

City of Big Rapids Wastewater Treatment

Phone 231-796-8483

Fax 231-796-1563

Wastewater System Non-Domestic User Registration
SHORT FORM

This form is required for all non residential users discharging wastewater into the City of Big Rapids sanitary sewer system.

Name of Business Date SIC Code

Service Address

Contact Person Phone # Emergency Contact Phone #

SECTION 1
Facility Use
Please describe the facility intended use.
(Office - Warehouse - Retail - Food Service - School - Medical - etc.)

SECTION 2
Sources and Amounts of Wastewater.
Does your business discharge any wastewater from sources other than rest rooms? Yes _____ No _____
If you checked Yes above please explain below and include estimated gallons per day.

SECTION 4
Chemicals & Materials
Briefly describe the nature of chemicals and materials used or stored at this facility (cleaners , oils , solvents , sludge's , hydrocarbons , hazardous compounds , etc.) **Attach MSDS Sheets** - attach additional sheets if necessary

**Only quantities of 5 gallons Liquid or 10 pounds Dry, or more need to be listed.
Retail establishments need only list chemicals and materials that are used in the business not chemicals and materials stocked for sale**

SECTION 5
Other Comments:

Print Name

Signature Title Phone Number Date

Return Form To:
The City of Big Rapids
Wastewater Treatment Plant
Attn: Pretreatment Coordinator
531 River St.
Big Rapids Michigan 49307

Pretreatment Coordinator Review

Site visit and inspection required? Site Visit and Inspection Completed by: Date:
Yes NO

Inspectors Comments