



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:

Inspector's Signature

Date

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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