

**WASTEWATER REPORT**

(Authority: Part 31, PA 451 of 1994, as amended)

Please print with black ink or type all information

A person who fails to file a Wastewater Report, an Abbreviated Wastewater Report, or amended Wastewater Report in a timely manner, or who falsifies or fails to provide any information required, is in violation of the act, and is subject to enforcement provisions therein. Upon notice from the department, a person who fails to file a Wastewater Report, or an Abbreviated Wastewater Report, shall have 10 days from the date of the notice to file the report or submit an amended report. Failure to file a Wastewater Report, an Abbreviated Wastewater Report, or an amended report subjects the person to the enforcement remedies provided by law.

Part I. Facility Information & Certification**SECTION 1. REPORT YEAR**

THIS REPORT IS BEING FILED FOR REPORT YEAR	If amended report, enter "X" here →
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SECTION 2. FACILITY IDENTIFICATION

2.1 FACILITY IDENTIFICATION NUMBER			
2.2 FACILITY OR ESTABLISHMENT NAME		2.3 OWNER/OPERATOR NAME	
FACILITY LOCATION (street address)		MAILING ADDRESS	
CITY, STATE, ZIP	COUNTY	CITY, STATE, ZIP	
2.4 NAME AND TELEPHONE NUMBER OF TECHNICAL CONTACT OR PERSON COMPLETING REPORT (Please include area code) ()			
2.5 BRIEFLY DESCRIBE THE NATURE OF YOUR ENTERPRISE OR OPERATION			
2.6 NAICS 6 DIGIT CODE(S)	(primary)	(secondary)	2.7 TOXIC RELEASE INVENTORY FACILITY IDENTIFICATION NUMBER
2.8 NPDES SURFACE WATER DISCHARGE PERMIT NUMBER(S)		2.9 STATE GROUNDWATER DISCHARGE PERMIT NUMBER	
2.10 HYDROLOGIC UNIT CODE (HUC)			

SECTION 3. CERTIFICATION

3.1 ACKNOWLEDGEMENT FOR ABBREVIATED WASTEWATER REPORT FILERS	
I HEREBY ACKNOWLEDGE THAT THE INDIVIDUAL, PARTNERSHIP, ASSOCIATION, CORPORATION, OR COMMERCIAL OR INDUSTRIAL ENTITY DESCRIBED IN SECTION 2 ABOVE, FOR THE REPORT YEAR GIVEN IN SECTION 1 ABOVE, MEETS ALL THE FOLLOWING CONDITIONS:	
<ol style="list-style-type: none"> 1. WASTEWATER WAS DISCHARGED TO THE WATERS OF THE STATE OR TO A SEWER SYSTEM; 2. CRITICAL MATERIALS WERE NOT USED IN OR INCIDENTAL TO MANUFACTURING PROCESSES IN EXCESS OF THEIR ANNUAL USAGE THRESHOLDS; AND 3. CRITICAL MATERIALS WERE NOT DISCHARGED IN WASTEWATER, OTHER THAN DISCHARGES EXEMPTED PURSUANT TO R299.9006(3) OR R299.9006(4) 	
PLEASE CHECK THE APPLICABLE BOX TO ACKNOWLEDGE FILING STATUS – Abbreviated Report <input type="checkbox"/> NO <input type="checkbox"/> YES	
3.2 READ AND SIGN AFTER COMPLETING ALL SECTIONS	
I certify under penalty of law that I have personally examined and am familiar with the information in these forms, and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	
_____ SIGNATURE	
NAME AND TITLE OF OWNER/SENIOR MANAGEMENT OFFICIAL CERTIFYING REPORT (please print)	DATE SIGNED

PLEASE READ – If you have determined that you do not exceed the annual use threshold for any critical material contained in Table 1 – Register of Critical Materials, **AND** you do not discharge any amount of critical materials in your reportable wastewater discharge, **STOP!** Do not fill out the rest of the form; submit this portion to the MDEQ as your “abbreviated” wastewater report form.

WASTEWATER REPORT FORM (continued)

REPORT YEAR _____
 FACILITY ID NO. _____
 REVISION NO YES

Part II (A) Wastewater Discharge Information

SECTION 4. WASTEWATER DISCHARGE INFORMATION			
4.1 TOTAL NUMBER OF GALLONS DISCHARGED TO THE WATERS OF THE STATE OR ANY SEWER SYSTEM FOR THE REPORT YEAR			
4.2 WASTEWATER DISCHARGE INFORMATION BY TYPE (read instructions completely before entering data)			
COMPLETE ITEMS A, B, AND C FOR EACH WASTEWATER DISCHARGE TYPE LISTED. ITEM A: Enter the number of days in the report year you discharged the given wastewater discharge type. ITEM B: Enter the total volume of wastewater (in gallons per year) you discharged the given wastewater discharge type. ITEM C: Enter the surface water body name or the publicly owned treatment works (POTW) receiving the given wastewater.			
WASTEWATER DISCHARGE TYPE	ITEM A	ITEM B	ITEM C
	TOTAL DAYS DISCHARGED	TOTAL DISCHARGE VOLUME (gal/yr)	NAME OF RECEIVING WATER BODY OR POTW
Lagoon or Seepage Pond (no outlets)			NOT APPLICABLE
Spray Irrigation			NOT APPLICABLE
Septic Tank - Tile Field			NOT APPLICABLE
Deep Well Disposal			NOT APPLICABLE
Surface of Ground			NOT APPLICABLE
Surface Waters (river, stream, swamp, lake, drain, storm sewer, etc.)			
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Surface Waters (river, stream, swamp, lake, drain, storm sewer, etc.)			
Municipal Sanitary Sewer System			
Municipal Sanitary Sewer System			
Municipal Sanitary Sewer System			

WASTEWATER REPORT FORM (continued)

REPORT YEAR _____
 FACILITY ID NO. _____
 REVISION NO YES

Part II (B) Critical Material Information

_____ OF _____

SECTION 5. CRITICAL MATERIAL IDENTIFICATION	
5.1 CRITICAL MATERIAL (CHEMICAL NAME)	5.2 CRITICAL MATERIAL PARAMETER NUMBER

SECTION 6. CRITICAL MATERIAL USE INFORMATION
6.1 TOTAL AMOUNT OF THE CRITICAL MATERIAL USED IN, AND INCIDENTAL TO, YOUR MANUFACTURING PROCESSES IN THE REPORT YEAR
ENTER APPLICABLE TWO DIGIT RANGE CODE FROM RANGE CODE TABLE:

SECTION 7. TRADE SECRET CLAIM
CONFIDENTIALITY TO BE GRANTED ONLY IF THE CHEMICAL IDENTITY IS A TRADE SECRET OR IF THE REPORTED INFORMATION WILL DIVULGE PROPRIETARY PROCESSES.
7.1 DO YOU WANT TO REQUEST CONSIDERATION FOR THE INFORMATION IN SECTION 5 AND SECTION 6 TO REMAIN CONFIDENTIAL?
<input type="checkbox"/> NO <input type="checkbox"/> YES* *COMPLETE THE CONFIDENTIALITY REQUEST FORM FOR EACH CLAIM OF CONFIDENTIALITY AND SUBMIT AS PART OF YOUR WASTEWATER REPORT

SECTION 8. EPCRA SECTION 313 FORM R REPORTING EXEMPTION
8.1 DID YOU REPORT THE CRITICAL MATERIAL ON FORM R UNDER THE FEDERAL TOXIC RELEASE INVENTORY PROGRAM (SECTION 313 OF THE EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT OF 1986) FOR THE REPORT YEAR GIVEN IN PART 1, SECTION 1?
<input type="checkbox"/> NO (CONTINUE WITH SECTIONS 9 and 10) <input type="checkbox"/> YES* (STOP - DO NOT CONTINUE WITH SECTIONS 9 OR 10 BELOW) *YOU MUST REPORT YOUR TRI FACILITY ID NUMBER IN PART 1, SECTION 2.7

SECTION 9. CRITICAL MATERIAL DISCHARGE INFORMATION			
9.1 TOTAL AMOUNT OF THE CRITICAL MATERIAL DISCHARGED TO THE WATERS OF THE STATE OR TO ANY SEWER SYSTEM DURING THE REPORT YEAR.			
ENTER APPLICABLE TWO DIGIT RANGE CODE FROM RANGE CODE TABLE:			
9.2 AMOUNT OF THE CRITICAL MATERIAL DISCHARGED FROM YOUR LOCATION BY WASTEWATER DICHARGE TYPE			
WASTEWATER DISCHARGE TYPE	AMOUNT OF CRITICAL MATERIAL DISCHARGED (Enter Range Code)	WASTEWATER DISCHARGE TYPE	AMOUNT OF CRITICAL MATERIAL DISCHARGED (Enter Range Code)
Lagoon or Seepage Pond (no outlets)		Surface Waters (river, stream, swamp, lake, storm sewer, etc.)	
Spray Irrigation		Surface Waters (river, stream, swamp, lake, storm sewer, etc.)	
Septic Tank - Tile Field		Surface Waters (river, stream, swamp, lake, storm sewer, etc.)	
Deep Well Disposal		Municipal Sanitary Sewer System	
Surface of Ground		Municipal Sanitary Sewer System	
Surface Waters (river, stream, swamp, lake, storm sewer, etc.)		Municipal Sanitary Sewer System	

SECTION 10. CRITICAL MATERIAL WASTE PRODUCT AND BY-PRODUCT TRANSFER INFORMATION
10.1 AMOUNT OF CRITICAL MATERIAL REPORTED IN SECTION 6.1 ABOVE THAT WAS DISPOSED OF AS WASTE PRODUCT OR BY-PRODUCT AND TRANSFERRED TO OFF-SITE LOCATIONS.
ENTER APPLICABLE TWO DIGIT RANGE CODE FROM RANGE CODE TABLE: