HAZARDOUS SUBSTANCES REPORTING FORM
FOR SITE PLAN REVIEW

Site Plan #: ______________________

Note: This form should be completed and submitted to the Planning Office as part of the site plan for all facilities.

Name of Business: ________________________________

Name of Business Owner: ________________________________

Street and Mailing Address: ________________________________

Telephone: ________________________________

I affirm that the information submitted is accurate:

Owner’s Signature: ________________________________

Information Compiled by: ________________________________

Part I: Management of Hazardous Substances and Polluting Materials

1. Y N Will the proposed facility store, use or generate hazardous substances or polluting materials (including petroleum-based products) now or in the future? If yes, please complete this form and submit with your site plan. If no, stop here and submit with your site plan.

2. Y N Will hazardous substances or polluting materials be reused or recycled on-site?

3. Y N Will any hazardous substances or polluting materials be stored on site? If yes, identify the storage location on the site plan. Describe the size and type of secondary containment structure here, on the attached page, or as a detail on the site plan:

_______________________________________________________________________
_______________________________________________________________________

4. Y N Will new underground storage tanks be located less than 2000 feet from drinking water wells servicing two or more establishments, or less than 300 feet from a single family drinking water well?

5. Y N Are existing underground storage tanks on-site less than 200 feet from a drinking water well servicing two or more establishments or less than 50 feet from a single family household?

If the answers to # 4 or # 5 are yes, you may be in violation of State of Michigan underground storage tank regulations. Contact the State Police Fire Marshall Division, Lansing Central Office for specific requirements. Telephone (517) 334-7079.
6.  **Y  N**  Will the interior of the facility have general purpose floor drains?* If yes, will the floor drain connect to (circle one):

(a)  Sanitary Sewer System

(b)  On-Site Holding Tank

(c)  On-Site system approved by the Michigan Department of Natural Resources in accordance with groundwater discharge permit requirements (administered by Waste Management Division).

-  *Note: General-purpose floor drains should not be connected to a storm drain, dry well or septic system.*

7.  **Y  N**  Will hazardous substances or polluting materials be stored, used or handled out-of-doors near storm drains which discharge to lakes, streams, or wetlands? If yes, describe the type of catch basin or spill containment facilities which will be used (use an attached sheet with diagram, if appropriate).

Additional information may be requested by the City to assure that site plans comply with local, county and state environmental protection requirements.
## Part II

**TYPES AND QUANTITIES OF HAZARDOUS SUBSTANCES AND POLLUTING MATERIALS WHICH WILL BE USED, STORED OR GENERATED ON SITE**

Please list the hazardous substances and polluting materials (including chemicals, hazardous materials, petroleum products, hazardous wastes and other polluting materials) which are expected to be used, stored or generated on-site. Quantities should reflect the maximum volumes on hand at any time. Attach additional pages, if necessary, to list all hazardous substances and polluting materials.

<table>
<thead>
<tr>
<th>COMMON NAME (Trade Name)</th>
<th>CHEMICAL NAME (Components)</th>
<th>FORM</th>
<th>MAXIMUM QUANTITY ON HAND AT ONE TIME</th>
<th>TYPE OF STORAGE CONTAINERS</th>
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**Key**

- **Liq.** = Liquid
- **P.Liq.** = Pressurized Liquid
- **S** = Solid
- **G** = Gas
- **P.G.** = Pressurized Gas

**Key**

- **AGT** = Aboveground Tank
- **DM** = Drum(s)
- **UGT** = Underground Tank
- **CY** = Cylinders
- **CM** = Metal Container
- **CW** = Wooden or Composite Container
- **TP** = Portable Tank
- **O** = Other (Specify)
STATE/COUNTY ENVIRONMENTAL PERMITS CHECKLIST

This checklist has been prepared to alert businesses to state and county environmental permit requirements which may apply to new or existing facilities. Applicants are requested to complete this form and submit it to the City Planning Office with the proposed site plan. Upon receipt, the City will forward the information to the permit coordinator, Michigan Department of Natural Resources.

This checklist is not a permit application form; businesses are responsible for obtaining information and permit application forms from appropriate state and county offices. Please note that this checklist pertains only to state and county environmental permits. Additional permits and approvals may be required by the City or other governmental agencies.

Circle the regulations which you think may apply to your business:

1. Y N Will the project involve the discharge of any type of waste water to a storm sewer, drain, lake, stream or other surface water?

2. Y N Will the project involve the discharge of liquids, sludges, waste water and/or waste water residuals into or onto the ground:

   Contact:  Michigan Department of Natural Resources, Waste Management Division, District Office Telephone: 953-0241 (Livonia Office)

3. Y N Will the project or facility store or use hazardous substances, oil, or salt? Depending upon the type of substance, secondary containment and a Pollution Incident Prevention Plan (or a material storage permit) may be required.

   Contact:  Michigan Department of Natural Resources, Waste Management Division, District Office Telephone: 953-0241 (Livonia Office)

4. Y N Will the facility use underground storage tanks? Existing tanks must be registered with the State Police Fire Marshall Division. Tanks must be installed and operated in accordance with state regulations.

   Contact:  Michigan State Police Fire Marshall Division, Hazardous Materials Section, Lansing, Telephone: (517) 322-1935 or 1-800-MICH UST
5. **Y** **N** Will the facility involve the transport, on-site treatment, storage or disposal of hazardous waste generated in quantities of 1000 kilograms (250 gallons or 2200 pounds) or more per month? If yes, one or more permits may be required.

Will the facility generate between 100 kilograms/month (25 gallons or 200 pounds) and 1000 kilograms/month (250 gallons or 2200 pounds) of hazardous waste? If yes, the facility may be a small quantity generator, subject to federal and state regulations. An EPA identification number should be obtained from the Michigan Department of Natural Resources (special forms are available) and a manifest (shipping paper) should be used to transport waste off-site.

**Contact:** Michigan Department of Natural Resources, Waste Management Division, District Office Telephone: 953-0241 (Livonia Office)

6. **Y** **N** Will the project involve burning, land filling, transferring or processing any type of solid non-hazardous wastes on-site?

**Contact:** Michigan Department of Natural Resources, Waste Management Division, District Office Telephone: 953-0241 (Livonia Office)

7. **Y** **N** Will the project involve the installation, construction, reconstruction, relocation, or alteration of any process or process equipment (including air pollution control equipment) which has the potential to emit air contaminants?

**Contact:** Michigan Department of Natural Resources, Air Quality Division, Permit Section, District Office Telephone: 953-0241 (Livonia Office)

8. **Y** **N** Will the project involve any man-made change in the natural cover or topography of land, including cut and fill activities which may contribute to soil erosion and sedimentation? Will the earth change disturb an area of one acre or more, or occur within 500 feet of a lake or stream? If the answer to both of these questions is yes, a soil erosion and sedimentation permit is required.

**Contact:** County Drain Commissioner (or other responsible office) Telephone: (248) 858-0958 (Oakland County)

9. **Y** **N** Will the project involve any work (dredging, filling, construction) in a river, stream, creek, ditch, wetland or floodplain, or within 500 feet of an inland lake, river, stream, creek or ditch?

**Contact:** Michigan Department of Natural Resources, Land and Water Management Division District Office Telephone: 953-0241 (Livonia Office)

10. **Y** **N** Will an on-site wastewater treatment system or septic system be installed? Will septage be stored on-site prior to off-site disposal?

**Contact:** For Sanitary Sewer – County or District Environmental Health 953-0241 (Livonia) For Industrial/Commercial Waste Water in an quantity of more than 10,000 gallons/day of sanitary sewage – Michigan Department of Natural Resources, Waste Management Division District Office Telephone: 953-0241 (Livonia Office)
11. Y N Is this facility (or any facility under your ownership) currently involved in any compliance discussions with the Michigan Department of Natural Resources or the Michigan Attorney General’s Office?

Contact: Michigan Department of Natural Resources, Office of Environmental Enforcement Telephone: (517) 373-3503

12. Y N Is this facility/property (or any facility/property under your ownership) included in the Act 307 Priority List, “Michigan Sites of Environmental Contamination” or subject to corrective action under the Leaking Underground Storage Tank (LUST) program?

Contact: Michigan Department of Natural Resources Environmental Response Division District Office Telephone: 953-0241 (Livonia Office)

NOTE: For assistance with permits and approvals from the Michigan Department of Natural Resources, including permit coordination among MDNR divisions, contact the Permits Coordinator, Lansing Central Office (517) 335-4235.

Business Name:______________________________________________________________
Mailing Address:_____________________________________________________________
Street Address:_______________________________________________________________
Telephone:_______________________________________________________________
Facility Owner or Manager:_____________________________________________________
Type of Business:____________________________________________________________
Date:______________________________________________________________