



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
Materials Management Division

**INSPECTION COVER SHEET**

Inspection Date: \_\_\_\_\_ GEN. I.D. #: \_\_\_\_\_ WDS ID #: \_\_\_\_\_

Site Specific Name: \_\_\_\_\_

Site Location Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Reason for Inspection:     CEI     FCI     FUI     CSE     CAC

Complaint     Other

Table 1. Interviewee Contact Information

Person(s) Interviewed	Phone Number	Email

Table 2. Inspector Contact Information

Inspector's Name	Department/Division	Phone Number	Email

Primary Business of Facility: \_\_\_\_\_

Approx./Avg. # of Employees: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Facility Size: \_\_\_\_\_ Photos Taken:  Yes     No

List Areas Inspected:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

Add sketch of site noting Hazardous Waste locations

**OR**

Attach a copy of site plan provided by site

Does the facility discharge a process wastewater to the local POTW or to waters of the State?  Yes  No

If yes, does the facility have a permit to discharge to the local POTW or to waters of the State under an NPDES permit?  Yes  No

Permit Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Would the processed wastewater otherwise be a RCRA regulated waste?

Yes  No

If yes, list the processed wastewaters.

Additional Comments:

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Inspector's Signature

Date

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