

**CITY OF GRAND RAPIDS
NON-DOMESTIC USER SURVEY**

Title II-Utilities and Services, Chapter 27, Article 3, Section 2.68(1)&(2) of the City Code requires completion of this survey for all new and existing non-domestic users of the sanitary sewer system.

- (1) All new non-domestic Users connecting to, or discharging to, the POTW, and all existing non-domestic Users connected to, or discharging to, the POTW, shall complete a Wastewater Discharge Survey to establish whether a non-domestic User should be classified as a Significant Industrial User or require a Discharge Authorization as defined in [Section 2.62](#) and require a discharge permit. New water service will not be initiated until a complete survey is submitted. In the case of a transfer account, water service will be disconnected if a complete survey is not submitted within ten (10) days of the transfer.
- (2) Non-domestic Users who have previously submitted a survey, as prescribed in this Section, are also required to complete a wastewater discharge survey periodically, at a frequency to be determined by the City Manager.

Instructions:

Please print legibly. Complete each section, be sure to include contact name and information, NAICS code(s), and sign the survey. A survey is required for each tenant space if the building has multiple occupants.

If you are the Building owner or property manager:

Provide the survey to tenant(s) of your building for the occupant space(s) requesting or changing water service. If a tenant space is vacant, complete the survey and write “currently vacant” for question A.13. Contact the Industrial Pretreatment Program at the number below for additional surveys if needed.

If you are a tenant:

You are required by Chapter 27 of the City Code to complete the survey based on information of your tenant space. The purpose of the survey, as required by the Federal General Pretreatment Regulations, is to determine facility classification and potential permitting, based on the processes that are performed in your facility space.

Failure to return complete survey within 10 days of receipt will result in \$55 fee for water cutoff notice posting.

Failure to return a complete survey within 10 days after water cutoff notice posting will result in water cutoff.

Failure to return a complete survey is a violation of Chapter 27 of the City Code and may result in enforcement action.

Contact the industrial pretreatment program (IPP) at 456-3633 with any 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/>, select the FAQ tab at the top, and select FAQ #9.

2. Facility water supplied by:

- City of Grand Rapids
 Well
 Other (specify) _____

3. Facility sewer is connected to:

- City of Grand Rapids Sewer System
 Septic System
 Other (Specify) _____

4. Does this facility have cooling towers?

- Yes
- No
- Do not know

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

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

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

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

6. Does this facility have grease interceptor(s) installed?

- Yes
- No
- Do not know

If yes to question 6, list number, make, model and capacity (in gallons) of each grease interceptors installed. Include the physical location of the grease interceptor (interior or outdoor)

If yes to question 6, list the cleaning frequency of each grease interceptor (ie. weekly, monthly, yearly), and the name of the waste hauler that cleaned each grease interceptor.

If yes to question 6, list the date of the most recent grease interceptor(s) cleaning.

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

- Yes
- No
- Do not know

If yes to question 7, list number, make, model, and capacity (in gallons) of oil/water separators at facility.

If yes to question 7, list the cleaning frequency of each oil/water separator (i.e. weekly, monthly, yearly) and waste hauler name.

8. 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.

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

- Yes
- No

If yes, specify waste, waste hauler used and hauling frequency

Waste Type	Waste Hauler Name	Hauling Frequency	Amount Hauled/Quarter

10. Is there any known contamination at this address?

- Groundwater Yes No Do not know
 Soil Yes No Do not know
 Other Yes No Do not know

If yes, list the contaminants known to be present.

Contaminant Type (ground-water, soil, other (specify))	Contaminant	Pretreatment System Type (if installed)

If yes, were the contaminants identified by:

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

11. In the Code of Federal Regulations, Title 40 (40 CFR), categories have been established to regulate a number of industrial dischargers. 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

12. List all business activities performed at this facility, i.e. what does your company do? Be as specific and detailed as possible. For example, if your facility manufactures electrical components, do not just write "manufacturing", include the details of what your facilities does.

B. Wastewater Characteristics

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

Wastewater type	Volume discharged per day (in gallons)	Frequency of discharge (daily, once a week, monthly, etc.)

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? _____

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: water@grcity.us (scanned pdf, NO Zip files)
IN PERSON: Customer Service, City Hall, 300 Monroe Ave.
MAIL: City of Grand Rapids
c/o Water Department – Utility Business Office
300 Monroe Ave.
Grand Rapids, MI 49503
456-3000