



**HOWELL
MICHIGAN**

Wastewater Treatment Plant

1191 Pinckney Road • Howell, MI 48843 • (517) 546-6230 • FAX: (517) 552-7249

The City of Howell has established an “Industrial Pretreatment Program”, through its Wastewater Treatment Facility, designed to help enforce our City’s Code of Ordinances concerning pollutants from non-residential sources. This program is regulated by the Michigan Department of Environmental Quality and funded through our “*Non-domestic*” and “*Industrial Sanitary Sewer User Permit Program*”.

These pollutants could potentially enter into our sanitary and/or storm sewer systems, thereby causing possible sewer line blockages & backups, damage to sewer lines or lift station & wastewater treatment facility pumps & equipment. They could also interfere with proper treatment at our wastewater treatment facility & ultimately cause harm to our waterways.

Please complete the attached “*Determination of Need for Sanitary Sewer User Discharge Permit*” Form and return it to Howell City Hall or mail to the address provided. Additional information may be requested and permits may need to be issued.

Note: The City will not, under any circumstances, issue a “*Certificate of Occupancy*” until after we have received all of the requested information and a determination has been made.

If you have any questions, please contact me at the phone number below.

Dan Iles
Industrial Pretreatment Program Coordinator
City of Howell- Wastewater Treatment Plant
546-6230, Ext. 6804

City of Howell

Determination of Need for Sanitary Sewer User Discharge Permit

If only Domestic wastewater (sinks, toilets, etc) is generated, please sign this page and return only this page to:

City of Howell c/o Dan Iles
Wastewater Treatment Plant
1191 S. Michigan Ave.
Howell, MI 48843

If your facility discharges cooling water, wastewater from any production process, or any other type of nondomestic wastewater, then please complete the rest of this form and return to the address above.

Corporate Name

Local Business Name

Address - Street and Number

Local Address - Street and Number

City, State & Zip Code

City & Zip Code

Number of Employees: _____ Operation Schedule: _____ Hrs/day _____ Days/week _____ Wks/Yr.

Nature of Business: _____

Standard Industrial Classification Code (SIC), which can be found at: http://www.epa.gov/envirofw/html/sic_lkup.html

2. WASTEWATER DISCHARGE

Please indicate the type and volume of wastewater that you will be discharging to the sanitary sewer below:

	Estimated Volume (Gallons per Day)	Batch Discharges? (Y / N)
Domestic Wastewater (sinks, toilets, etc.)	_____	_____
Cooling Water	_____	_____
Production Process Water	_____	_____

Does your facility have a Grease Trap?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your facility have a Grease Basin?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your facility have a Sediment Basin?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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.

Name and Title of Person Completing Report

Date

Signature of Responsible Official

Telephone Number

FACILITY OPERATIONAL CHARACTERISTICS:

1. Brief description of production, manufacturing or service activities on premises:

2. Are any of the toxic pollutants listed in **Table 1** being used at this facility in manufacturing of the product(s)?

Yes No

a. Are any of these substances being discharged as a byproduct to the sanitary sewer system?

Yes No

a. Are any of these substances being stored on site?

Yes No

If so, please indicate by a check mark next to the appropriate toxic pollutants on the provided **Table 1 Sheets**.

Please provide a complete list of products used or stored on-site and provide a Safety Data Sheet complying with OSHA Communication Standard 29 CFR 1910.1200 for each trade name or proprietary chemical in these products.

PRETREATMENT:

1. Is this facility subject to an existing Federal Pretreatment Standard? Yes No

This determination may be found at:

<http://water.epa.gov/polwaste/npdes/pretreatment/Pretreatment-Standards-Limits.cfm>

Note: This certification of meeting Standards must be made by a qualified professional.

1. Are roof and/or parking lot drains connected to the sanitary sewer system?

Yes No Estimated area drained: _____ Sq. ft.