

# Basic Monitoring Report

## Delhi Charter Township Publicly Owned Treatment Works

5961 McCue Road  
Holt, Michigan 48842  
Phone: (517) 699-3873 Fax: (517) 694-1490

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

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Local Address: \_\_\_\_\_

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

Company Representative: \_\_\_\_\_

Principal Products Manufactured or  
Processed: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Operation Schedule: \_\_\_\_\_ Hrs. \_\_\_\_\_ Days \_\_\_\_\_ Weeks

1.	Nature of Operation(s)	Production Rate	NAICS / SIC Codes
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2. List any environmental control permits that are required, may be required, or that are held by or for the facility.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Your facility's estimated total annual water usage: \_\_\_\_\_ gallons

4. Is your water supplied by the Board of Water and Light? \_\_\_\_\_ yes \_\_\_\_\_ no

5. Do you utilize a private well source? \_\_\_\_\_ yes \_\_\_\_\_ no  
Is the well metered? \_\_\_\_\_ yes \_\_\_\_\_ no Annual usage \_\_\_\_\_ gallons

How is your well water utilized? \_\_\_\_\_  
\_\_\_\_\_

Does your facility use any type of cooling water? \_\_\_\_\_ yes \_\_\_\_\_ no  
Please note type of cooling process: \_\_\_\_\_ contact \_\_\_\_\_ non-contact

Explain: \_\_\_\_\_

6. Indicate below the volume (gallons per day) and type of wastewater discharge, i.e. continuous, intermittent, or batch.

	Type of Discharge	Sanitary Discharge (gpd)	Storm Sewer Discharge (gpd)
Process	_____	_____	_____
Cooling	_____	_____	_____
Sanitary	_____	_____	_____

If batch discharges, please describe below:

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

Frequency of dumping: \_\_\_\_\_ Volume discharged: \_\_\_\_\_ gallons  
 Duration of discharges: \_\_\_\_\_  
 Character of wastewater: \_\_\_\_\_  
 \_\_\_\_\_

7. Description of your facility's outlets to the public sanitary sewer system:

Location: \_\_\_\_\_  
 Waste Discharge: \_\_\_\_\_  
 Size of sewer: \_\_\_\_\_

How is your mop (cleaning) water discharged? \_\_\_\_\_

Does your building have floor drains? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how many? \_\_\_\_\_

Are there sand/oil/grease traps? \_\_\_\_\_ yes \_\_\_\_\_ no

8. Materials stored on your property or discharged to the sanitary sewer:

Type of Critical Material	Product Name	Quantity Stored On Site	Discharged to Sanitary Sewer?
Heavy metals, i.e. copper, lead, etc.	_____	_____	_____
Cyanides	_____	_____	_____
Acids (strong, weak)	_____	_____	_____
Strong Bases (e.g., NaOH)	_____	_____	_____
Organic Chemicals	_____	_____	_____
Phenolic compounds	_____	_____	_____
Solvents or degreasers	_____	_____	_____
Oils (petroleum products)	_____	_____	_____
Sludges or residues from a pretreatment process	_____	_____	_____

9. If yes to any of section 8, describe below the manner in which these materials are handled and/or stored at your facility (transportation, containment).

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10. Is secondary containment provided in the event of an accidental loss or spill of these materials?

\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please describe: \_\_\_\_\_

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11. Does your facility use any of the following processes or equipment?

Parts Washer \_\_\_\_\_ Paint Spray Booth \_\_\_\_\_

Paint Stripper \_\_\_\_\_ Dip Tank \_\_\_\_\_

12. Do you perform laboratory analysis on your wastewater discharge? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please provide the results and a brief description:

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13. Are any pretreatment facilities presently in use? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please describe: \_\_\_\_\_

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**14. A submittal of schematic diagrams of each waste generating process including any pretreatment system for your facility's operations is also required in the Basic Monitoring Survey Report. (Flows can be estimated)**

**15. Include all Material Safety Data Sheets, a Pollution Incident Prevention Plan, & Plumbing Plans for building.**

16. If applicable, certification of whether applicable pretreatment standards are being met, and if not, a description of the additional pretreatment facilities that will be needed to comply with the standards. Include a schedule by which the additional facilities will be provided in order to comply with the applicable pretreatment standards.

\_\_\_\_\_  
Name of Company Representative  
(please print)

\_\_\_\_\_  
Signature of Company Representative