

DORR/LEIGHTON WASTEWATER AUTHORITY

4451 12th Street, Suite A
Wayland, MI 49348

Phone 616-891-8238

Fax 616-891-2143

Non-Domestic User Survey

The DLWA is required by the Michigan Department of Environmental Quality (MDEQ) to create and manage an industrial pretreatment program (IPP). One of the requirements for compliance is development of a non-domestic user database listing the quantities, types, and characteristics of all industrial/commercial wastewater customers using the DLWA System. The Authority uses a non-domestic user survey to collect this information during the connection permitting process. Both Township Sewer Use Ordinances (Article 3, Sub-section 2) allow for the gathering of this information by the Authority at its discretion.

Attached is the non-domestic user survey used to gather the required information for the database. The survey must be completed, signed by an authorized business representative, and returned to the address listed below before the connection permitting process is complete. Failure to provide the information and return the survey in the allotted time will delay your project.

Any questions may be directed to staff using the contact information below:

Dorr-Leighton Wastewater Authority (DLWA)
4451 12th Street, Suite A
Wayland, MI 49348
(616) 891-8238

Thank you for your cooperation to assist us in gathering the necessary information about your business. The information will remain confidential as part of the established IPP protocols. We look forward to receiving your completed survey.

**DORR-LEIGHTON WASTEWATER AUTHORITY (DLWA)
NON-DOMESTIC USER SURVEY**

Please print legibly. Complete each section, be sure to include contact name and information, NAICS code(s), and sign the survey. Buildings containing multiple tenant spaces are required to submit a survey for each tenant space. If a tenant space is vacant, write “currently vacant” for question A.13.

Contact the Dorr-Leighton Wastewater Authority at (616) 891-8238 with questions.

A. Facility Information

1. Company Name: _____
Facility Address: _____
City, State, Zip: _____
Number of employees: _____
Mailing Address (if different): _____
City, State, Zip: _____
Company telephone: _____
Company fax: _____
Company representative: _____
Company rep. telephone: _____
Company rep. e-mail address: _____
List NAICS Code(s) for this facility: _____,
_____, _____, _____

For help with NAICS Codes, enter this link into your web browser:

<http://www.census.gov/eos/www/naics/>, (FAQ tab at the top of page; FAQ #9.)

2. Facility water supplied by:

- Dorr-Leighton Water Authority, LLC
 Well
 Other (specify) _____

3. Facility sewer is connected to:

- Dorr-Leighton Wastewater Authority
 Septic System
 Other (Specify) _____

4. Does this facility have cooling towers?

- Yes
- No

If yes, list number and size (tons) of cooling towers at facility.

If yes, list the names and volumes (in gallons) of all algaecides or bactericides used in cooling towers.

5. Check the boxes to indicate any water meter locations in the cooling tower piping.

- Influent water piping
- Effluent water piping
- None of the above

6. Does this facility have a grease trap or grease interceptor installed?

- Yes
- No

If yes, list number and capacity (in gallons) of grease trap and or grease interceptors installed

If yes, list the cleaning frequency of each grease trap or grease interceptor (i.e. weekly, monthly, yearly) and waste hauler name.

7. Does this facility have oil/water separators installed?

- Yes
- No

If yes, list number and capacity (in gallons) of oil/water separators at facility.

If yes, list the cleaning frequency of each oil/water separator (i.e. weekly, monthly, yearly) and name of the waste hauler used for the last cleaning.

8. Does this facility have multiple occupants?

- Yes
- No

If yes, complete and submit a non-domestic user survey for EACH tenant space.

9. What liquids are stored at this facility in quantities larger than five gallons? List materials stored and quantities in gallons. You may provide separate list as an attachment if a large quantity of liquids are stored at the facility.

10. Is any waste, other than office paper, trash, or cardboard, hauled from this facility?

- Yes
- No

If yes, specify waste and waste hauler used.

11. Is there any known contamination at this address?

- | | | | |
|-------------|------------------------------|-----------------------------|--------------------------------------|
| Groundwater | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| Soil | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |

If yes, list the contaminants known to be present.

If yes, were the contaminants identified by:

- Testing of soil borings
- Testing of groundwater sampling
- Other means(specify) _____

12. In the Code of Federal Regulations, Title 40 (40 CFR), categories have been established to regulate industrial discharges. Use this link for more information: [40 CFR, Chap 1, Subpart N](#)
Does your business have a Federally regulated industrial process?

- Yes
- No
- Do not know

If yes, list the 40 CFR part number(s) that apply

13. List all business activities performed at this facility, i.e. what does your company do? Be as specific and detailed as possible.

B. Wastewater Characteristics

1. What substances, other than waste from bathrooms, are discharged into the sewer system from this facility?

2. List all pretreatment devices or processes used for treating wastewater prior to being discharged to the sewer system.

3. Does this facility generate any Resource Conservation and Recovery Act (RCRA) hazardous wastes? For help with RCRA hazardous wastes enter this link www.epa.gov/osw/ into your web browser then select 'Hazardous Waste'.

- Yes
- No
- Do not know

If yes, list waste and disposal method for all RCRA waste generated at this facility.

4. What was the facility water usage from your last water bill?

_____ Hundreds of cubic feet (HCF)
_____ Other (Specify)

How many days in the billing cycle for your water bill? _____

Whom should we contact, if we have any questions regarding this facility (if different from the person listed in Item A.1)

Name: _____

Title: _____

Telephone No.: _____

Certification Statement:

I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Company Representative: _____
Signature

Date

Please submit completed form to:

E-MAIL: dl@leightontownship.org (scanned PDF File, NO Zip files, please)

IN PERSON: DLWA, 4451 12th St., Suite A, Wayland, MI 49348
Attn: Fern O'Beshaw

MAIL: Dorr-Leighton Wastewater Authority
Leighton Township Hall
4451 12th St., Suite A
Wayland, MI 49348
Attn: Fern O'Beshaw, Treasurer