ☐ Yes      ☐ No

If yes, explain: \_\_\_\_\_

Are there storage areas?

☐ Outdoors      ☐ Indoors      ☐ Outdoors and Indoors

When do you anticipate completion of this project? \_\_\_\_\_

### **Contractors**

Contractor's Company Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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

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Engineer's Company Name \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
License Number \_\_\_\_\_

Architect/Surveyor's Company Name \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
License Number \_\_\_\_\_

### Affidavit

If the applicant listed on page one of the application is the **owner** of the property, complete the following:

State of Michigan}  
}SS  
County of Clinton}

The affiant is the \_\_\_\_\_, (owner, lessee, specify other) involved in this application; and that if this request is approved, in accordance with the Watertown Zoning Ordinance, actual use in accordance with the plans herewith submitted will be begun within twelve months from the date of the granting of a Conditional Use Permit, or when a Conditional Use Permit is not required, upon receiving Site Plan approval, and that the affiant is able from a legal, financial, and physical basis to do so; and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
My Commission Expires \_\_\_\_\_

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If the applicant listed on page one is anything other than the owner of the property, the following two affidavits must be completed, the first by the applicant, and the second by the owner.

The affiant is the \_\_\_\_\_, (owner, lessee, engineer or specify other) involved in this application; and that if this request is approved, in accordance with the Watertown Zoning Ordinance, actual use in accordance with the plans herewith submitted will be begun within twelve months from the date of the granting of a Conditional Use Permit, or when a Conditional Use Permit , upon receiving Site Plan approval, and that the affiant/applicant is able from a legal, financial, and physical basis to do so; and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/her knowledge and belief.

Date

Date

The affiant is the \_\_\_\_\_, (owner, lessee, engineer or specify other) involved in this application; and that if this request is approved, in accordance with the Watertown Zoning Ordinance, actual use in accordance with the plans herewith submitted will be begun within twelve months from the date of the granting of a Conditional Use Permit, or when a Conditional Use Permit , upon receiving Site Plan approval, and that the affiant/applicant is able from a legal, financial, and physical basis to do so; and that the answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/her knowledge and belief.

Date

Date \_\_\_\_\_

## Environmental Permits Checklist

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Facility Owner or Manager: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Note: For assistance with permits and approvals from the Michigan Department of Environment, Great Lakes, and Energy, please reach out to the [Environmental Assistance Center](#) (800-662-9278 or [egle-assist@michigan.gov](mailto:egle-assist@michigan.gov)) for a program specialist.*

*Circle (Y/N) the items that may pertain to your project or facility; then contact the office(s) listed to determine specific requirements. Return a copy of this checklist to the municipality as part of your site plan submittal – even if state and county approvals have not yet been obtained. An updated copy should be submitted prior to occupancy.*

*Based on Michigan's Department of Environment, Great Lakes, and Energy's [permit information checklist](#), this list includes the most common permits and approvals related to waste, water quality, and air quality. Other permits and approvals, including local approvals, may also be needed. To help in the checklist process, the [Wellhead Protection Viewer](#) can be used to identify a variety of key features surrounding a location related to the questions below. Check with your local municipality to determine if any additional local requirements are needed for the site plan review process. Please refer to appendix for additional information on sections and topics reviewed throughout the checklist as well as contact information for departments.*

### Who Regulates My Drinking (Potable) Water Supply?

I am buying water from a community water supply (i.e., Lansing Board of Water & Light or City of Charlotte), Contact your <a href="#">local water utility</a> , 517-284-6512	Y N
I have a non-community water supply (Type II), <a href="#">Non-community water</a> , Contact Local health Department, Clinton: 989-224-2195, Eaton: 517-543-2430, Ingham: 517-887-4311	Y N
I am a community water supply (Type I) <a href="#">Community Water Supply</a> , DWEHD District Office Community Water Supply Program, 517-284-6651	Y N
Do you desire to develop a <a href="#">withdrawal of over 2,000,000 gallons of water per day</a> from any source including groundwater, inland surface water, or the Great Lakes and their connecting waterways? WRD, Great Lakes Shorelands Unit, Water Use Program, 517-284-5563	Y N

## How Do I Know That I Need a Construction Permit?

Will your business involve the installation or construction of any process equipment that has the potential to emit air contaminants (e.g., dry sand blasting, boilers, standby generators)? <a href="#">Air Quality Permit to Install</a> , Air Quality Division (AQD), 616-581-0044	Y N
Does the project involve renovating or demolishing all or portions of a building? <a href="#">Notification is required for asbestos removal</a> and <b>required for all demolitions even if the structure never contained asbestos</b> . AQD, <a href="#">Asbestos Program</a> , 517-284-7680	Y N
Please consult the <a href="#">Permitting at the Land and Water Interface Decision Tree document</a> to evaluate whether your project needs a land and water management permit (i.e., Does the project involve filling, dredging, placement of structures, draining, or use of a wetland?). <i>Land and Water Features Programs (Water Resources Division – WRD)</i> , <a href="#">Joint Permit Application</a> , 517-284-5567:	
a) Does the project involve construction of a building or septic system in a designated Great Lakes high risk erosion area?	Y N
b) Does the project involve dredging, filling, grading, or other alternation of the soil, vegetation, or natural drainage, or placement of permanent structures in a designated environmental area?	Y N
c) Does the project propose any development, construction, silvicultural activities, or contour alterations within a designated critical dune area?	Y N
Does the project involve construction of a dam, weir, or other structure to impound flow?	Y N
Does the project involve an earth change activity (including land balancing, demolition involving soil movement, and construction) or does the project involve construction which will disturb one or more acres that come into contact with storm water that enters a storm sewer, drain, lake, stream, or other surface water? <a href="#">Soil Erosion and Construction Storm Water</a> , Clinton/Ingham: 517-899-7034, Eaton: 517-282-6723	Y N
Does the project involve the construction or alteration of a water supply system or sewage disposal system for a manufactured housing project? <a href="#">Drinking Water &amp; Environmental Health Division</a> (DWEHD), 517-284-6524	Y N
Does the project involve construction or alteration of any sewage collection or treatment facility? WRD, <a href="#">Part 41 Construction Permit Program</a> Eaton/Ingham: 517-290-4095, Clinton: 517-243-8011	Y N
Public Swimming Pool Construction (Spas/Hot Tubs) Permits: Will your business involve the construction or modification of a public swimming pool, spa, or hot tub? <a href="#">Public Swimming Pool Program</a> , Eaton/Ingham: 906-235-5113, Clinton: 517-242-3959	Y N
Does the project involve the construction or modification of a campground? <i>Contact your local health department for inspection fee information.</i> DWEHD, <a href="#">Campgrounds Program</a> , Eaton/Ingham: 906-235-5113, Clinton: 517-242-3959	Y N
Does the project involve construction of a facility that landfills, transfers, or processes of any type of solid non-hazardous waste on-site, or places industrial residuals/sludge into or onto the ground? <i>Materials Management Division (MMD)</i> , <a href="#">Solid Waste</a> , 517-284-6588	Y N
Does the project involve the construction of an on-site treatment, storage, or disposal facility for hazardous waste? MMD, Hazardous Waste Section, <a href="#">Treatment, Storage, and Disposal</a> , 517-284-6562	Y N

### Who Regulates My Wastewater Discharge System?

Does the project involve the discharge of any type of wastewater to a storm sewer, drain, lake, stream, or other surface water? WRD, <a href="#">National Pollutant Discharge Elimination (NPDES) Permit Program</a> , 517-284-5568	Y	N
Does the facility have industry activity that comes into contact with storm water that enters a storm sewer, drain, lake, stream, or other surface water? WRD, <a href="#">Permits Section</a> , 517-899-7034	Y	N
Does the project involve the discharge of wastewater into or onto the ground (e.g., subsurface disposal or irrigation)? WRD, <a href="#">Groundwater Permits Program</a> , 517-230-2624	Y	N
Does the project involve the drilling or deepening of wells for waste disposal? <a href="#">Oil, Gas, and Minerals Division (OGMD)</a> , 517-331-0672	Y	N

### What Operational Permits Are Relevant to My Operation and Air Emissions?

Renewable Operating Permit: Does your facility have the potential to emit any of the following: 100 tons per year or more of any criteria pollution; 10 tons per year or more of any hazardous air pollutant; or 25 tons per year or more of any combination of hazardous air pollutants? AQD, <a href="#">Permit Section</a> , 800-662-9278	Y	N
Does your facility have an electric generating unit that sells electricity to the grid and burns a fossil fuel? AQD, <a href="#">Acid Rain Permit Program</a> , 517-416-4631	Y	N

### What Sector-Specific Permits May Be Relevant to My Business?

<u>Transporters</u>		
Does the project involve the transport of some other facility's non-hazardous liquid waste? MMD, <a href="#">Transporter Program</a> , 517-284-6562	Y	N
Does the project involve the transport of hazardous waste? MMD, <a href="#">Transporter Program</a> , 586-753-3850	Y	N
Do you engage in the business of transporting bulk water for drinking or household purposes (except for your own household use)? DWEHD, <a href="#">Water Hauler Information</a> , 517-284-6527	Y	N
Does the project involve transport of septic tank, cesspool, or dry well contents, or the discharge of septage or sewage sludge into or onto the ground? DWEHD, <a href="#">Septage Program</a> , 517-256-6953	Y	N
Do you store, haul, shred, or process scrap tires? MMD, <a href="#">Scrap Tire Program</a> , 517-284-6586	Y	N
<u>Sectors</u>		
Is the project a dry-cleaning establishment utilizing perchloroethylene or a flammable solvent in the cleaning process? AQD, <a href="#">Dry Cleaning Program</a> , 517-241-1324	Y	N
Does your laboratory test potable water as required for compliance and monitoring purposes of the Safe Drinking Water Act? <a href="#">Laboratory Services Certifications</a> , 517-335-9219	Y	N
Does the project involve the operation of a public swimming pool? DWEHD, <a href="#">Public Swimming Pools Program</a> , 517-284-6529	Y	N
Does the project involve the operation of a campground? DWEHD, <a href="#">Campgrounds</a> , 517-282-4032	Y	N



### What Operational Permits Are Relevant to My Waste Management?

Does the project involve landfilling, transferring, or processing of any type of solid non-hazardous waste on-site, or placing industrial residuals/sludge into or onto the ground? <a href="#">MMD, 517-284-6588</a>	Y	N
Does the project involve the on-site treatment, storage, or disposal of hazardous waste? <a href="#">MMD, Hazardous and Liquid Waste, 517-284-6562</a>	Y	N
Does the project require a site identification number (EPA number) for regulated waste activities (used oil, liquid waste, hazardous waste, universal waste, PCBs)? <a href="#">Hazardous Waste Program Forms &amp; License Applications</a> <a href="#">MMD, 517-284-6562</a>	Y	N
Does the project involve the receipt, possession, manufacture, use, storage, transport, transfer, release, or disposal of radioactive material in any form? <a href="#">MMD, Radioactive Material and Standards Unit, 517-284-6581</a>	Y	N
Does the project involve decommissioning or decontamination of tanks, piping, and/or appurtenances that may have radioactive levels above background? <a href="#">MMD Radioactive Material and Standards Unit, 517-284-6581</a>	Y	N
Does the project involve the generation of medical waste or a facility that treats medical waste prior to its disposal? <a href="#">MMD, Medical Waste Regulatory Program, 517-284-6594</a>	Y	N

### Why Would I Be Subject to Oil, Gas, and Mineral Permitting?

Do you want to operate a central production facility (applies to oil and gas production facilities where products of diverse ownership are commingled)? <a href="#">OGMD, Petroleum Geology and Production Unity, 517-284-6826</a>	Y	N
Does the project involve the removal of sand from a sand dune area within two (2) miles of a Great Lakes shoreline? <a href="#">OGMD, Minerals and Mapping Unit, Sand Dune Mining Program, 517-230-8233</a>	Y	N
Does the project involve decommissioning or decontamination of tanks, piping, and/or appurtenances that may have radioactive levels above background? <a href="#">MMD, Radioactive Protection Programs, 517-284-6581</a>	Y	N
<a href="#">Petroleum &amp; Mining, OGMD, 906-250-7564</a>		
Does the project involve the diversion and control of water for the mining and processing of low-grade iron ore?	Y	N
Does the project involve the surface or open-pit mining of metallic mineral deposits?	Y	N
Does the project involve the mining of nonferrous mineral deposits at the surface or in underground mines?	Y	N
Does the project involve mining coal?	Y	N
Does the project involve changing the status or plugging of a mineral well?	Y	N
Does the project involve the drilling or deepening of wells for brine production, solution mining, storage, or as test wells?	Y	N
<a href="#">Permits &amp; Bonding, OGMD, 517-230-8233</a>		
Do you want to change the status of an oil and gas well (i.e., plug the well)?	Y	N
Does the project involve drilling of oil, gas, brine disposal, secondary recover, or hydrocarbon storage wells?	Y	N

### What Permits Do I Need to Add Chemical to Lakes and Streams?

Are you applying a chemical treatment for the purpose of aquatic nuisance control (pesticide/herbicide etc.) in a water body (i.e., lake, pond, or river)? WRD, <a href="#">Aquatic Nuisance Control</a> , 517-284-5593	Y N
Are you applying materials to a water body for a water resource management project (i.e., mosquito control treatments, dye testing, or fish reclamation projects)? WRD, <a href="#">Surface Water Assessment Section</a> , 517-331-5228	Y N



# Southern Clinton County Municipal Utilities Authority

3671 W. Herbison Road • DeWitt, Michigan 48820 • (517)669-8311 • Fax: (517)669-9335

The Southern Clinton County Municipal Utilities Authority (SCCMUA) under the authority of Section 43.8(f) of the Federal Regulation 40 CFR 403, MCL 324.3101 et seq., MAC R 323.2301 et seq., and applicable ordinance, has developed a Waste Pretreatment and Non-Domestic User Control Program. This program is intended to identify all non-domestic users which may discharge wastes containing pollutants which pass through, or interfere with the operation of the public owned treatment works (POTW) or limit the user or disposal of municipal bio-solids.

Your company has been identified as a non-domestic sanitary sewer discharger and, due to the nature of your business, may have the potential of a pollutant discharge which could either disrupt or pass through the public owned treatment works (POTW) and have an adverse affect on the environment. An attached non-domestic user survey has been provided requesting information on: waste volumes, characteristics, frequency of discharges, the presence of priority pollutants, or other hazardous materials stored or used on site and other pertinent information. The objective of this survey is to confirm preliminary non-domestic identification information; to identify the character and volume of pollutants received, and to develop a continuing database for future industrial waste ordinances.

**This survey must be completed** by the person in your company most familiar with your discharge into the sanitary sewer. Please have that person (s) complete the requested information as thorough and accurately as possible. You should not have to do any sampling or testing in completing this survey. Provide the information, as it is best known to you.

Your cooperation and assistance in completing this wastewater survey form is in the best interests of both your business and that of the SCCMUA. An open, cooperative relationship with the SCCMUA will assure a sound sanitary sewer system, operating at top efficiency and reliability.

**NOTE TO SIGNING OFFICIAL:** In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. These procedures will be provided on request.

**Please be aware that your facility is required to submit a new non-domestic user survey or request a Discharge Permit Application any time there is a significant change in your discharge.**

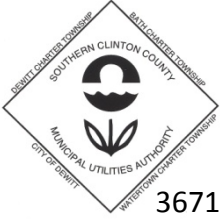
**DEFINITION OF SIGNIFICANT CHANGE:** Any change in a non-domestic users effluent which either causes the constituents of the discharge to be different or the concentrations of the pollutants to be increased by 20% over those reported on the Discharger's Permit Application.

**Please return your survey form to us before** \_\_\_\_\_. If you need additional time to fill out this survey, please call (517) 669-8311 between 7:00am and 4:00pm, Monday – Friday.

**Mail the completed survey form to:**  
**Southern Clinton County Municipal Utilities Authority**  
**3671 W. Herbison Rd.**  
**DeWitt, MI 48820**

Sincerely,

Brad Gurski  
Director of Operations



# Southern Clinton County Municipal Utilities Authority

3671 W. Herbison Road • DeWitt, Michigan 48820 • (517)669-8311 • Fax: (517)669-9335

## SCCMUA Non-Domestic Industrial User Survey Form

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

Business Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Nature of Operation of Business: \_\_\_\_\_

*If you do not understand any part of this form, please feel free to contact us in order to assist you. It is your responsibility to know what you discharge into the sanitary sewers and in what quantities it is discharged.*

1. List number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
2. Total payroll hours for all employees worked during previous year: \_\_\_\_\_ Hours
3. Number of shifts & hours of operation: \_\_\_\_\_
4. What type of water serves your business? **Private Well** or **Public Water** (circle one)  
If Public water, please attach copies from the last 12 months of water readings to this form.
5. Please indicate the volume of your wastewater flows in gallons/day (a normal residential home discharges around 250-300 gallons per day.) \_\_\_\_\_
6. Please circle which of the following outlets would involve a discharge to the sanitary sewer system:

Public Restrooms	Kitchen Wash Sinks	Laundry Facilities	Sump Pumps
Footing Drains	Floor Drains	Process Drains	Holding Tanks
Grease Traps	Oil Separators	Roof drains	Bldg. Under drains
Wash Bays	Boiler Blow down	Air Conditioning	Other: _____

7. List the number of all of your facility's sanitary sewer outlets:
  - a. Floor Drains \_\_\_\_\_

- b. Wash Sinks \_\_\_\_\_
- c. Toilets \_\_\_\_\_
- d. Process Drains \_\_\_\_\_
- e. Washers \_\_\_\_\_
- f. Other \_\_\_\_\_

8. If this business is a car wash, how many of the following do you have on site:  
 Wash Bays \_\_\_\_\_ Automatic Wash Bays \_\_\_\_\_ Truck Bays \_\_\_\_\_

9. Does your facility perform car or truck washing: Yes No

10. Does your facility discharge floor drains from truck loading docks to the sewer? Yes No

11. Are sediment and oil traps provided and maintained on these drains? Yes No

12. Is gasoline, fuel oils, or chemicals stored or sold at this location? Yes No  
 If yes, is secondary containment provided for the storage vessels? Yes No

If yes, list the capacity, substance stored (gasoline, diesel fuel, etc.) material of construction (FRP, steel) of all underground tanks:

\_\_\_\_\_

13. Describe the manner in which any waste oils, or residues are handled and/or stored at your facility, i.e., 55 gallon drums, steel storage tanks, used chemical etc.

\_\_\_\_\_

14. Are manifests available for inspection on all hauled waste products? Yes No

15. Does this business provide dry cleaning or uniform washing service? Yes No

16. Does your business have a fire sprinkler protection system installed? Yes No

17. Do you anticipate any expansion to your business in the next few years? Yes No

As a designated Non-Domestic Industrial User, you shall not discharge wastewater containing any of the following substances without first obtaining a wastewater permit.

- A. Any wastewater having a temperature which will inhibit biological activity at the SCCMUA treatment plant resulting in interference, but in no case wastewater with a temperature at the introduction into the municipalities' sanitary sewer system which exceeds between 40 degrees C (104 degrees F,) or lower than -1 degree C (30 degrees F.)
- B. Any wastewater or waste, which may contain more than one hundred-(100) mg/l of fat, oil, or grease.

- C. Any gasoline, naphtha, kerosene, ethers, alcohols, keytones, aldehydes, peroxides, chlorates, perchlorates, bromates, carbides, hydrides, sulfides, and any other substance which the Municipality, the State, or the EPA has notified the user as a fire hazard or a hazard to the system.

<u>TOXICS:</u>	AVERAGE BASED ON FOUR CONSECUTIVE COMPOSITE SAMPLES		MAXIMUM for ANY ONE DAILY COMPOSITE SAMPLE	
	POLLUTANT			
	Arsenic.....	0.90 mg/l		1.00 mg/l
	Cadmium.....	0.02 mg/l		0.05 mg/l
	Chromium, T.....	0.90 mg/l		2.60 mg/l
	Copper.....			0.62 mg/l
	Cyanide.....			1.00 mg/l
	Lead.....	0.14 mg/l		0.50 mg/l
	Mercury.....			0.001mg/l
	Nickel.....	0.40 mg/l		1.00 mg/l
	Silver.....			0.15 mg/l
	Zinc.....	0.50 mg/l		1.30 mg/l
<u>CONVENTIONALS:</u>		<u>SURCHARGABLE RANGE*</u>		
	*Ammonia Nitrogen	20.0 mg/l	to	190 mg/l
	*5-Day BOD	300 mg/l	to	2600 mg/l
	*Phosphorus	12.0 mg/l	to	110 mg/l
	*Suspended Solids	350 mg/l	to	4300 mg/l
	pH (grab sample).....			<6.0 or >11.0
<u>ORGANICS:</u>				
	1,1,2,2-Tetrachloroethane.....			0.30 mg/l
	1,1-Dichloroethane.....			0.10 mg/l
	1,2-Dichloroethane.....			0.10 mg/l
	Benzene.....			0.10 mg/l
	Chlorobenzene.....			0.10 mg/l
	Chloroform.....			0.50 mg/l
	Lindane.....			0.01 mg/l
	Ethylbenzene.....			0.50 mg/l
	Formaldehyde.....			0.96 mg/l
	Methylene Chloride.....			0.50 mg/l
	Phenols.....			1.00 mg/l
	Styrene.....			0.90 mg/l
	Toluene.....			2.00 mg/l
	Total Xylenes.....			1.50 mg/l
	Trichloroethene.....			0.10 mg/l
	1,1,1-Trichloroethane.....			0.10 mg/l

- D. Any liquids, solids or gases which by reason of their nature or quantity are, or may be sufficient either alone or by interaction with other substances to cause a fire or explosion hazard at the SCCMUA, including, but not limited to, waste streams with a closed cup flashpoint of less than 140 deg F (60 deg C) using the test methods specified in 40 CFR 261.21, or be injurious in any other way to the SCCMUA or the operation of the SCCMUA or the municipalities transmission lines to the SCCMUA. At no time shall 2 successive readings on any explosion hazard meter, at the point of discharge into the system (or at any point in the system) be more than 5 percent nor any single reading over 10 percent of the lower explosive limit (LEL) of the meter.
- E. Any solid or viscous substances not limited to: grease, garbage with particles greater than ½ inch in any dimension, animal guts or tissues, paunch manure, bones, hair, hides or fleshing, entrails, whole blood, feathers, ashes, cinders, sand, spent lime, stone or marble dust, metal, glass, straw, shavings, grass clippings, rags, spent grains, spent hops,

wastepaper, wood, plastics, gas, tar, asphalt residues, residues from refining or processing of fuel or lubricating oil, mud, or glass grinding or polishing wastes, petroleum oil, non-biodegradable cutting oil, or products of mineral oil origin in amounts that will cause interference or pass-through.

- F. Any pollutants, including oxygen demanding pollutants (BOD, etc.) released at a flow rate and/or pollutant concentration which a user knows or has reason to know will cause the pollutant to pass through to the recovery waters or cause the pollutant to pass through the receiving waters or cause interference to the SCCMUA wastewater treatment facility. In no case shall a slug load lasting longer than 15 minutes have a flow rate, concentration, or qualities of pollutants that exceed more than five times the average 24 hour concentration, qualities, or flow during normal operation.

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Name and Title of person completing report (print or type name)

*"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 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 m 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 violations."*

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Signature of Responsible Official and Date (Print or Type name and date)

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**DO NOT WRITE BELOW THIS AREA**

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Municipality\_\_\_\_\_ SIC ID. \_\_\_\_\_ REU Status \_\_\_\_\_

Date of last survey on file: \_\_\_\_\_

Concerns Noted:

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

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_