



## Industrial Pretreatment Program Wastewater Discharge Disclosure (short form)

**Office Use Only**

Seq No.	IN	MP
PB	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ML	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SU	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The Great Lakes Water Authority (GLWA) believes that your company may be classified as Significant Industrial User. In addition, the US EPA and Michigan EGLE require the GLWA, under our NPDES permit, to maintain a record of commercial and industrial facilities who utilize the GLWA's sewerage collection and treatment system. Under this program, facilities are asked to provide operational information to the best of their ability by the use of this single page form for proper classification. This form is not intended to limit the submittal of a more narrative and detailed description and, if needed, please utilize the longer form – Permit Application) to submit the requested information. Please fill out the form completely and return it to us within fourteen (14) days.

This form is also available on GLWA's website: <https://www.glwater.org/iwc/> IWC Application Forms Survey Form (Short Application). We will contact you if additional information is needed. Should you have any questions, please call (313) 297-5850 or e-mail us at [IWC@glwater.org](mailto:IWC@glwater.org) and we will get back to you.

Facility Name							
Mailing Address							
Facility Address (if different from Mailing Address above)							
Facility Authorized Person					Email Address		
Title of Authorized Person					Phone No.		
Business SIC No.				For SIC No., refer to: <a href="https://www.osha.gov/data/sic-manual">https://www.osha.gov/data/sic-manual</a>			
Provide a narrative description of the company's business							
No. of Employees		Operating Hours / Day			Operating Days / Week		
Water usage for last 12 months (denote the unit used) <input type="checkbox"/> gallon <input type="checkbox"/> ccf (100 cubic feet or ≈748 gallons) <input type="checkbox"/> cubic feet							
1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> Quarter	
Besides sanitary, denote if facility uses water from the following:		Process <input type="checkbox"/> Yes <input type="checkbox"/> No	Product <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooling <input type="checkbox"/> Yes <input type="checkbox"/> No	Heating <input type="checkbox"/> Yes <input type="checkbox"/> No	Lawn Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes for process and/or product above, describe the operation(s) where water is utilized.							
Denote if wastewater is generated onsite and discharged to the sewer from the following:		Process <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Cooling <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Contact Cooling <input type="checkbox"/> Yes <input type="checkbox"/> No	Boiler Blowdown <input type="checkbox"/> Yes <input type="checkbox"/> No	Groundwater Remediation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Denote if wastewater is hauled offsite from the following:		Process <input type="checkbox"/> Yes <input type="checkbox"/> NA	Contact Cooling <input type="checkbox"/> Yes <input type="checkbox"/> NA	Non-Contact Cooling <input type="checkbox"/> Yes <input type="checkbox"/> NA	Boiler Blowdown <input type="checkbox"/> Yes <input type="checkbox"/> NA	Groundwater Remediation <input type="checkbox"/> Yes <input type="checkbox"/> NA	
If any Yes from above, provide the name of your waste hauler(s)							
Does your facility have a wastewater treatment system onsite? (If Yes, describe your wastewater treatment system)		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Denote if you store/use more than 55 gallons from the following list below on facility's premises.							
Acids <input type="checkbox"/> Yes <input type="checkbox"/> No	Caustics <input type="checkbox"/> Yes <input type="checkbox"/> No	Solvents/Chemicals <input type="checkbox"/> Yes <input type="checkbox"/> No	Oils <input type="checkbox"/> Yes <input type="checkbox"/> No	Paints <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have a Spill Prevention Plan? <input type="checkbox"/> Yes <input type="checkbox"/> NA		Store/use PFOS, PFOA or PFAS containing substances onsite? <input type="checkbox"/> Yes <input type="checkbox"/> NA					
Have an aboveground storage tank? <input type="checkbox"/> Yes <input type="checkbox"/> NA		Have an underground storage tank? <input type="checkbox"/> Yes <input type="checkbox"/> NA		Have waste manifest(s) for offsite waste disposal? <input type="checkbox"/> Yes <input type="checkbox"/> NA			

Name of Facility Authorized Person \_\_\_\_\_

Signature of Authorized Person / Date \_\_\_\_\_ / \_\_\_\_\_

Place  
Stamp  
Here

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Great Lakes Water Authority  
Industrial Waste Control  
9300 W. Jefferson, Suite 210  
Detroit, MI 48209  
Attn: IPP Group