



Michigan Department of Environment, Great Lakes, and Energy

HAZARDOUS WASTE INSPECTION

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 NRR OTHER

WASTE CODE	PROCESS WASTE IS GENERATED FROM	
PERSON(S) INTERVIEWED	TITLE	TELEPHONE NUMBER
INSPECTOR'S NAME	AGENCY	TELEPHONE NUMBER
	MICHIGAN DEPT OF ENVIRONMENT , GREAT LAKES, & ENERGY	

PRIMARY BUSINESS OF FACILITY: _____

APPROX./AVG. # OF EMPLOYEES: _____ DAYS/HRS OPERATION _____

FACILITY SIZE _____ PHOTOS TAKEN _____ YES _____ NO

CHRONOLOGY OF INSPECTION & AREAS INSPECTED :

- 1) _____ 4) _____ 7) _____
- 2) _____ 5) _____ 8) _____
- 3) _____ 6) _____ 9) _____

SUMMARY OF FINDINGS: (add sketch of site noting Haz Waste locations **OR** _____ copy of site plan provided by site attached)

CHECK FORMS USED	GENERAL CATEGORIES OF FACILITIES
	C E S Q G
	LIW GENERATOR
	SMALL QUANTITY GENERATOR
	SMALL QUANTITY GEN TANK SYSTEM
	GENERATOR
	GENERATOR TANK SYSTEM
	SMALL QTY UNIVERSAL WASTE HANDLER
	LARGE QTY UNIVERSAL WASTE HANDLER
	USED OIL ACTIVITIES
	TRANSPORTER <input type="checkbox"/> LIW <input type="checkbox"/> HAZ WST <input type="checkbox"/>
	WOOD PRESERVER

CHECK FORMS USED	GENERAL CATEGORIES OF FACILITIES
	SITE SPECIFIC PERMITTED T S D F
	PERMITTED GENERAL T S D F
	INTERIM GENERAL T S D F
	GENERATOR APPENDIX
	TANK SYSTEM
	PERMITTED SURFACE IMPOUNDMENT
	PERMITTED WASTE PILE
	PERMITTED LAND TREATMENT
	PERMITTED LANDFILL
	MISCELLANEOUS UNITS
	PERMITTED ORGANIC AIR EMISSIONS- PROCESS VENTS
	PERMITTED ORGANIC AIR EMISSIONS- EQUIPMENT LEAKS
	INTERIM GW MONITORING (USE WITH SUBPARTS K,L, M, & N)
	INTERIM SURFACE IMPOUNDMENT
	INTERIM WASTE PILE
	INTERIM LAND TREATMENT
	INTERIM LANDFILL
	INTERIM CHEMICAL, PHYSICAL & BIOLOGICAL TREATMENT
	INTERIM ORGANIC AIR EMISSIONS FROM PROCESS VENTS
	INTERIM ORGANIC AIR EMISSIONS FROM EQUIPMENT LEAKS

Does the facility discharge a process wastewater to the local POTW that would otherwise be a RCRA regulated waste? no yes (If yes, send copy of this cover sheet to SWQD).

Does Is the facility subject to air emission standards for process vents managing hazardous waste with organic concentrations of at least 10 ppmw? If yes, circle the type of operation(s): DISTILLATION FRACTIONATION THIN-FILM EVAPORATION SOLVENT EXTRACTION AIR OR STREAM STRIPPING (If yes, send a copy of this cover sheet to AQD).

INSPECTOR'S SIGNATURE _____	DATE _____
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