Industrial Pretreatment Program
Wastewater Discharge Disclosure (Short Form)

User ID Nbr: ____________ (office use)

It shall be unlawful for users to discharge into the POTW any wastewater which will cause interference or pass through, or otherwise not comply with the discharge prohibitions of Section 56-3-59.1 of this Code. [Ch 56, Division 3].

The Great Lakes Water Authority (Authority) is required to maintain a record of Industrial and Commercial users who utilizes the sewerage collection and treatment system operated by the Authority. Please complete and return this form to us within fourteen days. We will contact you if additional information is needed. Should you have questions, please contact us at (313) 297-5874 or Omran.Sherif@glwater.org.

Facility Name: ____________________________________________
Mailing Address: __________________________________________
Facility Address: __________________________________________ [ ] Same as Mailing Address
City and Zip Code: _________________________________________
Facility Contact Person: ____________________________________
Title of Contact Person: ___________________ Phone Number: ____________
Business Type: [ ] Retail/Merchandise [ ] Food Establishment
[ ] Manufacturing [ ] Light Industrial [ ] Commercial [ ] Other
Provide additional narrative description if Manufacturing, Light Industrial, Commercial or Other is checked above for activities performed on premises:
________________________________________________________________________
Water Consumption: [ ] 0 – 10,000 gallons per day [ ] 10,000 – 25,000 gallons per day
[ ] 25,000 – 50,000 gallons per day [ ] More than 50,000 gallons per day

Are any wastes other than wastewater of human origin (Sanitary) being discharged to the sewer system that is heating/cooling, cleaning, manufacturing or process waste? [ ] Yes [ ] No
If yes, describe: __________________________________________________________

Do you: Store more than 55 gallons of: [ ] Solvents [ ] Oil [ ] Paints
[ ] Acids [ ] Caustics [ ] Other Chemicals (Describe) ____________________________
[ ] Waste Manifests Available

Do you: Use or store PFOS, PFOA, PFAS containing substances [ ] Yes [ ] No

Print name and Title of Person Completing this Form: __________________________
Signature of Person Completing this Form: ____________________________
GREAT LAKES WATER AUTHORITY
INDUSTRIAL WASTE CONTROL
SURVEY SECTION
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