



**Wastewater Operating Services  
Industrial Waste Control**  
9300 W. Jefferson, Ste. 210  
Detroit, MI 48209  
Phone: 313-297-5850

### PERMIT APPLICATION FOR SIGNIFICANT INDUSTRIAL USER

This application/questionnaire is designed to enable the Great Lakes Water Authority (GLWA) to make a determination for issuance/reissuance of Industrial Wastewater Discharge Permits. Significant Industrial User who discharge process wastewater in addition to sanitary waste into the sewerage system tributary of the GLWA Water Resource Recovery Facility are required to file this application/reapplication.

- 1) This application must be filed ninety (90) days prior to commencement of discharge and signed by an Authorized Representative of the industrial user.
- 2) This application must include all information specified in section 56-3-61.1(c) of the Detroit City Code and (as applicable) include all information needed to satisfy the federal Baseline Monitoring Report (BMR) requirements of 40 CFR 403.12(b)(1-7).
- 3) A separate application is required for each separate facility.

<b>Section A. General Information</b>		<input type="checkbox"/> BMR	<input type="checkbox"/> Application	<input type="checkbox"/> Reapplication	Permit No. ....
1	Company Name	.....			
2	Facility Address	.....			
3	Mailing Address	.....			
4	Name of Authorized Representative	.....			
	Title	.....	Telephone Number	.....	
	E-mail Address	.....			
5	Facility Contact Person	.....			
	Title	.....	Telephone Number	.....	
	E-mail Address	.....			
6	Certification Statement	I certify under penalty of law that I have personally examined and I am familiar with the information in this application and all attachments and that based on my inquiry of those persons immediately responsible for obtaining the information contained in this application. I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.			
	Authorized Representative Signature	.....			
	Date	.....			

Section B. Business/Product/Service		
1	Do you perform any of the processes listed in Appendix A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list process(es) below ****	
2	Give a narrative description of all processing operations or service activities taking place at the facility address. ****	
3	Describe your principal product or service (Please see Appendix B and answer all items pertaining to Per- and Poly-flouroalkyl Substances (PFAS)). ****	
4	North American Industrial Classification (NAICS) Code	****
5	Standard Industrial Classification (SIC) Code	****
6	Shift and Employee Information	
	Discharge on legal holidays *	****
	Number of workdays per week	****
	Number of shifts per day	****
	Operating hours per day	****
	Number of Employees	****
7	What month and year did your operations begin?	****
8	What month and year did the facility's categorical operation(s) begin at the current location?	****
9	What month and year did the facility begin discharging wastewater to the sewer?	****

\* Legal Holidays: [New Year's Day](#), [Martin Luther King Day](#), [Memorial Day](#), [Independence Day](#), [Labor Day](#), [Thanksgiving Day](#), [Christmas Day](#)

Section C. Other Federal, State and Local Environmental Control Permits		
List any Environmental Control Permits held by or for this facility		
Regulatory Agency Name	Permit Number	Purpose of Permit
****	****	****
****	****	****
****	****	****
****	****	****

**Section D. Water Consumption**

Water usage for last twelve (12) months including volume purchased through water meter and volume of any water, wastewater brought into facility (truck, drum, etc.). If BMR or new Application, include copies of water bills.

From	****	To	****
1 <sup>st</sup> Quarter	****	2 <sup>nd</sup> Quarter	****
3 <sup>rd</sup> Quarter	****	4 <sup>th</sup> Quarter	****
Please check unit below that applies to the water usage information above			
<input type="checkbox"/> Cubic Feet (ft <sup>3</sup> )	<input type="checkbox"/> 100 Cubic Feet (ccf)	<input type="checkbox"/> Gallons	<input type="checkbox"/> Other ****
Water from other sources (groundwater, truck, other) Please describe sources and quantities used			
****			

Section E. Wastewater / Solid – Liquid Wastes		
1	Does your company have a wastewater treatment system or operation designed to reduce pollutant levels prior to discharge to the sewer? If yes, describe your specific pretreatment system below.  .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Please check all applicable methods of disposal used for wastewater and any solid/liquid waste materials from your facility.	
	Method of Disposal (Check all that apply)	
	<input type="checkbox"/> Discharged to sewer <input type="checkbox"/> Hauled to Landfill <input type="checkbox"/> Treated On-site <input type="checkbox"/> Discharged to Pond or Lagoon <input type="checkbox"/> Hauled to off-site Treatment facility (see #3) <input type="checkbox"/> Other (Describe ☞) .....	
3	For wastes hauled off-site, are waste manifests available?  If yes, provide copies of all waste manifests for last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does your facility have secondary containment for spill control? (Dikes, trenches, storage controls)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does your facility have any floor drains in the chemical storage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does your company submit Tier I or II information under the SARA Title III Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Please indicate if you are required to submit any of the following regulatory documents. (Check all that apply)	
	<input type="checkbox"/> Spill Prevention Countermeasure Control Plan (SPCC) <input type="checkbox"/> Pollution Incident Prevention Plan (PIPP) <input type="checkbox"/> Contingency Plan <input type="checkbox"/> Material Safety Data Sheet <input type="checkbox"/> R Form (Toxic chemical release reporting form) <input type="checkbox"/> Treatment, Storage and Disposal Facility Operating License <input type="checkbox"/> I discharge substances characterized as hazardous waste under 40 CFR 261 ( <a href="#">attach copy of 40 CFR 403.12(p) report</a> ) <input type="checkbox"/> Other Regulatory Documents (Describe ☞) .....	

## Section F. Process Descriptions/Wastestream Discharge Flows

Process Descriptions	Wastewater Flow (Gallons/Day)		Discharge Frequency		
	Average	Maximum	Batch <sup>1</sup> , Intermittent <sup>2</sup> , or Continuous <sup>3</sup>	If Batch or Intermittent, provide the discharge frequency	Regulated <sup>4</sup> , Non-regulated, or Dilution
			####		####
			####		####
			####		####
			####		####
			####		####
			####		####
			####		####
			####		####
			####		####
Non-Contact Cooling Water			####		####
Sanitary					####
Total Plant Flow					

<sup>1</sup> Batch – wastewater discharge occurs on a periodic or episodic basis as part of a volume

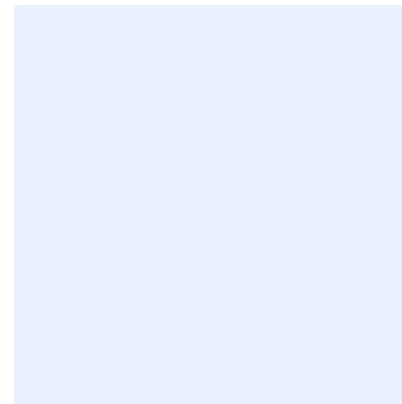
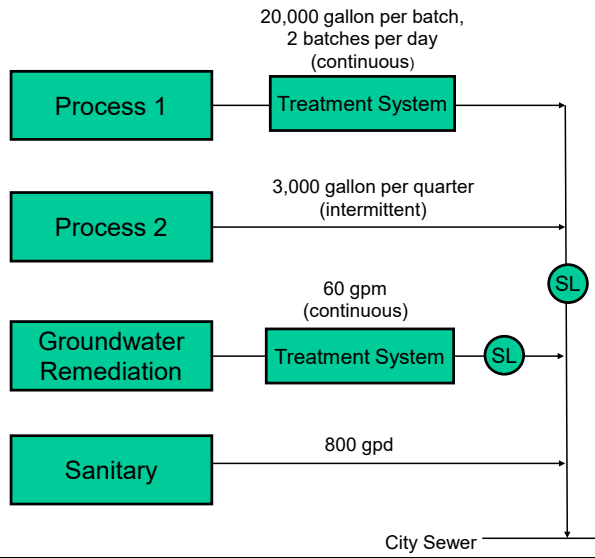
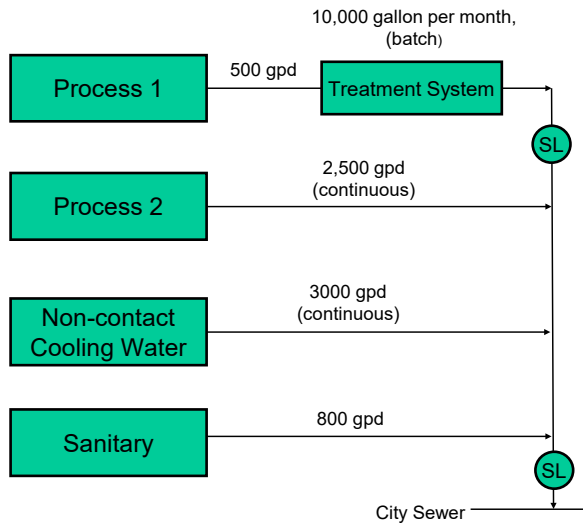
<sup>2</sup> Intermittent - wastewater discharge infrequently e.g., discharge occurs at intervals of 30 days or greater

<sup>3</sup> Continuous - wastewater discharge occurs on a regular basis

<sup>4</sup> As defined by 40 CFR 403.6

## Section G. Wastewater Flow Schematic

Please draw a simplified schematic showing the wastewater flows from each process as they combine to discharge into the city sewer. Refer to the drawing example shown on the left below.



## Section H. Wastewater Sampling Location Description

Describe the location(s) of all sampling site(s) and reference to facility schematic (Section G)

## Section I. Sampling Methodology

SL1	SL2	SL3	SL4	Composite Sampling Method (Elect one method only per Sampling Location)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Flow</u> -Proportional Composite Sampling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Time</u> -Proportional Composite Sampling (Submit demonstration that requires approval from GLWA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Flow/Time</u> -Proportional Composite Sampling (If undecided, submit sampling plan)

All wastewater sampling must be collected in a manner and form intended to represent the wastewater discharged. Following written notice from the Authority, a permittee shall provide an approvable sampling plan within 60 days of permit issuance. The sampling plan shall describe the sampling protocols and methods of sampling that will be used at their facility during the term of this permit.

At a minimum, the sampling plan shall describe the sampling methods to be used for each pollutant parameter identified in the permit. All composite samples shall be collected using flow-proportional sampling methods unless the Authority authorizes time-proportional sampling.

Where flow-proportional sampling methods are used, the sampling plan shall identify the flow measuring equipment available for performing such sampling, the most recent calibration records and the expected daily wastewater discharge volume, hours of discharge, sample volume and the sample aliquot volume.

Time-proportional sampling will only be authorized by the Authority where (i) the permittee can demonstrate with recorded flow data, or through equivalent methods, that their wastewater has a constant discharge rate or (ii) the volume of discharge is no greater than 10,000 gallons and the period of discharge is 4 hours or less.

If needed, a schedule for installation of flow measuring equipment. During the construction period, time-proportional sampling shall be used to collect samples until the flow measuring equipment is installed and calibrated. The time available for this schedule shall not exceed 180 days following permit issuance.

**Section J: Wastewater Analytical Results and Analyses**

1 Do you have any analytical results of your wastewater discharge? (Mandatory Requirement for BMR and/or Permit Application)  Yes  No

If yes, please record your data below and attach copies of the analytical results with this application. Where data is not available, you will be required to provide sampling results following notice of permit eligibility.

Wastestream	Arsenic	Cadmium	Chrome	Copper	Available Cyanide	Iron	Lead	Mercury	Nickel	Silver	Zinc	Total PCB	Total Phenol	pH	BOD	FOG	P	TSS
....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....

2 Based on the analytical data provided, are pretreatment standards being met on a consistent basis?  Yes  No

If No, what additional operational and maintenance plans are under consideration to attain compliance? Describe below.

....

3 If you respond "Yes" to any items in Appendix B, the company is required to sample and analyze the following PFAS pollutants (Analytical Requirement: US EPA Method 537 (modified) or ASTM D7979).

Perfluorobutanoic acid	PFBA	....	Perfluorotetradecanoic acid	PFTeDA	....	6:2 Fluorotelomer sulfonic acid	6:2 FTSA	....
Perfluoropentanoic acid	PFPeA	....	Perfluorobutane Sulfonic acid	PFBS	....	8:2 Fluorotelomer sulfonic acid	8:2 FTSA	....
Perfluorohexanoic acid	PFHxA	....	Perfluoropentane Sulfonic acid	PFPeS	....	N-Ethyl perfluorooctane sulfonamidoacetic acid	N-EtFOSAA	....
Perfluoroheptanoic acid	PFHpA	....	Perfluoroheptane Sulfonic acid	PFHxS	....	N-Methyl perfluorooctane sulfonamide	N-MeFOSA	....
Perfluorooctanoic acid	PFOA	....	Perfluoroheptane Sulfonic acid	PFHpS	....	Hexafluoropropylene oxide dimer acid	HFPO-DA	....
Perfluorononanoic acid	PFNA	....	Perfluorooctane Sulfonic acid	PFOS	....	11-Chloroeiosafluoro-3-oxaundecane-1-sulfonic acid	11Cl-PF3OUDS	....
Perfluorodecanoic acid	PFDA	....	Perfluorononane Sulfonic acid	PFNS	....	9-Chlorohexadecafluoro-3-oxanone-1-sulfonic acid	9Cl-PF3ONS	....
Perfluoroundecanoic acid	PFUnDA	....	Perfluorodecane Sulfonic acid	PFDS	....	4,8-Dioxa-3H-perfluorononanoic acid	ADONA	....
Perfluorododecanoic acid	PFDoDA	....	Perfluorooctane sulfonamide	FOSA	....			
Perfluorotridecanoic acid	PFTTrDA	....	4:2 Fluorotelomer sulfonic acid	4:2 FTSA	....			



Section K: Additional Requirements for Permit Reapplication Only			
1	Indicate if you intend to monitor for the Individual Phenolic Compounds or Total Phenols	<input type="checkbox"/> Elect to monitor Individual Phenolic Compounds	<input type="checkbox"/> Elect to monitor Total Phenols
2	For facilities subject to Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) and/or Electrical and Electronic Components (40 CFR 469), did you include an updated Toxic Organic Management Plan (TOMP) or submitted a Total Toxic Organic (TTO) Analyses?	<input type="checkbox"/> Submit an updated TOMP	<input type="checkbox"/> Submit current TTO analyses
3	For facilities subject to Aluminum Forming (40 CFR 467), Metal Molding & Casting (40 CFR 464), Copper Forming (40 CFR 468), or Coil Coating - Subpart D Can-Making (40 CFR 465), indicate if you intend to monitor for Oil & Grease or Total Toxic Organics	<input type="checkbox"/> Elect to monitor Oil and Grease	<input type="checkbox"/> Elect to monitor Total Toxic Organics
4	For facilities subject to Transportation Equipment Cleaning (40 CFR 442), submit an updated Pollutant Management Plan.	<input type="checkbox"/> Attached submitted plan	<input type="checkbox"/> None attached
5	For facilities subject to Mass or Production Based Categorical Pretreatment Regulations, include the Mass (raw materials processed onsite), Volume (corresponding water usage) and processing period (at least last 12 months).		
	Raw Materials Processed	Amount Materials Processed per Unit Time*	Water Usage Volume
	****	****	****
	****	****	****
	****	****	****
* specify the amount of materials processed per unit time (e.g. pound/year, ft <sup>2</sup> /day, meter <sup>2</sup> /week, kg/month, etc.)			
Processing Period		from	****
		to	****

**Section L: For each sewage flow-meter installed at your facility, provide the following information**

(Add additional sheets as necessary)

Flow Meter Information	
Model	****
Serial Number	****
Units	****
Totalizer	****
Pulse/Volume	****
Gallons/Pulse	****

Flow Meter Information	
Model	****
Serial Number	****
Units	****
Totalizer	****
Pulse/Volume	****
Gallons/Pulse	****

For each Water Meter installed at your facility, provide the following information

(Add additional sheets as necessary). Indicate if "Fire only", etc..

Water Meter Information	
Community	****
Wholesale Provider	****
Water Meter ID #	****
Units	****
Size:	****
Comment	****

Water Meter Information	
Community	****
Wholesale Provider	****
Water Meter ID #	****
Units	****
Size:	****
Comment	****

**Appendix A INDUSTRIAL PROCESSES**

No.	PROCESSES	40 CFR Part
<input type="checkbox"/> 1	Aluminum Forming	467
<input type="checkbox"/> 2	Anodizing	413, 433
<input type="checkbox"/> 3	Asbestos Manufacturing	427
<input type="checkbox"/> 4	Battery Manufacturing	461
<input type="checkbox"/> 5	Builder's Paper & Paperboard Mills	431
<input type="checkbox"/> 6	Carbon Black Manufacturing	458
<input type="checkbox"/> 7	Canned and Preserved Fruits / Vegetables	407
<input type="checkbox"/> 8	Canned and Preserved Seafood Processing	408
<input type="checkbox"/> 9	Casting Operations	421, 464, 467, 471
<input type="checkbox"/> 10	Cement Manufacturing	411
<input type="checkbox"/> 11	Centralized Waste Treatment	437
<input type="checkbox"/> 12	Chemical Etching	413, 433
<input type="checkbox"/> 13	Coal Mining	434
<input type="checkbox"/> 14	Coating	413, 433
<input type="checkbox"/> 15	Coil Coating	465
<input type="checkbox"/> 16	Cold Rolling	420, 467, 468, 471
<input type="checkbox"/> 17	Copper Forming	468
<input type="checkbox"/> 18	Dairy Products Processing	405
<input type="checkbox"/> 19	Drawing	420, 467, 468, 471
<input type="checkbox"/> 20	Electrical & Electronic Components	469
<input type="checkbox"/> 21	Electroless Plating	413, 433
<input type="checkbox"/> 22	Electroplating	413, 433
<input type="checkbox"/> 23	Explosives Manufacturing	457
<input type="checkbox"/> 24	Extruding	420, 467, 468, 471
<input type="checkbox"/> 25	Feedlots	412
<input type="checkbox"/> 26	Ferroalloy Manufacturing	424
<input type="checkbox"/> 27	Fertilizer Manufacturing	418
<input type="checkbox"/> 28	Forging	420, 467, 468, 471
<input type="checkbox"/> 29	Foundries	420, 421, 464
<input type="checkbox"/> 30	Fruits & Vegetable Processing	407
<input type="checkbox"/> 31	Glass Manufacturing	426
<input type="checkbox"/> 32	Grain Mills Manufacturing	406
<input type="checkbox"/> 33	Gum & Wood Chemicals Manufacturing	454
<input type="checkbox"/> 34	Hospitals	460
<input type="checkbox"/> 35	Hot Rolling	420, 467, 468, 471

No.	PROCESSES	40 CFR Part
<input type="checkbox"/> 36	Ink Formulating	447
<input type="checkbox"/> 37	Inorganic Chemicals Manufacturing	415
<input type="checkbox"/> 38	Iron & Steel Manufacturing	420
<input type="checkbox"/> 39	Landfills	445
<input type="checkbox"/> 40	Leather Tanning & Finishing	425
<input type="checkbox"/> 41	Meat Processing	432
<input type="checkbox"/> 42	Metal Finishing	433
<input type="checkbox"/> 43	Metal Molding & Casting	421, 464, 467, 471
<input type="checkbox"/> 44	Metal Products & Machinery	438
<input type="checkbox"/> 45	Milling	413, 433
<input type="checkbox"/> 46	Mineral Mining & Processing	436
<input type="checkbox"/> 47	Nonferrous Metals Forming & Metal Powders	471
<input type="checkbox"/> 48	Nonferrous Metals Manufacturing I and II	421
<input type="checkbox"/> 49	Oil & Gas Extraction	435
<input type="checkbox"/> 50	Ore Mining & Dressing	440
<input type="checkbox"/> 51	Organic Chemicals, Plastics, & Synthetic Fibers	446
<input type="checkbox"/> 52	Paint Formulating	446
<input type="checkbox"/> 53	Paving & Roofing Materials (Tars & Asphalt)	443
<input type="checkbox"/> 54	Pesticide Chemicals Manufacturing	455
<input type="checkbox"/> 55	Petroleum Refining	419
<input type="checkbox"/> 56	Pharmaceutical Manufacturing	439
<input type="checkbox"/> 57	Phosphate Manufacturing	422
<input type="checkbox"/> 58	Photographic Processing	459
<input type="checkbox"/> 59	Plastic Molding & Forming	463
<input type="checkbox"/> 60	Porcelain Enameling	466
<input type="checkbox"/> 61	Printed Circuit Board Manufacturing	413
<input type="checkbox"/> 62	Pulp, Paper, & Paperboard Mills	430
<input type="checkbox"/> 63	Refining	421
<input type="checkbox"/> 64	Rubber Processing	428
<input type="checkbox"/> 65	Smelting	421
<input type="checkbox"/> 66	Soap & Detergent Manufacturing	417
<input type="checkbox"/> 67	Steam Electric Power Generation	423
<input type="checkbox"/> 68	Sugar Processing	409
<input type="checkbox"/> 69	Textile Mills Manufacturing	410
<input type="checkbox"/> 70	Timber Products Manufacturing	429
<input type="checkbox"/> 71	Transportation Equipment Cleaning	442

## Appendix B SOURCES of PER- and POLY-FLOUROALKYL SUBSTANCES (PFAS)

Last year 2018, the State of Michigan, through the Michigan Department of Environmental Quality, required the GLWA to identify and determine the possible sources of Per- and Poly-fluoroalkyl Substances (PFAS) within the Great Lakes service areas. Due to PFAS' impacts on human health and impairments on fisheries, the following are incorporated in this application. Please answer all items accordingly.

1	Does your company use/store PFAS in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, indicate approximately when the company uses PFAS in the past.	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years
		<input type="checkbox"/> > 10 years	
2	Does your company currently use/store PFAS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does your company plan to use PFAS in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Does your company use AFFF fire fighting foam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Does your company perform coating operation (i.e. chrome plating)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Does your company use textile and/or fabric protection chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Does your company use fume and vapor suppressants, demisters or wetting agents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Does your company receive offsite waste for storage and transport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Is the company a Centralized Waste Treatment facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Is the company a landfill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Is the company a tannery or uses leather treatment chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Does your company perform paint formulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Does your company manufacture chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Does your company produce packaging materials using paper and/or cardboard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Does your company perform petroleum processing or refining?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Does your company use PTFE coatings or Teflon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you respond "Yes" to any items above, the company is required to sample and analyze the PFAS pollutants as enumerated in Section J, 3.