

Office of Environmental Compliance
City of Saginaw Wastewater Treatment Facility
2406 Veterans Memorial Parkway
Saginaw, Michigan 48601-1268

City of Saginaw/Northwest Utilities Authority Sewer District
Discharge Permit Application/Comprehensive Industrial Wastewater Survey

The information provided in this survey/permit application will enable the City of Saginaw Wastewater Treatment Industrial Pretreatment Program to update files related to non-domestic sewer users in the City of Saginaw and Northwest Utilities Authority service area.

Please complete the Permit Application and return it to the Environmental Compliance Office ninety (90) days prior to the date upon which any discharge will begin or recommence. This survey/permit application is in accordance with the City of Saginaw Code of Ordinances Title V, Chapter 51: Sewer, Michigan Department of Environmental Quality (MDEQ) and the United States Environmental Protection Agency (USEPA) Industrial Pretreatment rules and regulations.

If you have any questions please contact the Environmental Compliance Office at (989) 759-1523.

The following websites contain information that may be helpful in filling out this permit.

City of Saginaw Code of Ordinances Title V, Chapter 51: Sewer

www.amlegal.com/library/mi/index.shtml

DEQ –Industrial Pretreatment web site

www.michigan.gov/deg

[\(Go to Department/ Water\)](#)

General Industrial Pretreatment Regulations, (40CFR403)

www.gpoaccess.gov/cfr/index.html

List of Standard Industrial Classification Codes (SIC)

www.sec.gov/info/edgar/siccodes.html

List of North American Industry Classification System (NAICS)

www.naics.com

Reference material included with this application:

1. Local limits
2. List of pollutants for analysis

SECTION A - GENERAL INFORMATION

- 1. Facility Name:

- 2. Facility Address:
Address _____
City, State & Zip _____
Phone and Fax # _____

- 3. Business Mailing Address:
Address _____
City, State & Zip _____
Phone and Fax # _____

- 4. In business since:

- 5. Designated signatory authority of the facility: (Attach similar information for each authorized representative)
Name _____
Title _____
Address _____
City, State & Zip _____
Phone and Fax # _____
E-mail _____

- 6. Designated environmental facility contact: (if different from #4 above)
Name _____
Title _____
City, State & Zip _____
Phone and Fax _____
E-mail _____

SECTION B - BUSINESS ACTIVITY

- 1. If the facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (Check all that apply).

- EPA Industrial Categories
- Aluminum Forming
 - Asbestos Manufacturing
 - Battery Manufacturing
 - Canned and Preserved Fruits and Vegetable Processing

	Canned and Preserved Seafood Processing
	Carbon Black Manufacturing
	Cement Manufacturing
	Centralized Waste Treatment
	Chemicals with Pesticides
	Coal Mining
	Coil Coating
	Copper Forming
	Dairy Products Processing
	Electrical and Electronic Components
	Electroplating
	Explosives Manufacturing
	Ferroalloy Manufacturing
	Fertilizer Manufacturing
	Glass Manufacturing
	Gum and Wood Chemicals Manufacturing
	Hospital
	Ink Formulating
	Inorganic Chemicals Manufacturing
	Iron and Steel Manufacturing
	Meat and Poultry Products
	Leather Tanning and Finishing
	Meat and Poultry Products
	Metal Finishing (electroplating, electrolyses plating, anodizing, coating, chemical Etching and milling, and printed circuit board manufacture)
	Metal Molding and Casting
	Metal Powders
	Metal Products and Machinery
	Nonferrous Metal Forming and Metal Powders
	Nonferrous Metal Manufacturing
	Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing
	Paint Formulating
	Paving and Roofing Materials (Tars and Asphalt)
	Pesticide Chemicals
	Pharmaceutical Manufacturing
	Photographic
	Phosphate Manufacturing
	Plastic and Synthetic Materials Manufacturing
	Plastics Molding and Forming
	Porcelain Enameling
	Pulp, Paper, and Paperboard Manufacturing
	Rubber Manufacturing
	Soap and Detergent Manufacturing
	Steam Electric Power Generating
	Sugar Processing
	Timber Processing
	Transportation Equipment Cleaning
	Waste Combustors

SECTION C - SEWER and WASTEWATER DISCHARGE INFORMATION

2. Is the building presently connected to the public sanitary sewer system? (Yes/No)

3. Provide copies of the most recent water/sewer consumption bills.
Submit records from multiple accounts if applicable.

4. Does (or will) this facility discharge any wastewater other than domestic (bathrooms, kitchen, household) to the City (POTW)? (Yes/No)

5. List the average wastewater discharge, maximum discharge, type of discharge (batch, continuous, or variable), and location and size of sewer connection for each plant process.

No.	Process Description	Ave Flow	Max Flow (Gallons per day)	Type of Discharge	Location and size of sewer connection
1					
2					
3					
4					
5					
6					
7					
8					
Flow totals					

Explain the difference, if any, between Section C.3. water usage and Section C. 5. total process flow (evaporation, contained in product, storm water etc).

6. Schematic Flow Diagram – For each process in which wastewater is or will be Generated;
- Draw a diagram of unit processes from the start of the activity to its completion. Indicate which processes use water and which generate waste streams.
 - Include the average daily volume and maximum daily volume of each waste stream.
 - Match the process description reference number from the chart in #5 to the same process on the schematic.
 - Indicate the present or future location of automatic sampling equipment or continuous flow metering equipment on the sewer schematic and describe the equipment below:

7. Sewer Layout – For the entire property, provide a sewer layout blueprint which includes all sanitary, storm and combined sewer sizes, connections, manholes and orientation. The drawing must be signed and certified by a state registered professional engineer.

8. Are any process changes or expansions planned during the next five years that could alter wastewater volumes or characteristics? (Consider production processes as well as air or water pollution treatment processes that may affect the discharge.)

(Yes/No)

If yes, describe these changes and their effects on the wastewater volume and characteristics; (Attach additional sheets if necessary)

9. Are any of the following located on the property? (Check all that apply)

<input type="checkbox"/>	Private or abandoned wells	<input type="checkbox"/>	Monitoring wells
<input type="checkbox"/>	Dry wells	<input type="checkbox"/>	Storm sewer
<input type="checkbox"/>	Combined sewer- sanitary/storm	<input type="checkbox"/>	Sanitary sewer

SECTION D – CHARACTERISTICS OF DISCHARGE

Analytical data reports shall be provided for all pollutants listed below and shall conform to 40 CRF Part 136. Samples must be representative of normal work cycles and expected pollutant discharges to the WWTP. Reports must also contain the sampling location, flow rate, time and date of sample collection.

Parameter	Units
Biochemical Oxygen Demand (BOD ₅)	mg/L
Fats, Oils and Grease (FOG)	mg/L
Ammonia Nitrogen (NH ₃ N)	mg/L
Total Phosphorus	mg/L
pH	Standard Units
Temperature (T)	Degrees Fahrenheit
Total Suspended Solids (TSS)	mg/L
Amenable Cyanide (CN ⁻)	mg/L
Arsenic (As)	mg/L
Cadmium (Cd)	mg/L
Chromium (Cr)	mg/L
Copper (Cu)	mg/L
Mercury (Hg)	mg/L
Nickel (Ni)	mg/L
Lead (Pb)	mg/L
Selenium (Se)	mg/L
Zinc (Zn)	mg/L
Benzene	mg/L
BTEX	mg/L
Total Toxic Organics (TTOs)	mg/L
Polychlorinated Biphenyls (PCBs)	ug/L

SECTION E- WASTEWATER TREATMENT

1. Is any form of wastewater treatment practiced at this facility?

(Yes/No)

If no, skip to section F

2. Treatment devices or processes used or proposed for treating wastewater or sludge
(Check all that apply)

<input type="checkbox"/>	Air flotation	<input type="checkbox"/>	Ion exchange
<input type="checkbox"/>	Biological treatment, type	<input type="checkbox"/>	Mercury recovery system
<input type="checkbox"/>	Carbon Adsorption	<input type="checkbox"/>	Neutralization, pH correction
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Ozonation
<input type="checkbox"/>	Chemical precipitation	<input type="checkbox"/>	Polymer addition
<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Rainwater diversion or storage
<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Reverse osmosis
<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Flow equalization	<input type="checkbox"/>	Septic tank
<input type="checkbox"/>	Grease or oil separation, type	<input type="checkbox"/>	Silver recovery unit
<input type="checkbox"/>	Grease trap	<input type="checkbox"/>	Solvent separation
<input type="checkbox"/>	Grinding filter	<input type="checkbox"/>	Spill protection
<input type="checkbox"/>	Grit removal	<input type="checkbox"/>	Sump
<input type="checkbox"/>	Ground water remediation system	<input type="checkbox"/>	Ultra filtration

Other, Please name

3. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment process checked above.
(Attach additional sheets if necessary)

4. Attach a process flow diagram for each existing or planned treatment system. Include process equipment, by-products, by-product disposal method, by-product transfer method, waste and by-product volumes, and design and operating conditions.

5. Describe any future changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include the estimated completion date(s).

6. Is there a wastewater treatment operator or a company responsible for the operation of the treatment system? (Yes/No)

If yes, provide the following information. If no, skip to number 8

Name: _____
Title: _____
Phone: _____ Fax: _____
Full Time: _____ (Specify hours)
Part Time: _____ (Specify hours)

7. Is the operator certified? (Yes/No)

8. Is there an operations manual kept on site for the pretreatment equipment? (Yes/No)

9. Is there a maintenance schedule for the pretreatment system(s)? (Yes/No)

10. What preventative maintenance is performed on the pretreatment system(s)?

SECTION F – CHEMICAL INVENTORY AND SPILL PREVENTION

1. Does this facility use or store any pesticides or toxic organic pollutants?
 (See list of organic pollutants provided) (Yes/No)

2. List types and quantity of all chemicals used or planned for use. Include copies of manufacturer's Material Safety Data Sheets (MSDS) and any other related certificates of analyses for all chemicals identified. For petroleum products please list description and quantity only. (Information can be put on a CD or Disk)

Chemical	Quantity

3. Are there chemical storage containment areas at the facility? (Yes/No)

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also, indicate in a diagram, or comment on the proximity of these containment areas to a sewer or storm drain.

4. Are there floor drains in the manufacturing or chemical storage area(s)? (Yes/No)

If yes, where do they discharge?

5. If there are chemical storage containment areas in the manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)

<input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Sanitary sewer system (POTW) <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Storm drain <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Other, specify _____	<input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Ground <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Combined sewer –sanitary/storm
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6. Does this facility have a Pollution Incident Prevention Plan (PIPP), Slug Plan, Spill Prevention or Spill Prevention Countermeasure & Control Plan (SPCC) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system? (Yes/No)

If yes, (Please attach a copy of all that apply with the application)

7. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

8. Does the facility discharge, generate, dispose of, store, or handle hazardous materials or wastes. (Yes/No)

SECTION G - CATEGORICAL INDUSTRIAL USERS

Provide the following Total Toxic Organic (TTO) information.

1. Does (or will) this facility use any of the toxic organics that are listed under the TTO standards applicable to this facilities categorical pretreatment standards published by EPA? (Yes/No)

2. Has a baseline monitoring report (BMR) that contains TTO been completed? (Yes/No)

If yes, please attach a copy

3. Has a toxic organics management plan (TOMP) been developed? (Yes/No)

If yes, please attach a copy

SECTION H - NON-DISCHARGED WASTES AND HAULED WASTES

1. Are any liquid, sludge or solid wastes generated, reclaimed, recycled or disposed of at the facility? (Yes/No)

If yes, please describe below

Waste Generated	Quantity (per year)	Disposal Method

2. State the name and address of all waste haulers:

Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____

Permit # (If applicable)	_____	Permit # (If applicable)	_____
Name	_____	Name	_____
Address	_____	Address	_____
Permit # (If applicable)	_____	Permit # (If applicable)	_____

SECTION I - ENVIRONMENTAL PERMITS

If any federal, state, or local environmental permits have been issued to the facility please list them below?

SECTION J - COMPLIANCE CERTIFICATION

1. Are all applicable federal, state, or local pretreatment standards and requirements being met on a consistent basis? (Yes/No)
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If no, answer the following questions:

- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

- b. Provide a schedule for bringing the facility into compliance. Specify major events planned and reasonable completion dates. Note: if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone	Completion Date

SECTION K - AUTHORIZED SIGNATURES

In accordance with City of Saginaw Code of Ordinances Title V, Chapter 51§34 or the Northwest Utilities Authority Sewage Disposal Regulations No. 91-1, §1-114, information and data provided in this permit application 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 Chapter 51§39 or 1-114. There is a \$200.00 administration fee for processing the permit application. An invoice will be issued and must be paid before a discharge permit is issued. Send the completed and signed application 90 days prior to the date upon which any discharge will begin or recommence to:

City of Saginaw, Wastewater Treatment Facility
2406 Veterans Memorial Parkway
Saginaw, MI 48601-1268

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 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 violations.”

Date: _____

Name: _____

Signature: _____

Title: _____

Phone #: _____

Fax #: _____

City of Saginaw Discharge Permit Application Required Analytical Parameters

Ammonia Nitrogen

Biological Oxygen Demand (BOD-5 day)

Phosphorus

pH

Temperature

Total Suspended Solids

Oil and grease

Cyanide, total

Cyanide, amenable

Arsenic

Cadmium

Chromium

Copper

Mercury

Nickel

Lead

Selenium

Zinc

Priority Pollutants, Volatiles (VOC)

1,1,1-Trichloroethane

1,1,2,2-Tetrachloroethane

1,1,2-Trichloroethane

1,1-Dichloroethane

1,1-Dichloroethene

1,2-Dichlorobenzene

1,2-Dichloroethane

1,2-Dichloropropane

2-Chloroethylvinyl ether

Acrolein

Acrylonitrile

Benzene

Bromodichloromethane

Bromoform

Bromomethane

Carbon tetrachloride

Chlorobenzene

Chloroethane

Chloroform

Chloromethane

Cis-1,2-Dichloroethene

Cis-1,3-Dichloropropene

Dibromochloromethane

Ethylbenzene

Methylene chloride

Tetrachloroethene

Toluene

Trans-1,2-Dichloroethene
Trans-1,3-Dichloropropene
Trichloroethene
Trichlorofluoromethane
Vinyl chloride
Xylenes

Priority Pollutants, Semi-Volatile Base Neutral, Acids

2,4,6-Trichlorophenol
2,4-Dichlorophenol
2,4-Dimethylphenol
2,4-Dinitrophenol
2-Chlorophenol
2-Methyl-4,6-dinitrophenol
2-Nitrophenol
4-Chloro-3-methylphenol
4-Nitrophenol
Pentachlorophenol
Phenol
1,2,4-Trichlorobenzene
1,2-Dichlorobenzene
1,2-Diphenylhydrazine
1,3-Dichlorobenzene
1,4-Dichlorobenzene
2,3,7,8-TCDD
2,4-Dinitrotoluene
2,6-Dinitrotoluene
2-Chloronaphthalene
3,3'-Dichlorobenzidine
4-Bromophenyl phenyl ether
4-Chlorophenyl phenyl ether
Acenaphthene
Acenaphthylene
Anthracene
Benzidine
Benzo(a)anthracene
Benzo(a)pyrene
Benzo(b)fluoranthene
Benzo(ghi)perylene
Benzo(k)fluoranthene
Bis(2-chloroethoxy)methane
Bis(2-chloroethyl)ether
Bis(2-chloroisopropyl)ether
Bis(2-ethylhexyl)phthalate
Butylbenzyl phthalate
Chrysene
Di-N-butylphthalate
Di-n-Octyl phthalate

Dibenzo(ah)anthracene
Diethyl phthalate
Dimethyl phthalate
Fluoranthene
Fluorene
Heptachlor
Heptachlor epoxide
Hexachlorobenzene
Hexachlorobutadiene
Hexachlorocyclopentadiene
Hexachloroethane
Indeno(123cd)pyrene
Isophorone
N-Nitrosodi-n-propylamine
N-Nitrosodimethylamine
N-Nitrosodiphenylamine
Naphthalene
Nitrobenzene
Phenanthrene
Pyrene

Priority Pollutants, Pesticides

4,4'-DDD
4,4'-DDE
4,4'-DDT
Aldrin
Alpha-BHC
Beta-BHC
Chlordane
Delta-BHC
Dieldrin
Endosulfan I
Endosulfan II
Endosulfan sulfate
Endrin
Endrin aldehyde
Gamma-BHC
Heptachlor
Heptachlor epoxide
Toxaphene

Priority Pollutants, PCBs by Method 608 Only

PCB Aroclor 1016
PCB Aroclor 1221
PCB Aroclor 1232
PCB Aroclor 1242
PCB Aroclor 1248
PCB Aroclor 1254
PCB Aroclor 1260

City of Saginaw

Code of Ordinances, Title V: Chapter 51: Sewer Local Limits

Parameter	Limit Daily Max	Units
BOD ₅ Biochemical Oxygen Demand	493	mg/L
CN ⁻ Cyanide (amenable)	0.473	mg/L
FOG Fats, Oils and Grease	100	mg/L
NH ₃ N Ammonia Nitrogen	77	mg/L
P Phosphorus	7	mg/L
pH	6.0 to 10.5	S.U.
Temperature	120	Deg. F.
TSS Total Suspended Solids	1100	mg/L
Metals		
As Arsenic	0.473	mg/L
Cd Cadmium (total)	0.110	mg/L
Cr Chromium (total)	2.770	mg/L
Cu Copper (total)	1.184	mg/L
Hg Mercury	• 0.0002	mg/L
Ni Nickel (total)	1.786	mg/L
Pb Lead (total)	0.377	mg/L
Se Selenium (total)	0.083	mg/L
Zn Zinc (total)	1.162	mg/L
Organics		
Benzene	0.5	mg/L
Total BTEX	5	mg/L
PCBs Total Polychlorinated Biphenyls	• 0.2	µg/L

- The quantification level shall not exceed 0.0002 mg/L unless a higher level is appropriate due to matrix interference. Any discharge of mercury at or above the quantification level is a specific violation.
- The quantification level shall be 0.2 µg/L unless a higher level is appropriate due to matrix interference. Any discharge of total PCBs at or above the quantification level is a specific violation.

Surcharge Limits

Parameter	Limit	Units	Surcharges
BOD ₅ Biochemical Oxygen Demand	200	mg/L	\$0.14 /lb
NH ₃ N Ammonia Nitrogen	30	mg/L	\$0.41 /lb
P Phosphorus	4	mg/L	\$1.02 /lb
TSS Total Suspended Solids	350	mg/L	\$0.12 /lb

Plus a 10% charge of the amount of the charges not paid on or before the due date.