

WATERTOWN CHARTER TOWNSHIP

12803 S. Wacousta Road, Grand Ledge, MI 48837

Dear Applicant,

Attached you will find important information relevant to your application for site plan review. Please take time to carefully review each document and fill the forms out completely, as your responses will directly influence the processing of your application.

Your complete packet should include the following:

Application for Site Plan Review

Environmental Permits Checklist

Hazardous Substances Identification Form

Southern Clinton County Municipal Utilities Authority Application

Sample Signature Block (should be placed on the actual site plan drawings)

At least 15 copies of site plan drawings, preferably including one letter sized overview

If you have not reviewed the Watertown Charter Township Zoning Ordinance yet, we strongly encourage you to do so. Section 28.80-82 of the Zoning Ordinance discusses application requirements, procedure and review standards. The Zoning Ordinance is available for review on the Township Web site: www.twp.watertown.mi.us, or you may purchase a copy from the Planning and Zoning Office.

The time schedule for processing Site Plan Review applications varies, depending on the time of the month the application is submitted, but will be placed on the Planning Commission agenda no later than 60 days after the application is received. The following outlines the procedure:

Application received, staff prepares report

Site Plan Review Committee meets, recommends approval/approval with conditions/denial to Planning Commission

Planning Commission holds public hearing (if required, in conjunction with SLU Permit), recommends approval/approval with conditions/denial to the Board of Trustees

Board of Trustees meets to review recommendations, makes final approval/approval with conditions/denial.

WATERTOWN CHARTER TOWNSHIP

12803 S. Wacousta Road, Grand Ledge, MI 48837

Application for Site Plan Review

Page 1 of 5

Applicant Name _____
Applicant Address _____
City/State/Zip _____
Office Phone _____
Cell Phone _____
Fax _____
Email _____

Permit Address _____
City/State/Zip _____
Parcel # 19- 150- _____
Zoning District _____

Property Owner _____
Property Address _____
City/State/Zip _____
Office Phone _____
Cell Phone _____
Fax _____
Email _____

Please attach a legal description of the property

All questions must be answered completely.

If additional space is needed, number and attach additional sheets. Number of attached sheets: _____

Site Information

It is hereby requested that the Watertown Charter Township Planning Commission approve the site plan for:

What is the existing use of the property?

Please describe your business:

Staff use only:

Case Number _____ Date Filed _____ Fee _____ Receipt # _____

Application for Site Plan Review

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List the size of all existing building (s):

Length _____	Width _____	Height _____
Length _____	Width _____	Height _____
Length _____	Width _____	Height _____
Length _____	Width _____	Height _____

Number of Employees

List the total number of people employed on site: _____

List the maximum number of employees on site at any one time: _____

Parking and Traffic

List the number of parking spaces to be provided for:

Passenger cars (9' x 20')	_____
Semi-trucks (12'x40')	_____
Barrier free (12'x40')	_____

At night the parking area will be (choose one)

Brightly lit Partially lit Not lit

How many entrances will there be from a public street? _____

Merchandise is transported to and from the site with:

Pick-ups Light delivery trucks Semi-trucks

How many deliveries go to and from the site each week? _____

Other

Are there open spaces provided? Yes No

If yes, explain: _____

Are there storage areas?

Outdoors Indoors Outdoors and Indoors

When do you anticipate completion of this project? _____

Contractors

Contractor's Company Name _____

Name: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____

License Number _____



PERMIT INFORMATION

The Department of Environmental Quality (DEQ) has prepared a list of key questions to help identify what departmental permits, licenses, or approvals of a permit-like nature may be needed for a project. By contacting the appropriate offices listed below, you will help reduce the possibility that your project or activity will be delayed due to the untimely discovery of additional permitting requirements later in the process. While this list covers the existence of permits and approvals required from the DEQ, it is not a comprehensive list of all legal responsibilities (i.e. planning requirements and chemical storage regulations may apply). A useful way to learn whether any other requirements will apply is to go through the Self Environmental Assessment in the Michigan Manufacturers Guide, online at: http://www.michigan.gov/deq/0,1607,7-135-3310_4148-15820--,00.html.

KEY QUESTIONS: (DEQ Permit and Licensing Guidebook Chapter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes," refer to the DEQ Permit and Licensing Guidebook Section(s), the Web Page, or Call the Program:
CONSTRUCTION PERMITS			
Permit to Install: Does the project involve installation, construction, reconstruction, relocation, or alteration of any process equipment (including air pollution control equipment) which has the potential to emit air contaminants? (Permit Guidebook Chapter <u>5.1.3</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	<u>Web</u> , AQD, Permit Section, 517-373-7023
Asbestos Notification: Does the project involve renovating or demolishing all or portions of a building? (Notification is required for all renovations and demolitions, even if the structure never contained asbestos.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	<u>Web</u> , AQD Asbestos NESHAP Program 517-373-7064
Soil Erosion and Sedimentation Control (SESC): Does the project involve an earth change activity within 500 feet of a lake or stream, or will the project disturb an area greater than one acre in size? (Permit Guidebook Chapter <u>5.3.5</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Contact Your Local SESC Agency: http://www.deq.state.mi.us/sesca/ <u>Web</u> , WB, SESC Program, 517-335-3178
Does the project involve construction which will disturb one or more acre that comes into contact with storm water that enters a storm sewer, drain, lake, stream, or other surface water? (Permit Guidebook Chapter <u>5.2.1</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	<u>Web</u> , WB, Permits Section, 517-241-8993 or appropriate DEQ District Office
Does the project involve construction or alteration of any sewage collection or treatment facility? (Permit Guidebook Chapter <u>5.3.1</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	<u>Web</u> , Appropriate District Office, WB, Part 41 Construction Permit Program
Does the project involve construction of a community water supply well or the extension of a water supply from an existing water system? (Permit Guidebook Chapter <u>5.3.2</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	<u>Web</u> , Appropriate DEQ District Office, WB, Community Water Supply Program
Does the project involve construction of a water supply well (a private, irrigation, process, or public water well)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Contact a <u>Registered Well Driller</u> , <u>Web</u> , <u>Local Health Department Contacts</u> , Non Community Water Supply, <u>Web</u>
Does the project involve construction of a facility that landfills, transfers, or processes of any type of solid non-hazardous waste on-site, or places industrial residuals/sludge into or onto the ground? (Permit Guidebook Chapter <u>5.4.1</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	<u>Web</u> , Appropriate DEQ District Office, WHMD 517-335-4035
Does the project involve the construction of an on-site treatment, storage, or disposal facility for hazardous waste ? (Permit Guidebook Chapter <u>5.4.2</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	<u>Web 5.4.2</u> , WHMD, Hazardous Waste Section, 517-373-9875
CONSTRUCTION PERMITS (LAND/WATER FEATURE)			
Does the project involve filling, dredging, placement of structures, draining, or use of a wetland ? (Permit Guidebook Chapter <u>5.5.6</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	(Permit Application, <u>Web</u>), <u>Web</u> Land & Water Management Division (LWMD), Permit Consolidation Unit, 517-373-9244
Storm Water Discharge to Wetlands: Will storm water be collected, stored, or treated in a wetland area from a public road, industrial, commercial, or multi-unit residential development? (Permit Guidebook Chapter <u>5.5.6</u>)	Y <input type="checkbox"/>	N <input type="checkbox"/>	(Permit Application, <u>Web</u>), <u>Web</u> LWMD, Permit Consolidation Unit, 517-373-9244

Great Lakes: Does the project involve construction, filling, or dredging below the Ordinary High Water Mark of one of the Great Lakes? (Permit Guidebook Chapter <u>5.5.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web</u> , LWMD, Permit Consolidation Unit, 517-373-9244
Inland Lakes and Streams: Does the project involve any dredging, filling, placement of structures, or the operation of a marina within an inland waterbody (e.g. lake, river, stream, drain, creek, ditch, or canal), enlargement of a waterbody, or excavation of a pond within 500 feet of a waterbody? (Permit Guidebook Chapter <u>5.5.7</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web</u> , LWMD, Permit Consolidation Unit, 517-373-9244
Storm Water Ponds and Discharges to Inland Lakes/Streams, or Great Lakes: Will storm water from any road or any other part of the development be discharged either directly or ultimately to an inland waterbody, or one of the Great Lakes; or will a storm water pond be constructed within 500 feet of an inland waterbody? (Permit Guidebook Chapters <u>5.5.7</u> & <u>5.5.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web5.5.7</u> , <u>Web5.5.1</u> LWMD, Permit Consolidation Unit, 517-373-9244
Does the project involve placement of fill, earth moving, or placement of structures within the 100-year floodplain of a watercourse? (Permit Guidebook Chapter <u>5.5.2</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web</u> , LWMD, Permit Consolidation Unit, 517-373-9244
Does the project involve construction of a building or septic system in a designated Great Lakes high risk erosion area ? (Permit Guidebook Chapter <u>5.5.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web</u> LWMD, Permit Consolidation Unit, 517-373-9244
Does the project involve dredging, filling, grading, or other alteration of the soil, vegetation, or natural drainage, or placement of permanent structures in a designated environmental area ? (Permit Guidebook Chapter <u>5.5.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web5.5.1</u> , <u>Web5.5.4</u> , <u>Web5.5.6</u> , LWMD, Permit Consolidation Unit, 517-373-9244
Does the project propose any development, construction, silvicultural activities or contour alterations within a designated critical dune area ? (Permit Guidebook Chapter <u>5.5.5</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web</u> , LWMD, Permit Consolidation Unit, 517-373-9244
Does the project involve construction of a dam , weir or other structure to impound flow? (Permit Guidebook Chapters <u>5.5.7</u>) & <u>5.5.8</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	(Permit Application <u>Web</u>), <u>Web5.5.7</u> , <u>Web5.5.8</u> , LWMD, Dam Safety Program, 517-241-9862
CONSTRUCTION PERMITS (SECTOR SPECIFIC)		
Does the project involve a subdivision or site condominium project utilizing individual on-site subsurface disposal systems or individual wells? (Permit Guidebook Chapter <u>5.3.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, DWEHS, 517-241-1345
Does the project involve the construction or modification of a campground ? (Permit Guidebook Chapter <u>5.3.6</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, DWEHS, 517-241-1340
Does the project involve the construction or modification of a public swimming pool ? (Permit Guidebook Chapter <u>5.3.3</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> DEQ, WB, Drinking Water & Environmental Health Section (DWEHS), 517-241-1340
OPERATIONAL PERMITS		
Renewable Operating Permit: Does your facility have the potential to emit any of the following: 100 tons per year or more of any criteria pollutant; 10 tons per year or more of any hazardous air pollutant ; or 25 tons per year or more of any combination of hazardous air pollutants ? (Permit Guidebook Chapter <u>5.1.2</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , AQD, Permit Section, 517-373-7023
NPDES: Does the project involve the discharge of any type of wastewater to a storm sewer, drain, lake, stream, or other surface water ? (Permit Guidebook Chapter <u>5.2.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, Appropriate District Office, or National Pollutant Discharge Elimination (NPDES) Permit Program 517-241-1346
Does the facility have industrial activity that comes into contact with storm water that enters a storm sewer, drain, lake, stream, or other surface water? (Permit Guidebook Chapter <u>5.2.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, Permits Section, 517-241-8993 or appropriate DEQ District Office

Does the project involve the discharge of wastewaters into or onto the ground (e.g. subsurface disposal or irrigation)? (Permit Guidebook Chapter <u>5.2.2</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, Groundwater Permits Program, 517-373-8148
Does the project involve the drilling or deepening of wells for waste disposal ? (Permit Guidebook Chapter <u>5.7.8</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , OGS, Minerals and Mapping Unit, 517-241-1532
Does the project involve landfilling, transferring, or processing of any type of solid non-hazardous waste on-site, or placing industrial residuals/sludge into or onto the ground? (Permit Guidebook Chapter <u>4.4.2</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , Appropriate DEQ District Office, WHMD 517-335-4035
Does the project involve the on-site treatment, storage, or disposal of hazardous waste ? (Permit Guidebook Chapters <u>4.4.3</u> , & <u>4.4.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, Hazardous Waste Section, 517-373-9875
Does the project require a site identification number (EPA number) for regulated waste activities (used oil, liquid waste, hazardous waste, universal waste, PCBs)? (<u>Web Site</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	WHMD, Appropriate DEQ District Office
Does the project involve the receipt, possession, manufacture, use, storage, transport, transfer, release, or disposal of radioactive material in any form?	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, Radioactive Material and Standards Unit, 517-241-1275
Do you desire to develop a withdrawal of over 2,000,000 gallons of water per day from any source other than the Great Lakes and their connecting waterways? Or, do you desire to develop a withdrawal of over 5,000,000 gallons of water per day from the Great Lakes or their connecting waterways? (Permit Guidebook Chapter <u>5.2.6</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, DWEHS, Source Water Protection Unit, 517-241-1318
CHEMICAL ADDITION PROJECTS		
Are you using chemicals or materials in, or in contact with, drinking water at any point in the water works system ? (Permit Guidebook Chapter <u>5.2.3</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, Appropriate District Office, Public Water Supply Program 517-241-1318
Are you applying a chemical treatment for the purpose of aquatic nuisance control (pesticide/herbicide etc) in a water body (i.e. lake, pond or river)? (Permit Guidebook Chapter <u>5.2.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, Aquatic Nuisance Control and Remedial Action Unit 517-241-7734
Are you applying materials to a water body for a water resource management project (i.e. mosquito control treatments, dye testing, or fish reclamation projects)? (Permit Guidebook Chapter <u>5.2.5</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, Surface Water Assessment Section 517-373-2190
OPERATIONAL PERMITS (SECTOR SPECIFIC)		
Does the project involve the transport of some other facility's non-hazardous liquid waste ? (Permit Guidebook Chapter <u>4.2.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, Transporter Program, 586-753-3850
Does the project involve the transport hazardous waste ? (Permit Guidebook Chapter <u>4.2.3</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, Transporter Program, 586-753-3850
Does your facility have an electric generating unit that sells electricity to the grid and burns a fossil fuel? (Permit Guidebook Chapter <u>5.1.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , AQD, Acid Rain Permit Program, 517-373-7023
Is the project a dry cleaning establishment utilizing perchloroethylene or a flammable solvent in the cleaning process? (Permit Guidebook Chapter <u>4.1.2</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , DEQ, Air Quality Division (AQD), 517-241-1324
Does your laboratory test potable water as required for compliance and monitoring purposes of the Safe Drinking Water Act? (Permit Guidebook Chapter <u>4.1.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , ESSD, Laboratory Services Section 517-335-9800

Does the project involve the generation of medical waste or a facility that treats medical waste prior to its disposal? (Permit Guidebook Chapter <u>4.1.5</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , Waste and Hazardous Materials Division (WHMD), Medical Waste Regulatory Program 517-241-1320
Does the project involve transport of septic tank, cesspool, or dry well contents or the discharge of sewage or sewage sludge into or onto the ground? (Permit Guidebook Chapter <u>4.2.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, DWEHS, Septage Program 517-241-1318
Do you store, haul, shred or process scrap tires ? (Permit Guidebook Chapters <u>4.2.2</u> or <u>4.4.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, Storage Tank and Solid Waste Section 517-241-2924
Does the project involve the operation of a public swimming pool ? (Permit Guidebook Chapter <u>4.1.3</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> DEQ, WB, Drinking Water & Environmental Health Section (DWEHS), 517-241-1340
Does the project involve the operation of a campground ? (Permit Guidebook Chapter <u>4.1.6</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, DWEHS, 517-241-1340
Do you engage in the business of hauling bulk water for drinking or household purposes (except for your own household use)? (Permit Guidebook Chapter <u>4.2.5</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, DWEHS, Noncommunity Unit, 517-241-1370
Does the project involve composting over 200 cubic yards of yard clippings? (Permit Guidebook Chapter <u>4.4.5</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, Storage Tank and Solid Waste Section 517-241-2924
STORAGE TANKS (CONSTRUCTION AND OPERATION)		
Does the project involve the installation of an aboveground storage tank for a flammable or combustible liquid (under 200 degrees Fahrenheit)? (Permit Guidebook Chapter <u>4.3.1</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, Storage Tank and Solid Waste Section (STSWs), 517-335-7211
Does the project involve the installation of a compressed natural gas dispensing station with storage? (Permit Guidebook Chapter <u>4.3.2</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, STSWs, 517-335-7211
Does the project involve the installation of a liquefied petroleum gas container filling location or storage location that has a tank with a capacity of more than 2,000 gallons or has two (2) or more tanks with an aggregate capacity of more than 4,000 gallons? (Permit Guidebook Chapter <u>4.3.3</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, STSWs, 517-335-7211
Does the project involve the installation, removal, or upgrade of an underground storage tank containing a petroleum product or a hazardous substance? (Permit Guidebook Chapter <u>4.3.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WHMD, STSWs, 517-335-7211
Does the project involve the installation of a hydrogen system ?	Y <input type="checkbox"/> N <input type="checkbox"/>	WHMD STSWs, 517-335-7211
PERSONAL LICENSES/CERTIFICATIONS		
Are you designated by your facility to be the Certified Operator to fulfill the requirements of a wastewater discharge permit (NPDES including Storm Water or Groundwater)? (Permit Guidebook Chapters <u>3.1</u> , <u>3.2</u> , & <u>3.5</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	Hotlink to Program Web Page (Web) <u>Web3.1</u> , <u>Web3.2</u> , Environmental Science and Services Division (ESSD), Operator Training 517-373-4755 and, <u>Web3.5</u> Water Bureau (WB), Storm Water Program 517-241-8993
Are you a drinking water operator in charge of a water treatment or water distribution system, back-up operator, or shift operator? (Permit Guidebook Chapter <u>3.3</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , ESSD, Operator Training 517-241-7199
Are you a water well drilling contractor, pump installer, dewatering well contractor or dewatering well pump installer? (Permit Guidebook Chapter <u>3.4</u>)	Y <input type="checkbox"/> N <input type="checkbox"/>	<u>Web</u> , WB, Well Construction Unit 517-241-1377

OIL, GAS AND MINING		
Do you want to operate a central production facility (applies to oil and gas production facilities where products of diverse ownership are commingled)? (Permit Guidebook Chapter 4.1.1)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , Office of Geological Survey (OGS), Petroleum Geology and Production Unit 517-241-1515
Does the project involve the removal of sand from a sand dune area within two (2) miles of a Great Lakes shoreline? (Permit Guidebook Chapter 5.6.1)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , Office of Geological Survey (OGS), Minerals and Mapping Unit, 517-241-1542
Does the project involve the diversion and control of water for the mining and processing of low-grade iron ore ? (Permit Guidebook Chapter 5.6.2)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Minerals and Mapping Unit, 517-241-1542
Does the project involve the surface or open-pit mining of metallic mineral deposits ? (Permit Guidebook Chapter 5.6.3)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Minerals and Mapping Unit, 517-241-1542
Does the project involve the mining of nonferrous mineral deposits at the surface or in underground mines? (Permit Guidebook Chapter 5.6.4)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Minerals and Mapping Unit, 517-241-1542
Does the project involve mining coal ? (Permit Guidebook Chapter 5.6.5)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Minerals and Mapping Unit, 517-241-1542
Do you want to change the status of an oil or gas well (i.e. plug the well)? (Permit Guidebook Chapter 5.7.1)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Permits and Bonding Unit, 517-241-1528
Does the project involve drilling of oil, gas, brine disposal, secondary recovery, or hydrocarbon storage wells? (Permit Guidebook Chapter 5.7.2)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Permits and Bonding Unit, 517-241-1528
Does the project involve plugging or deepening of an oil or gas well, or conveying rights in the well as an owner to another person? (Permit Guidebook Chapter 5.7.3, 5.7.4 & 5.7.5)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Permits and Bonding Unit, 517-241-1528
Does the project involve changing the status or plugging of a mineral well ? (Permit Guidebook Chapter 5.7.6 & 5.7.7)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Minerals and Mapping Unit, 517-241-1532
Does the project involve the drilling or deepening of wells for brine production, solution mining, storage, or as test wells ? (5.7.8)	Y <input type="checkbox"/> N <input type="checkbox"/>	Web , OGS, Minerals and Mapping Unit, 517-241-1532
Does the project involve decommissioning or decontamination of tanks, piping, and/or appurtenances that may have radioactive levels above background?	Y <input type="checkbox"/> N <input type="checkbox"/>	WHMD Radioactive Material and Standards Unit, 517-241-1275

ENVIRONMENTAL ASSISTANCE CENTER: 1-800-662-9278

Southern Clinton County Municipal Utilities Authority

3671 Herbison Road • DeWitt, Michigan 48820 • (517) 669-8311 • FAX: (517) 669-9335



The Southern Clinton County Municipal Utilities Authority (SCCMUA), under the authority of Section 403.8(f) of the Federal Regulation 40 CFR 403, has developed a Waste Pretreatment and Non-Domestic User Control Program. This program is intended to identify all non-domestic users which may discharge wastes containing pollutants which pass through, or interfere with the operation of the public owned treatment works (POTW) or limit the user or disposal of municipal sludge. Establishment of this pretreatment program is required under Section 307(b) and (c) and Section 402(b)(8) of the Clean Water Act; Section 6(b) of Michigan Act 249 of 1929, as amended, Section I and II of Michigan Act 98 of 1913, as amended, and Federal Regulation 40 CFR 403.

Your company has been identified as a non-domestic sanitary sewer discharger and, due to the nature of your business, may have the potential of a pollutant discharge which could either disrupt or pass through the public owned treatment works (POTW) and have an adverse affect on the environment. An attached non-domestic user survey has been provided requesting information on: waste volumes, characteristics, frequency of discharges, the presence of priority pollutants, or other hazardous materials stored or used on site and other pertinent information. The objectives of this survey are: to confirm preliminary non-domestic identification information; to identify the character and volume of pollutants received; and to develop a continuing data base for future industrial waste ordinances.

This survey must be completed by the person in your company most familiar with your discharge into the sanitary sewer. Please have that person(s) complete the requested information as thorough and accurately as possible. You should not have to do any sampling or testing in completing this survey. Provide the information as it is best known to you.

Your cooperation and assistance in completing this wastewater survey form is in the best interests of both your business and that of the SCCMUA. An open, cooperative relationship with the SCCMUA will assure a sound sanitary sewer system, operating at top efficiency and reliability.

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction.

Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. These procedures will be provided on request.

Please be aware that your facility is required to submit a new non-domestic user survey or request a Discharge Permit Application any time there is a significant change in your discharge.

DEFINITION OF SIGNIFICANT CHANGE: Any change in a non-domestic users effluent which either causes the constituents of the discharge to be different or the concentrations of the pollutants to be increased by 20% over those reported on the Discharger's Permit Application.

Please return this survey form to us before April 1, 1994. If you need additional time in filling out this survey please call at (517)669-8311 between 8am and 5pm Monday - Friday. Mail this survey form to the:

SOUTHERN CLINTON COUNTY
MUNICIPAL UTILITIES AUTHORITY
3671 HERBISON ROAD
DEWITT, MI 48820

Sincerely,



Brian Ross - Director of Operation
S.C.C.M.U.A.

Southern Clinton County Municipal Utilities Authority

3671 Herbison Road • DeWitt, Michigan 48820 • (517) 669-8311 • FAX: (517) 669-9335



NON-DOMESTIC & INDUSTRIAL USERS SURVEY FORM -PART ONE-

COMPANY _____ DATE _____

LOCAL ADDRESS _____

TELEPHONE # _____ NO. OF EMPLOYEES _____

OPERATION SCHEDULE _____

TYPE OF OPERATION OR BUSINESS _____

INDUSTRIAL WASTE CONTACT PERSON _____

If you do not understand any part of this form, please feel free to contact us in order to assist you. It is your responsibility to know what you discharge into the sanitary sewers and in what quantities it is discharged.

1. Do you have either a (private well) or (public water)
Is this water metered? YES / NO
If you do have metered water, please attach a copy of the last 12 months readings.

2. Please indicate the volume of your wastewater flows in gallons/day _____.

3. List all of your facility's sanitary sewer outlets:
A. Floor drains _____ B. Wash sinks _____
C. Toilets _____ D. Process Drains _____

4. Please list any and all products that you dispose of in the sanitary sewer system;

Product Name / Chemical Name	Amount	Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed use the back of this form.

5. Are sediment and oil traps provided? YES / NO
If yes, list the number and their approximate size and locations _____

-PART TWO-

6. The following is a list of the U.S. EPA Priority Pollutants consolidated with the current Critical Materials Register compiled by the Michigan Department of Natural Resources. If you use, or store any of the following Toxic Pollutants please check off the ones you would have at your business. It is your responsibility to know if you use or store products that contain these substances

ORGANICS

- | | |
|-----------------------------------|---|
| () ACIDS | () ACENAPHTHENE |
| () ACETONE CYANOHYDRIN | () 2-ACETYLAMINOFLUORENE |
| () ACROLEIN | () ACRYLIC ACID |
| () ACRYLONITRILE | () ALLYL CHLORIDE |
| () 2-AMINOANTHRAQUINONE | () AMINOAZOBENZENE |
| () 0-AMINOAZOTOLUENE | () 4-AMINOBIIPHENYL |
| () 3-AMINO-9-ETHYLCARBAZOLE | () 1-AMINO-2-METHYLANTHRAQUIN |
| () AMINOTHIAZOLE (AMITROLE) | () ANILINE |
| () ANILINE HYDROCHLORIDE | () O-ANISIDINE |
| () O-ANISIDINE HYDROCHLORIDE | () BENZ(A)ANTHRACENE |
| () BENZENE | () BENZIDINE |
| () BENZIDINE SALTS | () BENZO(A)PYRENE |
| () BRUCINE | () CARBON TETRACHLORIDE |
| () CHLORINATED BENZENES | () CHLORINATED DIBENZOFURANS |
| () A. CHLOROBENZENE | () CHLORINATED DIOXINS |
| () B. 1,2,4-TRICHLOROBENZENE | () CHLORINATED ETHANES |
| () C. 1,2-DICHLOROBENZENE | () A. 1,1,1-TRICHLOROETHANE |
| () D. 1,3-DICHLOROBENZENE | () B. 1,1-DICHLOROETHANE |
| () E. 1,4-DICHLOROBENZENE | () C. CHLOROETHANE |
| () CHLORINATED NAPHTHALENE | () D.1,1,2,2-TETRACHLOROETHANE |
| () A. 2-CHLORONAPHTHALENE | () CHLORINATED PHENOLS |
| () 1-CHLORO-2,3-EPOXYPROPANE | () A. 2-CHLOROPHENOL |
| () CHLOROALKYL ETHERS | () B. PARACHLOROMETA-CRESOL |
| () A. 2-CHLOROETHYL VINYL | () C. 2,4-DICHLOROPHENOL |
| ETHER (MIXED) | () BIS(2-CHLOROETHYL)ETHER |
| () CHLOROFORM | () BIS(2-CHLOROMETHYL)ETHER |
| () 3-(CHLOROMETHYL)PYRIDINE | () 1-(4-CHLOROMETHYL)-3, |
| HYDROCHLORIDE | 3-DIMETHYL TRIAZENE |
| () 4-CHLORO-M-PHENYLENEDIAMINE | () 4-CHLORO-O-PHENYLENEDIAMINE |
| () CHLOROPRENE | () 5-CHLORO-O-TOLUIDINE |
| () P-CRESIDINE | () 2,4-DIAMINOANISOLE SULFATE |
| () 4,4-DIAMINODIPHENYL ETHER | () 2,4-DIAMINOTOLUENE |
| () DIBENZ(A,H)ANTHRACENE | () TRIS(DIBROMOPROPYL)PHOSPHATE |
| () DI-N-BUTYL PHTHALATE | () 3,3-DICHLOROBENZIDINE |
| () 3,3-DICHLOROBENZIDINE SALTS | () 1,2-DICHLOROETHANE |
| () DICHLOROETHYLENES | () DICHLOROPROPANE AND DICHLOROPROPANE |
| () A. 1,1-DICHLOROETHYLENE | () A. 1,3-DICHLOROPROPYLENE; |
| () B. 1,2-TRANS-DICHLOROETHYLENE | (1,3-DICHLOROPROPANE) |
| () 1,2:3,4-DIEPOXYBUTANE | () B. 1,2-DICHLOROPROPANE |
| () DIETHYL SULFATE | |

() 4-DIMETHYLAMINOAZOBENZENE	() DIMETHYLHYDRAZINES
() 2,4-DIMETHYLPHENOL	() 4,6-DINITRO-O-CRESOL
() 2,4-DINITROTOLUENE	() 2,4-DINITROPHENOL
() DINITROTOLUENE	() DI-N-OCTYL PHTHALATE
() A. 2,6-DINITROTOLUENE	() 1,4-DIOXANE
() 2,3-EPOXY-L-PROPANAL	() ETHYLBENZENE
() ETHYLENE DIBROMIDE	() ETHYLENEIMINE
() ETHYLENE OXIDE	() ETHYLENE THIOUREA
() BIS(2-ETHYLHEXYL) PHTHALATE	() ETHYLMETHANESULFONATE
() FLUORANTHENE	() 2-(2-FORMYLHYDRAZINO)-4-
() HALOETHERS	() (NITRO-2-FURY)-THIAZOLE
() A. 4-CHLOROPHENYL PHENYL	() HALOMETHANES
() ETHER	() A. METHYLENE CHLORIDE;
() B. 4-BROMOPHENYL PHENYL	() (DICHLOROMETHANE)
() ETHER	() B. METHYL CHLORIDE;
() C. BIS(2-CHLOROISOPROPYL)	() (CHLOROMETHANE)
() ETHER	() C. METHYL BROMIDE;
() D. BIS(2-CHLOROETHOXY)	() (BROMOMETHANE)
() METHANE	() D. BROMOFORM; ()
HEXACHLOROENZENE (HCE)	() (TRIBROMOMETHANE)
() HEXACHLOROBUTADIENE	() E. DICHLOROBROMOMETHANE
() HEXACHLOROCYCLOPENTADIENE	() F. TRICHLOROFLUOROMETHANE
() HEXACHLOROETHANE	() G. DICHLORODIFLUOROMETHANE
() HYDRAZOBENZENE	() H. CHLORODIBROMOMETHANE
() HYDROQUINONE	() N-(2-HYDROXYETHYL)
() ISOPHORONE	() ETHYLENEIMINE
() LACTONITRILE	() MALACHITE GREEN
() METHYLENEBIS(2-CHLORANILINE)	() 4,4-METHYLENEBIS
() 4,4-METHYLENEBIS	() (2-METHYLANILINE)
() (N,N-DIMETHYLANILINE)	() 1,2(METHYLENEDIOXY)
() METHYL HYDROZINE	() -4-PROPENYL BENZENE
() 1-METHYLNAPHTHALENE	() 2-METHYL-1-
() MUSTARD GAS	() NITROANTHRAQUINONE
() 1,5-NAPHTHALENEDIAMINE	() 1-NAPHTHYLAMINE
() 2-NAPHTHYLAMINE	() 5-NITROACENAPHTHENE
() 5-NITRO-O-ANISIDINE	() NITROBENZENE
() 4-NITROBIPHENYL	() NITROGEN MUSTARD
() 2-NITROPHENOL	() 4-NITROPHENOL
() NITROSAMINES	() N-NITROSO-N-BUTYL-N-
() A. N-NITROSODIPHENYLAMINE	() (4-HYDROXYBUTYL)AMINE
() B. N-NITROSODI-N-PROPYLAMINE	() N-NITROSODIETHYLAMINE
() N-NITROSODIMETHYLAMINE	() P-NITROSODIPHENYLAMINE
() N-NITROSO-N-ETHYLUREA	() N-NITROSO-N-METHYLUREA
() N-NITROSO-N-METHYLURETHANE	() N-NITROSOMETHYLVINYLAMINE
() N-NITROSOMORPHOLINE	() N-NITROSO-N-PHENYLHYDROXYL-
() N-NITROSOSARCOSINE	() AMINE, AMMONIUM SALT
() PENTACHLORONITROBENZENE	() PENTACHLOROPHENOL
() PEROXYACETIC ACID	() PHENOL
() PHTHALATE ESTERS	() PIPERONYL SULFOXIDE
() A. BUTYL BENZYL PHTHALATE	() POLYBROMINATED BIPHENYLS
() B. DIETHYL PHTHALATE	() POLYCHLORINATED BIPHENYLS
() C. DIMETHYL PHTHALATE	() POLYNUCLEAR AROMATIC

- | | |
|--|--|
| <input type="checkbox"/> 1,3-PROPANE SULTONE | <input type="checkbox"/> HYDROCARBONS |
| <input type="checkbox"/> B-PROPLOLACTONE | <input type="checkbox"/> A. 3,4-BENZOFLUORANTHENE (|
| <input type="checkbox"/> 5-PROPYL-L,3-BENZODIOXOLE | <input type="checkbox"/> B. BENZO(K) FLUORANTHENE; |
| <input type="checkbox"/> PROPYLENEIMINE | (11.12-BENZO- |
| <input type="checkbox"/> SEMICARBAZIDE | FLUORANTHENE) |
| <input type="checkbox"/> STYRENE | <input type="checkbox"/> C. CHRYSENE |
| <input type="checkbox"/> TETRACHLOROETHYLENE | <input type="checkbox"/> D. ACENAPHTHYLENE |
| (PERCHLOROETHYLENE) | <input type="checkbox"/> E. ANTHRACENE |
| <input type="checkbox"/> THIOACETAMIDE | <input type="checkbox"/> F. BENZO(GHI) PERYLENE; |
| <input type="checkbox"/> 4,4'-THIODIANILINE | (1,12-BENZOPERYLENE) |
| <input type="checkbox"/> THIOUREA | <input type="checkbox"/> G. FLUORENE |
| <input type="checkbox"/> TOLUENE | <input type="checkbox"/> H. PHENATHRENE |
| <input type="checkbox"/> O-TOLUIDINE | <input type="checkbox"/> I. INDENO(1,2,3-CD) PYRENE; |
| <input type="checkbox"/> O-TOLUIDINE HYDROCHLORIDE | (2,3-0-PHENYLENEPYRENE) |
| <input type="checkbox"/> TRIARYL PHOSPHATE ESTERS | <input type="checkbox"/> 1,1,2-TRICHLOROETHANE |
| <input type="checkbox"/> TRICHLOROETHYLENE | <input type="checkbox"/> 2,4,5-TRIMETHYLANILINE |
| <input type="checkbox"/> TRIMETHYLPHOSPHATE | <input type="checkbox"/> VINYLCHLORIDE |
| <input type="checkbox"/> XYLENE | <input type="checkbox"/> NONE OF THE ABOVE |

INORGANICS

- | | |
|---|--|
| <input type="checkbox"/> ANTIMONY | <input type="checkbox"/> ARSENIC |
| <input type="checkbox"/> BERYLLIUM | <input type="checkbox"/> CADMIUM |
| <input type="checkbox"/> CHROMIUM | <input type="checkbox"/> COBALT |
| <input type="checkbox"/> COPPER | <input type="checkbox"/> CYANIDES |
| <input type="checkbox"/> HYPOCHLORITE | <input type="checkbox"/> LEAD |
| <input type="checkbox"/> LITHIUM | <input type="checkbox"/> MERCURY |
| <input type="checkbox"/> NICKEL | <input type="checkbox"/> SELENIUM |
| <input type="checkbox"/> SILVER | <input type="checkbox"/> THALLIUM |
| <input type="checkbox"/> ZINC | <input type="checkbox"/> ACIDS |
| <input type="checkbox"/> CHLORAMINES | <input type="checkbox"/> CHLORINE |
| <input type="checkbox"/> HYDRAZINE | <input type="checkbox"/> HYDROGEN SULFIDE |
| <input type="checkbox"/> ASBESTOS (FIBROUS) | <input type="checkbox"/> NONE OF THE ABOVE |

PESTICIDES

- | | |
|--|---|
| <input type="checkbox"/> ALDICARB | <input type="checkbox"/> ALDRIN |
| <input type="checkbox"/> 4-AMINOPYRIDINE | <input type="checkbox"/> ANILAZINE |
| <input type="checkbox"/> ANTIMYCIN A | <input type="checkbox"/> AZINPHOS-ETHYL |
| <input type="checkbox"/> AZINPHOS-METHYL | <input type="checkbox"/> BARBAN |
| <input type="checkbox"/> BENDIOCARB | <input type="checkbox"/> BENOMYL |
| <input type="checkbox"/> BROMOXYNIL | <input type="checkbox"/> 2(P-TERT-BUTYLPHENOXY) |
| <input type="checkbox"/> CAPTAFOL | -ISOPROPYL-2-CHLOROETHYL |
| <input type="checkbox"/> CAPTAN | SULFITE |
| <input type="checkbox"/> CARBARYL | <input type="checkbox"/> CARBOFURAN |
| <input type="checkbox"/> CARBOPHINOTHION | <input type="checkbox"/> CHLORDANE |
| <input type="checkbox"/> CHLORDECONE | <input type="checkbox"/> CHLORFENVINPHOS |
| <input type="checkbox"/> CHLOROBENZILATE | <input type="checkbox"/> CHLORPYRIFOS |
| <input type="checkbox"/> CLONITRALID | <input type="checkbox"/> COUMAPHOS |
| <input type="checkbox"/> CROTOXYPHOS | <input type="checkbox"/> CYCLOHEXIMIDE |
| <input type="checkbox"/> DDT | <input type="checkbox"/> DEMETON |
| <input type="checkbox"/> DIALLATE | <input type="checkbox"/> DIAZINON |

- | | |
|---------------------------------|---------------------------------|
| () DIBROMOCHLOROPROPANE (DBCP) | () DICHLONE |
| () DICHLORVOS | () DICHROTOPHOS () DIELDRIN |
| () DIMETHOATE | |
| () DINOCAP | () DINOSEB |
| () DIOXATHION | () DISULFOTON |
| () ENDOSULFAN | () ENDRIN |
| () EPN | () ETHION |
| () FINSULFOTHION | () FENTHION |
| () FLUCHLORALIN | () HEPTACHLOR |
| () HEPTACHLOR EPOXIDE | () ISOMERS OF HEXACHLORO- |
| () LEPTOPHOS | CYCLOHEXANE |
| () MALATHION | () A. A-BHC-ALPHA |
| () METABOLITES OF DDT | () B. B-BHC-BETA |
| () A. 4,4'-DDE; (P,P'-DDE) | () C. G-BHC-DELTA |
| () B. 4,4'-DDD; (P,P'-TDE) | () METABOLITES OF ENDOSULFAN |
| () METABOLITES OF ENDRIN | () A. ENDOSULFAN SULFATE |
| () A. ENDRIN ALDEHYDE | () METABOLITES OF HEPTACHLOR |
| () METHOMYL | A. HEPTACHLOR EPOXIDE |
| () METHOXYCHLOR | () METHYL MERCAPTAN |
| () METHYL PARATHION | () MEVINPHOS |
| () MEXACARBATE | () MIREX |
| () MONOCROTOPHOS | () NALED |
| () NICOTINE | () NITROFEN |
| () OXYDEMETON-METHYL | () PARAQUAT |
| () PARATHION | () PHORATE |
| () PHOSAZETIM | () PHOSMET |
| () PHOSPHAMIDON | () RCTENONE |
| () SILVEX, PROPYLENE- | () SODIUM FLUOROACETATE |
| GLYCOLBUTYL ETHER ESTER | () STRYCHNINE |
| () SULFALLATE | () SULFOTEPP |
| () TDE | () TEPP |
| () TERBUFOS | () TETRACHLORVINPHOS |
| () THIRAM | () TOXAPHENE |
| () TRICHLORFON | () TRICHLOROPHENOXYACETIC ACID |
| () TRIFLURALIN | (2,4,5-T) |
| () ZIRAM | () NONE OF THE ABOVE |

If you are unable to identify the chemical constituents of products you use that are discharged in your, attach copies of the Materials Safety Data Sheets (MSDS forms) for such products, only submit MSDS forms for products THAT WOULD BE DISCHARGED INTO THE SANITARY SEWER.

7. Are gasoline and/or fuel oils stored or sold at this location YES / NO
 If yes, list the capacity, substance stored (gasoline, diesel fuel, etc.), material of construction (FRP, steel) of all underground tanks: _____

8. Describe the manner in which waste oils, or sludges are handled and/or stored at your facility, ie., 55 gallon drums, steel storage tanks, etc. _____
9. Are manifests available for inspection for all hauled waste products? YES / NO
10. Please indicate what part of your business operations would involve a discharge to the sanitary sewer system, ie. process water, rinse water, plating rinse, _____

11. What is your Residential Equivalent Units (REU's this is what your sewer rates are billed at): _____
12. Do you anticipate any expansion or changes to your sanitary sewer system in the next few years? _____
13. Does your business have a fire sprinkler protection system installed? () Yes () No

 Name & title of person completing report

"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."

 Date

 Signature of Responsible Official

 Print or type name

HAZARDOUS SUBSTANCE REPORT FORM

Date: _____

Business Name: _____

Owner: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Signature: _____

Applicability

In accordance with provisions of the Michigan Firefighters Right to Know Act and the DeWitt City and Grand Ledge Fire Codes, businesses which use, store, or generate hazardous substances, including petroleum products, must complete this form prior to Site Plan Review.

Hazardous substances, including chemicals, hazardous waste and petroleum products must be reported. Acids, caustics, solvents, thinners, degreasers, cleaners, and reactive materials, among others, are hazardous substances. Your compliance with these requirements will help the Township meet its responsibilities for emergency fire response and environmental protection.

Regulation for Secondary Containment (Double Enclosure)

Businesses which use, store, or generate 100 kilograms (25 gallons) – equal to about one-half of a 55 gallon drum—per month, or more, of any liquid hazardous substance, or 220 pounds per month of solid hazardous substance, must provide for secondary containment for all aboveground storage containers. Secondary containment must be sufficient to store the substance for the maximum anticipated period of time necessary for the recovery of any released substance.

Outdoor storage of hazardous substances is prohibited except in product-tight containers which are protected from weather, leakage, accidental damage and vandalism. Secondary containment for storage containers must be sufficient to hold all of the hazardous substances plus an allowance for accumulation of rain and snow. A shed or pole barn may be used if properly constructed and diked. Federal and state agencies may require larger secondary storage capacity – it is the owner's responsibility to check with the appropriate agencies.

If you are planning to construct a fireproof storage room indoors or an out-of-doors storage area, contact the fire department for a complete list of regulatory requirements.

Whether special storage facilities are constructed or not, the storage location for hazardous substances must be marked on the Site Plan.

**Hazardous Substances
Used, Stored, or Generated at the Business Facility**

Please list any chemicals, hazardous materials, or hazardous wastes (including petroleum) products which you expect to have on site. Quantities should reflect the maximum volumes on hand at any time. Delineate storage locations on the site plan.

Common (Trade) Name	Chemical Name (Components)	Form	Maximum Quantity on Hand	Type of Storage Containers

Key:

LIO=Liquid

PLIQ=Pressurized Liquid

S=Solid

O=Oat

PO=Pressurized Oat

AGT=Above Ground Tank

AGD=Above Ground Drum

UGT=Underground Tank

CY=Cylinders

K=Kegs

O=Other (specify

Attach additional sheets, if necessary, to list all chemicals, hazardous substances, and hazardous wastes.

CASE NUMBER: _____ SP

FINAL SITE PLAN APPROVAL IS GRANTED FOR THIS SITE PLAN DOCUMENT ACCORDING TO ARTICLE 8 OF THE WATERTOWN CHARTER TOWNSHIP ZONING ORDINANCE. We, the undersigned, hereby acknowledge this approval by affixing our signatures herein below:

ZONING ADMINISTRATOR:

Notary Public

_____ Date: _____

PLANNING COMMISSION CHAIR:

Notary Public

_____ Date: _____

PLANNING COMMISSION SECRETARY:

Notary Public

_____ Date: _____

APPLICANT:

Notary Public

_____ Date: _____