INDUSTRIAL USER QUESTIONNAIRE

1. NAME OF INDUSTRY: ____________________________________________

2. ADDRESS: ____________________________________________________

3. SIC CODE/S: _________________________________________________

4. PERMITS HELD (type and number): ______________________________

5. AUTHORIZED CONTACT PERSON: _________________________________

6. TELEPHONE NUMBER (area code): (____) ____________

7. DESCRIPTION OF MANUFACTURING PROCESS OR SERVICE: ______

8. PRODUCTS MANUFACTURED (if any): _____________________________

9. RAW MATERIALS USED: ________________________________________

10. CHEMICALS USED IN PROCESS: _________________________________

11. HOW ARE CHEMICALS (BULK) STORED? _________________________

12. BUILDING SCHEMATIC WITH FLOWS INCLUDED (please attach--
questionnaire not complete unless submitted). PLEASE INCLUDE:

   1. Process Lines
   2. Water Flows
   3. Water Meter Location
   4. Working Floor Drains
   5. Chemical Storage Areas
   6. Sampling Locations
   7. Containment Structures

13. DO YOU HAVE PRETREATMENT FOR YOUR DISCHARGE? 
    YES ( )  NO ( )

14. IF YES TO NO. 13, WHAT SORT OF TREATMENT DO YOU USE? 
    PLEASE ATTACH DIAGRAM WITH FLOWS. ________________________

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15. WATER SOURCES:

<table>
<thead>
<tr>
<th>SOURCE:</th>
<th>QUANTITY AVG.</th>
<th>MAX</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>GALLONS/DAY</td>
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TOTALS

16. LIST VOLUME OF DISCHARGE OR WATER LOSS TO:

<table>
<thead>
<tr>
<th>QUALITY AVG.</th>
<th>MAX</th>
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<tr>
<td></td>
<td>GALLONS/DAY</td>
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<tr>
<td>CITY WASTEWATER SEWER</td>
<td></td>
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<tr>
<td>NATURAL OUTLET/STORM SEWER</td>
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<tr>
<td>WASTE HAULER</td>
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<tr>
<td>EVAPORATION</td>
<td></td>
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<td>CONTAINED IN PRODUCT</td>
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17. IS DISCHARGE TO SEWER: INTERMITTENT ( ) STEADY ( )

18. IS THERE A SCHEDULE SHUTDOWN? YES ( ) NO ( )

19. IF YES, WHEN?

20. IS PRODUCTION SEASONAL? YES ( ) NO ( )

21. IF YES, INDICATE MONTH(S) OF PEAK PRODUCTION:

22. AVERAGE NUMBER OF EMPLOYEES PER SHIFT:
   1ST _______ 2ND _______ 3RD _______

23. SHIFT STARTING TIMES:
   1ST _______ 2ND _______ 3RD _______

24. SHIFTS NORMALLY WORKED EACH DAY:
   SUN MON TUE WED THR FRI SAT
   1ST _______ _______ _______ _______ _______ _______
   2ND _______ _______ _______ _______ _______ _______
   3RD _______ _______ _______ _______ _______ _______

25. CAN WASTEWATER PERSONNEL GAIN ACCESS DURING ANY SHIFT OF
    OPERATION FOR SAMPLING? YES ( ) NO ( )

26. WHAT CHEMICALS OR OTHER PRODUCTS USED IN YOUR PROCESS
    MIGHT BE FOUND IN YOUR WASTEWATER DISCHARGE?

27. DO YOU USE WATER SOLUBLE OILS OR DO YOU REMOVE OIL FROM
    PARTS DURING CLEANING? YES ( ) NO ( )

28. IF YES, LIST TYPE AND AMOUNT

29. DO YOU USE ANY ORGANICS (SOLVENTS) IN YOUR FACILITY? YES ( ) NO ( )

30. IF YES, WHICH DO YOU USE?
31. IF YES TO NO. 29 AND 30, HOW DO YOU DISPOSE OF THEM?

32. DO YOU MAINTAIN RECORDS OF THEIR DISPOSAL?
   YES ( ) NO ( )

33. DO YOU HAVE A SPCC (SPILL PREVENTION CONTAINMENT &
    CONTROL) PLAN?
   YES ( ) NO ( )

34. IF YES, HAVE ALL EMPLOYEES BEEN INFORMED AS TO ITS
    PLACEMENT, CONTENTS AND UNDERSTAND ITS PURPOSE?
   YES ( ) NO ( )

35. IF YOU HAVE ANY EFFLUENT ANALYTICAL DATA, PLEASE ATTACH.

The information submitted is, to the best of my knowledge and
belief, true, accurate, and complete.

DATE

SIGNATURE OF OFFICIAL

Enclosed is a copy of the Michigan Department of Natural
Resources CRITICAL MATERIALS REGISTER, published January 1,
1994.

Please place a check (✓) next to any substance which is used
or stored at your facility.