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Rev. 07/10/02

KALAMAZOO RIVER

SITE

INVESTIGATION

IENTS #MEN 03200 - MEN 03540

SUPPLEMENTAL
PRODUCTION

VOL. I

DOCUMENTS 1-4

MENASHA SUPPLEMENTAL PRODUCTION INDEX

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Produced 4/23/97

Non-responsive section redacted

ROLL FOUR OF FOUR 48 SURFACE WATER OTSEGO

MEN03209

FORM I — GENERAL INFORMATION

A separate report is required for each location at which your company does business. If you have sold your facilities at this address please indicate the new owner's name and address below and return the form to us.

030019
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of this mailing label is incorrect please use the space below to correct it.

If you have sold the business to the persons listed below please check here ☐.

Menasha Corporation
NAME OF COMPANY

Norman E. Johnstone
PLANT NAME OR ATTENTION OF

Box 155
STREET ADDRESS OR BOX NUMBER

Otsego, Mich. 49078
CITY STATE ZIP CODE

WRC USE ONLY

7 U
1 | Primary | D | Level | No | Sub 17
18 Rating | 19 Acc Prov

1. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1974?
   a. ☒ Yes. In the space below briefly describe your business then continue with question 2.
   We produce corrugating medium from virgin fiber and recycled post-consumer waste.
   b. ☐ No. Skip questions 2 thru 8, sign the report and see page 10 for mailing instructions.

2. Is the operation of your business result in the discharge of ANY wastewater (including cooling water and sanitary sewage from toilets, washrooms, etc.), OR removal of liquid waste by a wastehauler?
   a. ☒ Yes. Continue with question 3.
   b. ☐ No. Skip questions 3 thru 8, sign the report and see page 10 for mailing instructions.

3. Is ALL of your wastewater sanitary sewage? (Note: Sanitary sewage includes wastewater from toilets, washrooms, drinking fountains, kitchens, laundries (except dry cleaning wastes) and other sanitary facilities which may produce human waste. Sanitary waste does **NOT** include cooling water, condenser water, or process wastewater.)
   a. ☐ Yes. Continue with question 4.
   b. ☒ No. Skip question 4. Continue with question 5. **You must complete and attach Form II, page 7.**

4. If ALL of your wastewater is sanitary sewage does it go to a septic tank or a municipal sanitary sewer?
   ☐ Yes. Septic Tank
   ☐ Yes. Sanitary sewer (Note: lagoons are not included in either of these categories)
   If you marked either of the above skip questions 5 thru 8, sign the report, and see page 10 for mailing instructions.
   ☐ No. Continue with question 5. **You must complete Form II, page 7.**

5 Is any portion of your wastewater hauled away by a wastehauler or are you a wastehauler?
- [x] Yes. Continue with question 6. You must complete and attach Form IV-A or Form IV-B whichever is applicable
- [ ] No. Continue with question 6.

6 Do you use or discharge to the best of your knowledge any of the critical materials listed on page 13?
- [x] Yes. Continue with question 7 You must complete and and attach Form III, page 9.
- [ ] No. Continue with question 7.

7 A. Please refer to page 5 and copy the appropriate standard industrial classification code in the box below (if none are applicable leave blank).

2631

B Describe in detail the primary activities that generate wastewater at this facility.

1. Virgin fiber preparation – NSSC pulping of hardwoods
2. Wastepaper Pulping – Post consumer waste utilization
3. Paperboard production on Fourdrinier machines.

Continue with question 8.

8. Schedule of operation / Above activities

1.	24 hours/day	7 days/week	344 weeks/year	49 wks/year
2.	24 hours/day	7 days/week	49 weeks/year	
3.	24 hours/day	7 days/week	49 Weeks/year	

Phone Number	Number of Employees	Federal Employer Withholding Tax Account Number*
616-692-6141	167	39-0464600
Name and Title of Person Completing Report (please print)	Signature	
Norman E. Johnstone		
Technical Superintendent	Norman E. Johnstone	

* This account number will be available from your personnel or accounting department

SEE PAGE 10 FOR MAILING INSTRUCTIONS

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MEN03211

STANDARD INDUSTRIAL CLASSIFICATION CODES

Note: This is an edited list. Any facility which cannot be categorized with one of the following listings should leave the box on page 4, question 7 blank.

Code	Title
	AGRICULTURE
[illegible]	AGRICULTURAL PRODUCTION—CROPS
[illegible]	AGRICULTURAL PRODUCTION—LIVESTOCK
0211	Beef Cattle Feedlots
0241	Dairy farms
0700	AGRICULTURAL SERVICES
	MINING
1000	METAL MINING
[illegible]	Iron Ores
[illegible]	Copper ores
1081	Metal mining services
1300	OIL AND GAS EXTRACTION
1380	Oil and Gas Field Services
1400	NONMETALIC MINERALS
1422	Crushed and broken limestone
1442	Sand and Gravel
1459	Clay and Related Minerals
1479	Chemical and Fertilizer Minerals
1492	Gypsum
	CONSTRUCTION
1500	GENERAL BUILDING CONTRACTORS
1600	HEAVY CONSTRUCTION CONTRACTORS
	MANUFACTURING
2000	FOOD AND KINDRED PRODUCTS
2010	Meat Products
2011	Meat packing plants and slaughter houses
2020	Dairy Products
2030	Preserved Fruits & Vegetables
2033	Canned fruits and vegetables
2035	Pickles, sauces and salad dressings
2037	Frozen fruits and vegetables
2040	Grain Mill Products
2043	Cereal breakfast foods
2047	Dog, cat and other pet food
2050	Bakery Products
2060	Sugar and Confectionary Products
2063	Beet sugar
2070	Fats and Oils
2076	Vegetable oil mills
2077	Animal and marine fats & oils
2080	Beverages
2082	Malt beverages
2084	Wines, brandy and brandy spirits
2085	Distilled liquor, except brandy
2086	Bottled and canned soft drinks
2087	Flavoring extracts and syrups, nec
2090	Misc. Foods and Kindred Products
2091	Canned and cured seafoods
2092	Fresh or frozen packaged fish
2200	TEXTILE MILL PRODUCTS
2300	APPAREL AND OTHER TEXTILE PRODUCTS
2400	LUMBER AND WOOD PRODUCTS
2420	Sawmills and Planing Mills
2436	Millwork, Plywood & Structural Members
2440	Wood Containers
2448	Wood pallets and skids
2452	Wood Buildings and Mobile Homes
2490	Miscellaneous Wood Products
2491	Wood preserving
2492	Particleboard
2500	FURNITURE AND FIXTURES
2600	PAPER AND ALLIED PRODUCTS
2611	Pulp mills
2621	Paper mills, except building paper
2631	Paperboard mills
2640	Misc. Converted Paper Products
2650	Paperboard Containers and Boxes
2661	Building paper and board mills
	PRINTING AND PUBLISHING
	Newspapers
	Commercial Printing
[illegible]	Printing Trade Services

Code	Title
	Manufacturing-cont'd
2800	CHEMICALS AND ALLIED PRODUCTS
2810	Industrial Inorganic Chemicals
2820	Plastics Materials and Synthetics
2830	Drugs
2840	Soap, Cleaners, and Toilet Goods
2850	Paints and Allied Products
2860	Industrial Organic Chemicals
2870	Agricultural Chemicals
2890	Miscellaneous Chemical Products
2891	Adhesives and sealants
2892	Explosives
2893	Printing Inks
2899	Salt (by evaporation)
2900	PETROLEUM AND COAL PRODUCTS
2911	Petroleum refining
2950	Paving and Roofing Materials
3000	RUBBER AND MISC. PLASTIC PRODUCTS
3011	Tires and inner tubes
3069	Fabricated rubber products
3079	Miscellaneous plastic products
3100	LEATHER AND LEATHER PRODUCTS
3111	Leather tanning and finishing
3200	STONE, CLAY AND GLASS PRODUCTS
3220	Glass and Glassware, Pressed or Blown
3241	Cement
3250	Structural Clay Products
3260	Pottery and Related Products
3270	Concrete, Gypsum, and Plaster Products
3271	Concrete block and brick
3273	Ready-mixed concrete
3274	Lime
3275	Gypsum products
3290	Misc. Nonmetallic Mineral Products
3291	Abrasive products
3292	Asbestos products
3295	Minerals, ground or treated
3297	Nonclay refractories
3300	PRIMARY METAL INDUSTRIES
3310	Blast Furnaces and Basic Steel Products
3312	Blast furnaces and steel mills
3313	Electrometallurgical products
3315	Steel wire and related products
3316	Cold finishing of steel shapes
3317	Steel pipe and tubes
3320	Iron and Steel Foundries
3321	Gray iron foundries
3322	Malleable iron foundries
3330	Primary Nonferrous Metals
3331	Primary copper
3332	Primary lead
3333	Primary zinc
3334	Primary aluminum
3340	Secondary Nonferrous Metals
3360	Die Casting
3361	Aluminum foundries
3362	Brass, bronze, and copper foundries
3390	Miscellaneous Primary Metal Products
3398	Metal heat treating
3400	FABRICATED METAL PRODUCTS
3410	Metal Cans and Shipping Containers
3420	Cutlery, Hand Tools and Hardware
3430	Plumbing and Heating, Except Electric
3440	Fabricated Structural Metal Products
3442	Metal doors, sash, and trim
3443	Fabricated plate work (boiler shops)
3444	Sheet metal work
3452	Screw machine Products, Bolts, etc
3460	Metal Forgings and Stampings
3462	Iron and steel forgings
3463	Nonferrous forgings
3465	Automotive stampings
3470	Metal Services
3471	Plating and polishing
3479	Metal coating and allied services
3480	Ordnance and Accessories
3490	Misc. Fabricated Metal Products
3500	MACHINERY, EXCEPT ELECTRICAL
3510	Engines and Turbines
3520	Farm and Garden Machinery
3530	Construction and Related Machinery
3540	Metalworking Machinery
3550	Special Industry Machinery
3560	General Industrial Machinery
3570	Office and Computing Machines
3580	Refrigeration and Service Machinery
3590	Misc. Machinery, Except Electrical
3600	ELECTRIC AND ELECTRONIC EQUIPMENT
3610	Electric Distributing Equipment
3620	Electrical Industrial Apparatus
3630	Household Appliances
3640	Electric Lighting and Wiring Equipment
3650	Radio and TV Receiving Equipment
3660	Communication Equipment
3670	Electronic Components and Accessories
3690	Misc. Electrical Equipment & Supplies

Code	Title
	Manufacturing-cont'd.
3700	TRANSPORTATION EQUIPMENT
3710	Motor Vehicles and Equipment
3711	Motor vehicles and car bodies
3714	Motor vehicle parts and accessories
3715	Truck trailers
3720	Aircraft and Parts
3730	Ship and Boat Building and Repairing
3740	Railroad Equipment
3750	Motorcycles, Bicycles and Parts
3760	Guided Missiles, Space Vehicles, Parts
3790	Miscellaneous Transportation Equipment
3792	Travel Trailers and campers
3795	Tanks and Tank Components
3800	INSTRUMENTS AND RELATED PRODUCTS
3810	Engineering and Scientific Instruments
3820	Measuring and Controlling Devices
3830	Optical Instruments and Lenses
3840	Medical Instruments and Supplies
3861	Photographic Equipment and supplies
3900	MISCELLANEOUS MANUFACTURING INDUSTRIES
3910	Jewelry, Silverware, and Plated Ware
3930	Musical Instruments
3940	Toys and Sporting Goods
3950	Pens, Pencils, Office and Art Supplies
3990	Miscellaneous Manufactures
	TRANSPORTATION
4010	RAILROADS
4200	TRUCKING AND WAREHOUSING
4210	Trucking, Local and Long Distance
4214	Hauling Liquid Wastes
4221	Farm product warehousing and storage
4222	Refrigerated Warehousing
4230	Trucking Terminal Facilities
4400	WATER TRANSPORTATION
4430	Great Lakes Transportation
4440	Transportation on Rivers and Canals
4452	Ferries
4454	Towing and tugboat service
4460	Water Transportation Services
4463	Marine cargo handling
	SERVICES
4900	ELECTRIC, GAS, AND SANITARY SERVICES
4911	Electric services
4925	Gas production and/or distribution
4953	Refuse systems
5810	EATING AND DRINKING PLACES
6512	OFFICE BUILDINGS
7000	HOTELS AND OTHER LODGING PLACES
7011	Hotels, motels, and tourist courts
7030	Camps and Trailering Parks
7032	Sporting and recreational camps
7210	Laundry, Cleaning & Garment Services
7215	Coin-operated laundries
7391	Laboratories — Testing and Research
7399	Water Softener Service
7500	AUTO REPAIR SERVICES AND GARAGES
7530	Automotive Repair Shops
7542	Car washes
7900	AMUSEMENT & RECREATION SERVICES
7933	Bowling alleys
7940	Commercial Sports
7941	Sports clubs and promoters
7948	Racing, including track operation
7992	Public golf courses
7996	Amusement parks
7997	Membership sports & recreation clubs
8000	HEALTH SERVICES
8050	Nursing and Personal Care Facilities
8060	Hospitals
8070	Medical and Dental Laboratories
8080	Outpatient Care Facilities

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INSTRUCTIONS FOR FORM II

Note that information is to be reported separately for each outfall. An outfall, for purposes of this report is considered to be any point at which wastewater enters the waters of the State (including groundwaters) or a sewer system. Complete a section of information for each wastewater discharge (multiple municipal sanitary sewer connections may be summarized as one outfall). If more than two outfalls [illegible] be reported, Form II may be duplicated or additional copies will be supplied on request (use order blank page 2).

ITEM A — In the spaces provided first copy the six digit facility identification code number from the upper left hand corner of the mailing label (leave blank if number does not appear on label). Next in the spaces marked OUTFALL NUMBER, number each outfall reported using any numbering system of not more than two digits. If you submit Monthly Operating Reports enter the appropriate station number in the spaces so marked.

ITEM B — Circle the number corresponding to the type of discharge. For surface water discharges list the name of the receiving water. A DISCHARGE TO A STORM SEWER which directly enters a watercourse is a SURFACE WATER DISCHARGE and must be reported as such. Lagoons with an outlet to surface waters must be reported as surface water discharges. Discharges to combined storm-sanitary sewer systems may be reported as municipal sanitary sewer discharges. For groundwater discharges specify the type of groundwater disposal by circling the appropriate subgroup under the groundwaters heading. For discharges to a sanitary sewer system list the name of the municipality operating the system.

ITEM C — Flow figures (Average, Minimum and Maximum) are to be reported in the appropriate spaces in units of million gallons per day (MGD). For example:

500 gallons per day	=	[.0.0.0.5] MGD
5,000 gallons per day	=	[..0.0.5] MGD
50,000 gallons per day	=	[...0.5] MGD
500,000 gallons per day	=	[....5] MGD
5,000,000 gallons per day	=	[....5] MGD
5,555,000 gallons per day	=	[5..5.5.5] MGD

Note that decimal points are coded as digits. Round off flow figures as necessary to fit in the space provided. The average daily flow figure should be based on the number of days during the year on which the outfall discharged.

$$\text{Average Daily Flow} = \frac{\text{total outfall discharge volume for the year}}{\text{number of days discharge took place}}$$

except for lagoons, which should report

$$\text{Average Daily Flow} = \frac{\text{Total influent volume for the year}}{\text{number of days during which influent took place}}$$

Note: For lagoons, the average Daily Flow and Maximum Daily Flow are the same.

Indicate whether flow figures reported were measured or estimated by placing a check in the correct box.

ITEM D — Indicate the type of wastewater discharged by the outfall in relative percentages adding up to 100 percent. For purposes of this report, sanitary wastewater includes human sewage only, and cooling and condenser wastewater includes only uncontaminated water resulting from these practices. All other forms of wastewater are considered process wastewater.

ITEM E — Use this item to indicate months of operation of the outfall during calendar year 1974. If the outfall operated for the full year check this box. If the outfall began and/or ended operation during the year or if it was used only a few months or days list the date(s). If the outfall operated intermittently (on and off several times) indicate the number of days of discharge.

ITEM F — Briefly describe the nature and source of the wastewater from this outfall, a description of the outfall and the geographical location of the outfall. Location may be indicated by any of the following methods: Latitude and longitude in degrees, minutes and seconds; Tier, Range and section along with feet north and east of the southwest corner of the section; river miles upstream from the mouth of the river; distance from the nearest bridge along with the name of the road the bridge is on; nearest cross streets for sewer connections, or street address of a sewer connection point may be used where applicable. A marked and scaled map may be enclosed to satisfy the location requirement.

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MEN03213

FORM II — WASTEWATER OUTFALL REPORT

(See Instructions on Facing Page and Example on Page 14)

A. 7Ø (1–8) Outfall Number (9–10) Monthly Operating Report Station Number (If Known—Otherwise leave blank) (11–16)

B. Water from this outfall is discharged to (Circle One Only)

1. Surface Waters _____ Name of receiving water (for storm sewers give where sewer discharges)
   Groundwaters
2. Lagoon or Seepage Pond With No Outlet
3. Spray Irrigation
4. Septic Tank – Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe) _____
8. Municipal Sanitary Sewer _____ Name of Municipality

C. Volume of Discharge

1. Avg. Daily Flow (MGD) (18–22)
2. Min. Daily Flow (MGD) (23–27)
3. Max. Daily Flow (MGD) (28–32)
4. Total Annual Flow (MGY) (33–38)

Was flow (Check One) ☐ measured or ☐ estimated?

D. Type of Wastewater

1. Process (39–41) %
2. Cooling (42–44) %
3. Sanitary (45–47) %

E. Outfall Operated

1. ☐ Full Year
2. ☐ Only Part of Year
   Initial date of discharge _____ Final date of discharge _____
3. ☐ Intermittent: _____ days

F. Word Description of Wastewater, Outfall Description and Outfall Location

---

7Ø (1–8) Outfall Number (9–10) Monthly Operating Report Station Number (If Known—Otherwise leave blank) (11–16)

B. Water from this outfall is discharged to (Circle One Only)

1. Surface Waters _____ Name of receiving water (for storm sewers give where sewer discharges)
   Groundwaters
2. Lagoon or Seepage Pond With No Outlet
3. Spray Irrigation
4. Septic Tank – Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe) _____
8. Municipal Sanitary Sewer _____ Name of Municipality

C. Volume of Discharge

1. Avg. Daily Flow (MGD) (18–22)
2. Min. Daily Flow (MGD) (23–27)
3. Max. Daily Flow (MGD) (28–32)
4. Total Annual Flow (MGY) (33–38)

Was flow (Check One) ☐ measured or ☐ estimated?

D. Type of Wastewater

1. Process (39–41) %
2. Cooling (42–44) %
3. Sanitary (45–47) %

E. Outfall Operated

1. ☑ Full Year
2. ☐ Only Part of Year
   Initial date of discharge _____ Final date of discharge _____
3. ☐ Intermittent: _____ days

F. Word Description of Wastewater, Outfall Description and Outfall Location

[illegible]

FOR ADDITIONAL OUTFALLS, MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS.

MEN03215

FORM II — WASTEWATER OUTFALL REPORT

(See Instructions on Facing Page and Example on Page 14)

A 7,0,3,0,0,1,9 (1–8) Outfall Number 04 (9–10) Monthly Operating Report Station Number (If Known—Otherwise leave blank) 0,3,0,5,5 (11–16)

B Water from this outfall is discharged to (Circle One Only)

1. Surface Waters: KALAMAZOO RIVER
   Name of receiving water (for storm sewers give where sewer discharges)

Groundwaters

2. Lagoon or Seepage Pond With No Outlet
3. Spray Irrigation
4. Septic Tank – Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe) _____
8. Municipal Sanitary Sewer _____ Name of Municipality

(17)

C. Volume of Discharge

1. Avg Daily Flow (MGD) 0,7,8 (16–22)
2. Min. Daily Flow (MGD) 0,4,2 (23–27)
3. Max. Daily Flow (MGD) 1,6,8 (28–32)
4. Total Annual Flow (MGY) (33–38)

Was flow (Check One) ☐ measured or ☐ estimated?

D Type of Wastewater

1. Process 100 % (39–41)
2. Cooling % (42–44)
3. Sanitary % (45–47)

E. Outfall Operated

1. ☑ Full Year
2. ☐ Only Part of Year — Initial date of discharge _____ Final date of discharge _____
3. ☐ Intermittent _____ days

F. Word Description of Wastewater, Outfall Description and Outfall Location Power House [illegible]

[illegible] thru 10" [illegible] [illegible] 12'[illegible] long [illegible]

A 7,0 (1–8) Outfall Number (9–10) Monthly Operating Report Station Number (If Known—Otherwise leave blank) (11–16)

B Water from this outfall is discharged to (Circle One Only)

1. Surface Waters _____ Name of receiving water (for storm sewers give where sewer discharges)

Groundwaters

2. Lagoon or Seepage Pond With No Outlet
3. Spray Irrigation
4. Septic Tank – Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe) _____
8. Municipal Sanitary Sewer _____ Name of Municipality

(17)

C Volume of Discharge

1. Avg. Daily Flow (MGD) (18–22)
2. Min. Daily Flow (MGD) (23–27)
3. Max Daily Flow (MGD) (28–32)
4. Total Annual Flow (MGY) (33–38)

Was flow (Check One) ☐ measured or ☐ estimated?

D Type of Wastewater

1. Process % (39–41)
2. Cooling % (42–44)
3. Sanitary % (45–47)

E Outfall Operated

1. ☐ Full Year
2. ☐ Only Part of Year — Initial date of discharge _____ Final date of discharge _____
3. ☐ Intermittent _____ days

F. Word Description of Wastewater, Outfall Description and Outfall Location

FOR ADDITIONAL OUTFALLS, MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS.

INSTRUCTIONS FOR FORM III

Complete one section of this form for each material listed on page 13 which is used and/or discharged at this site. Note that usage and discharge are to be reported on a plant wide basis and that they are reported by ranges rather than by specifying exact pounds.

Note: We are interested in the critical materials contained in your product or used in your manufacturing process in any way, even if they are recovered or if they do not come in contact with water. Any critical materials used incidental to your manufacturing process must be reported if they may, at times, be discharged. It is not necessary to report traces of critical materials that may be present in your water supply. If you are uncertain whether a particular material must be reported please call Jerry Fore (517) 373-2867 for assistance.

Copy the six-digit identifying code number appearing on the mailing label in the space provided (leave blank if number does not appear on label).

ITEM A — Note that each item on the critical materials list has a corresponding five-digit parameter number. Copy the proper number in the space provided.

ITEM B — Indicate the name of the critical material being reported. (Must match number listed in A.)

ITEM C — Circle the number corresponding to the level of usage of critical material in question at this plant site during 1974.

ITEM D — Circle the number corresponding to the total level of discharge of the critical material in question in the wastewater of this plant during 1974.

ITEM E — List the numbers of the outfalls reported on Form II which discharge any amount of the critical material in question.

ITEM F — If publication of information you supplied in Item C would endanger the confidentiality of proprietary manufacturing processes, place an "X" in the box provided and that information will be held confidential.

Repeat sections as necessary to report all critical materials used and/or discharged. You may duplicate page 9 if more than three (3) materials are reported, or additional forms can be obtained on request to:

Michigan Water Resources Commission
Act 293 Reports
P.O. Box 70
Lansing, Michigan 48901

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FORM III — CRITICAL MATERIALS REPORT

MEN03217

(See Instructions on Facing Page and the Example on Page 14)

Copy Code Number from Mailing Label: 8 C [illegible] (1–8)

Item A. Parameter No.: [illegible] (9–13)

Item B: Critical Material [illegible]

Item C: Total lbs./yr. used in plant:
Circle One
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs
6 = >1,000,000 lbs.
(14)

Item D: Total lbs./yr. discharged by plant
Circle One
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs.
(15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

Copy Code Number from Mailing Label: 8 C (1–8)

Item A: Parameter No. (9–13)

Item B. Critical Material

Item C: Total lbs./yr. used in plant:
Circle One
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs.
(14)

Item D: Total lbs./yr. discharged by plant
Circle One
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs.
(15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

Copy Code Number from Mailing Label: 8 C (1–8)

Item A: Parameter No. [illegible] (9–13)

Item B. Critical Material

Item C: Total lbs./yr. used in plant:
Circle One
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs.
(14)

Item D: Total lbs./yr. discharged by plant
Circle One
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs.
(15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

FORM III — CRITICAL MATERIALS REPORT

MEN03218

(See Instructions on Facing Page and the Example on Page 14)

Copy Code Number from Mailing Label: 8 C [illegible] (1–8)

Item A: Parameter No. [illegible] (9–13)

Item B: Critical Material [illegible]

Item C: Total lbs./yr. used in plant:
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs.
Circle One (14)

Item D: Total lbs./yr. discharged by plant
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs.
Circle One (15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
[illegible] (16–47)

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

Copy Code Number from Mailing Label: 8 C [illegible] (1–8)

Item A: Parameter No. [illegible] (9–13)

Item B: Critical Material [illegible]

Item C: Total lbs./yr. used in plant:
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs.
Circle One (14)

Item D: Total lbs./yr. discharged by plant
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs.
Circle One (15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
[illegible] (16–47)

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

Copy Code Number from Mailing Label: 8 C [illegible] (1–8)

Item A: Parameter No. [illegible] (9–13)

Item B. Critical Material [illegible]

Item C: Total lbs./yr. used in plant:
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs.
Circle One (14)

Item D: Total lbs./yr. discharged by plant
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs.
Circle One (15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
[illegible] (16–47)

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03219

FORM "I — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page and the Example on Page 14)

Copy Code Number from Mailing Label: 8 C [illegible] (1–8)

Item A Parameter No.: [illegible] (9–13)

Item B: Critical Material: Sulfides

Item C: Total lbs./yr. used in plant:
Circle One
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs. (14)

Item D: Total lbs./yr. discharged by plant
Circle One
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs. (15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
[illegible] (16–47)

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

Copy Code Number from Mailing Label: 8 C (1–8)

Item A: Parameter No. (9–13)

Item B: Critical Material

Item C: Total lbs./yr. used in plant:
Circle One
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs.
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs. (14)

Item D: Total lbs./yr. discharged by plant
Circle One
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs. (15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
(16–47)

Item F:
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

Copy Code Number from Mailing Label: 8 C (1–8)

Item A: Parameter No. (9–13)

Item B: Critical Material

Item C: Total lbs./yr. used in plant:
Circle One
1 = <101 lbs.
2 = 101–1,000 lbs.
3 = 1,001–10,000 lbs.
4 = 10,001–100,000 lbs
5 = 100,001 – 1,000,000 lbs.
6 = >1,000,000 lbs. (14)

Item D: Total lbs./yr. discharged by plant
Circle One
0 = 0 lbs.
1 = <11 lbs.
2 = 11–100 lbs.
3 = 101–500 lbs.
4 = 501–1,000 lbs.
5 = 1,001–10,000 lbs.
6 = 10,001–100,000 lbs.
7 = >100,000 lbs. (15)

Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:
(16–47)

Item F.
☐ (48) Check here if you want the information supplied in ITEM C to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03220

INSTRUCTIONS FOR FORM IV-A

Note — A separate section is required for each type of waste.

Enter the facility Identification Number from the upper left corner of the mailing label.

ITEM A — briefly describe the source and general characteristics of your hauled wastewater. Example plating line wastes containing nickel and chrome plus acid bath overflow.

ITEM B — Enter volume that accumulates in one week.

ITEM C — Enter removal frequency

ITEM D — Enter brief description of storage container. Example: Vented rubber lined 2000 gallon steel tank.

ITEM E — Describe overflow and spill containment if any. Example 3 foot earth dike 100 ft in circumferance

ITEM F — If applicable enter location.

ITEM G — Enter name and address.

INSTRUCTIONS FOR FORM IV-B

ITEM A—Copy the six digit code number from the upper left corner of the mailing label where indicated (leave blank if no code number appears on the mailing label). Next, enter your wastehauler license number in the box provided

ITEM C — If you use more than two sites to dispose of waste you may attach an additional sheet of paper with their addresses

---

Mailing instructions: Fold the return mailing sheet (page 12) around all forms being returned. Be sure to write in your return address and apply sufficient postage. Staple and mail.

5543

FORM IV-A — WASTEWATER REMOVED BY WASTEHAULER

See Instructions on Facing Page

MEN03221

Copy Code Number from Mailing Label

7 W [illegible] 8

A. Describe the source and general nature of the liquid wastes you have hauled to another site [illegible]

B. Aproximately what volume of this waste accumulates in one week? [illegible] 9 13 gallons. 14

C. How frequently is it removed?
1 [X] daily 2 [ ] weekly 3 [ ] Monthly 4 [ ] Other

D. Describe the storage container(s) you retain the wastes in [illegible]

E. Do you have provisions for containing accidental spills or overflows of this material? [X] Yes [ ] No
If yes describe. [illegible]

F. If you dispose of this waste yourself, indicate the disposal site [illegible]

G. If the waste is removed by someone other than yourself, give his name and address
[illegible]

FORM IV-B — WASTEHAULERS REPORT FORM

(To be completed by haulers of liquid wastes only)

Copy Code Number from Mailing Label

A [ ] License Number [ ]

B. Do you own your own waste disposal site?
[ ] Yes [ ] No

C. Give the name of the owner and address of the site(s) where you dispose of the waste you haul

D. On a separate sheet of paper prepare a list of names and addresses of commercial and industrial establishments where you picked up *any* wastewater during 1974.

YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

5544

MEN03222

FORM IV-A — WASTEWATER REMOVED BY WASTEHAULERS

See Instructions on Facing Page

Copy Code Number from Mailing Label

A Describe the source and general nature of the liquid wastes you have hauled to another site. SPENT LIQUOR FROM ASSC WOOD [illegible]

B Aproximately what volume of this waste accumulates in one week? 53,000 gallons.

C How frequently is it removed?
1 ☐ daily 2 ☐ weekly 3 ☐ Monthly 4 ☒ Other

D Describe the storage container(s) you retain the wastes in [illegible]

E Do you have provisions for containing accidental spills or overflows of this material? ☒ Yes ☐ No
If yes describe. [illegible]

If you dispose of this waste yourself, indicate the disposal site.

If the waste is removed by someone other than yourself, give his name and address.
[illegible]

FORM IV-B — WASTEHAULERS REPORT FORM

(To be completed by haulers of liquid wastes only)

Copy Code Number from Mailing Label

License Number

A Do you own your own waste disposal site?
☐ Yes ☐ No

Give the name of the owner and address of the site(s) where you dispose of the waste you haul.

B On a separate sheet of paper prepare a list of names and addresses of commercial and industrial establishments where you picked up *any* wastewater during 1974.

YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03223

FORM IV-A — WASTEWATER REMOVED BY WASTEHAULERS

See Instructions on Facing Page

Copy Code Number from Mailing Label.

7 W 8

A. Describe the source and general nature of the liquid wastes you have hauled to another site _____

B. Aproximately what volume of this waste accumulates in one week? 9 13 gallons. 14

C. How frequently is it removed?
1 ☐ daily 2 ☐ weekly 3 ☐ Monthly 4 ☐ Other

D. Describe the storage container(s) you retain the wastes in _____

E. Do you have provisions for containing accidental spills or overflows of this material? ☐ Yes ☐ No
If yes describe. _____

F. If you dispose of this waste yourself, indicate the disposal site. _____

G. If the waste is removed by someone other than yourself, give his name and address.

_____

FORM IV-B — WASTEHAULERS REPORT FORM

(To be completed by haulers of liquid wastes only)

Copy Code Number from Mailing Label

License Number

B. Do you own your own waste disposal site?
☐ Yes ☐ No

C. Give the name of the owner and address of the site(s) where you dispose of the waste you haul.

D. On a separate sheet of paper prepare a list of names and addresses of commercial and industrial establishments where you picked up *any* wastewater during 1974.

YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03224

Michigan Water Resources Commission
CRITICAL MATERIALS REGISTER
Published October 1, 1974

I INORGANIC MATERIALS	Parameter Number		Parameter Number
Antimony	95000	Mercury	95006
Arsenic	95001	Nickel	95007
Cadmium	95002	Selenium	95008
Chromium	95003	Silver	95009
Copper	95004	Sulfides	95015
Cyanides	95014	Thallium	95010
Lead	95005	Zinc	95012

II ORGANIC MATERIALS	Parameter Number		Parameter Number
Acridine	95017	Hexachlorobenzene (HCB)	95040
Acrolein	95018	Hexachlorobutadiene (HCBD)	95041
Aldrin	95067	Hydroquinone	95027
Ammonia	95089	Isoprene	95059
Amyl Acetate	95052	Lactonitrile	95028
Anilines (incl. Benzidines)	95043	Mesitylene	95060
Benzaldehyde	95021	Mesityl Oxide	95029
Benzene (Solvent)	95020	Napthol	95031
Benzyl Bromide	95022	Naphthenic Acid	95032
Beta propriolactone	95019	Nitrobenzenes	95047
Butyl Alcohol	95053	Phenolic compounds	95048
Butyraldehydes	95044	Phenanthrene	95035
Butyric Acid	95054	Phthalates	95049
Carbon Disulfide	95055	Picramates (nitro-phenols)	95063
Chlorinated Benzene Compounds	95045	Polychlorinated biphenyls (PCB's)	95039
Crotonaldehyde	95056	Pyridines	95050
Cumene	95057	Quincline	95036
DDT	95068	Quinone	95037
Dichloropropane	95023	Styrene	95061
Dieldrin	95069	Tordon	95065
Diethylbenzene	95024	Toxaphene	95072
Endrin	95070	Vinyl Toluene	95062
Ethyl Acrylate	95058	Xylenes	95064
Heptachlor	95071	2-4-5 T (and its formulations)	95066

5547

MEN03225

1977

FORM I — GENERAL INFORMATION

10 1 2 3

required for each location at which your company does business. If you have sold your business please indicate the new owner's name and address [illegible] form to [illegible]

030019
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

W ONLY

DIST | FA | R | PIP

If any part of this mailing label is incorrect please use the space below to correct it

If you have sold the business to the person listed below please check here ☐

FIRST NAME OR ATTENTION OF

STREET OR BOX NUMBER

CITY STATE ZIP CODE

1. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1977?

A ☒ Yes In the space below briefly describe your business then continue with question 2

Integrated pulp and paper mill, producing corrugated medium of 26# [illegible] process ft. composed of [illegible] fiber and [illegible] corrugated.

B ☐ No Skip questions 2 thru 9 sign the report and see page 12 for mailing instructions

2. Refer to page 5 and copy the appropriate standard industrial classification code in the box below. If none are applicable leave blank

2 6 0 0

3. Did the operation of your business result in the discharge of ANY wastewater (including cooling water or sanitary sewage from toilets, washrooms, etc)?

A ☒ Yes Continue with question 4

B ☐ No Skip questions 4 thru 9, sign the report and see page 12 for mailing instructions

4. Is ALL of your wastewater sanitary sewage? (Note Sanitary sewage includes wastewater from toilets, washrooms, drinking fountains, kitchens, laundries (except dry cleaning wastes) and other sanitary facilities which may produce human waste. Sanitary waste does NOT include cooling water, condenser water, or process wastewater.)

A ☐ Yes Continue with question 5

B ☒ No Skip question 5 Continue with question 6 **You must complete and attach Form II, page 7**

5. If ALL of your wastewater is sanitary sewage does it go to a septic tank or a municipal sanitary sewer?

☐ Yes Septic Tank
☐ Yes Sanitary sewer (Note lagoons are not included in either of these categories)

If you marked either of the above skip questions 6 thru 8 sign the report, and see page 12 for mailing instructions

☐ No Continue with question 6 **You must complete Form II, page 7**

MEN03226

[illegible]

X Yes Continue with question 7 You must complete and attach Form III, page 9.
☐ No Continue with question 7

7 Does the operation of your production process or wastewater treatment facilities (other than septic [illegible]) result in a residual, residue or sludge type waste material that is either stored on site or disposed of?
X Yes Continue with question 8 You must complete and attach Form IV, page 13.
☐ No Continue with question 8

8 Schedule of operation

24 hours/day 7 days/week 47 weeks/year
___ hours/day ___ days/week ___ weeks/year
___ hours/day ___ days/week ___ weeks/year

Phone Number	Number of Employees	Federal Employer Withholding Tax Account Number*
616-692-6141	229	39 046 4680
Name and Title of Person Completing Report (please print)	**Signature**	
Gary E. Reys - Chemist	Gary E. Reys	

*This account number will be available from your personnel or accounting department

SEE PAGE 12 FOR MAILING INSTRUCTIONS

5556

MEN03227 1977

FORM II — WASTEWATER OUTFALL REPORT

20 2 3

Copy Code Number from mailing label here → 1313009

OUTFALL IDENTIFICATION:	First Outfall	Second Outfall
Outfall Number as you Refer to it	001	002
Monthly Operating Report (MOR) Outfall Number		
DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
(1) Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.) KALAMAZOO RIVER (Name of Receiving Water)	(1)	(1)
2 Lagoon or Seepage Pond With No Outlets	2	2
3 Spray Irrigation	3	3
4 Septic Tank — Tile Field	4	4
5 Deep Well Disposal	5	5
6 Surface of Ground	6	6
7 Other (describe)	7	7
8 Municipal Sanitary Sewer (Name of Municipality)	8	8
VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.1114	0.449
Maximum Daily Flow (MGD)	0.3210	0.876
Total Annual Flow (MGY) (Millions of Gallons per Year)	41.15	162.1
Flow is	☒ Measured ☐ Estimated	☒ Measured ☐ Estimated
TYPE OF WASTEWATER		
% Process	000 %	40 %
% Cooling	100 %	60 %
% Sanitary	000 %	00 %
EACH Outfall Must Add to 100%		
Brief Description of Wastewater, Outfall Description and Location	Cooling water outfall, thru 36" Concrete sewer pipe, Located, Lat. 42°27'45" Long. 85°41'46"	Small Aeration Pond Outfall, thru 8" steel pipe. Located, Lat. 42°27'46" Long. 85°41'42"

WRC USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3	DF	DF
	DU CM	DU CM
	DM ISA	DM ISA

FOR ADDITIONAL OUTFALLS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

State Resource Commission 5557

1977

MEN03228

FORM II — WASTEWATER OUTFALL REPORT

Copy Code Number from mailing label here → 0 3 0 0 1 7

	First Outfall	Second Outfall
OUTFALL IDENTIFICATION:		
Number as you Refer to it	0 3 A	0 3 B
Monthly Operating Report (MOR) Outfall Number		
DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.)	(1)	(1)
KALAMAZOO RIVER (Name of Receiving Water)		
Evaporation or Seepage Pond With No Outlets	2	2
Spray Irrigation	3	3
Septic Tank — Tile Field	4	4
Deep Well Disposal	5	5
Injection of Ground	6	6
Other (describe)	7	7
Municipal Sanitary Sewer (Name of Municipality)	8	8
VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.735	5.970
Maximum Daily Flow (MGD)	1.332	7.315
Total Annual Flow (MGY) (Millions of Gallons per Year)	265.3	2155.
Flow is	☒ Measured ☐ Estimated	☒ Measured ☐ Estimated
TYPE OF WASTEWATER		
% Process	100 %	%
% Cooling	%	100 %
% Sanitary	%	%
Total Must Add to 100%		
Description of Wastewater, Outfall Description and Location	Aeration Pond discharge thru 21" steel pipe Located LAT. 42°27'48" Long. 85°41'29"	Power house cooling water, thru 31" steel pipe Located Lat. 42°27'48" Long. 85°41'29"

WRC USE ONLY BELOW

First Outfall | Second Outfall

40 1 2 3

DF | DF

DL | CM | DU | CM

DIF | ISA | DIF | ISA

FOUR OR MORE OUTFALLS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

Page 1 of 1 — 5558 — Page 1

MEN03229

1977

FORM II — WASTEWATER OUTFALL REPORT

20 1 2 3

Copy Code Number from mailing label here → 0130 0119

	First Outfall	Second Outfall
A. OUTFALL IDENTIFICATION:		
Outfall Number as you Refer to it	004	
Monthly Operating Report (MOR) Outfall Number		
B. DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
1 Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.) KALAMAZOO RIVER (Name of Receiving Water)	(1)	1
2 Lagoon or Seepage Pond With No Outlets	2	2
3 Spray Irrigation	3	3
4 Septic Tank — Tile Field	4	4
5 Deep Well Disposal	5	5
6 Surface of Ground	6	6
7 Other (describe)	7	7
8 Municipal Sanitary Sewer (Name of Municipality)	8	8
C. VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.1081	
Maximum Daily Flow (MGD)	0.1357	
Total Annual Flow (MGY) (Millions of Gallons per Year)	29.24	
Flow is	☒ Measured ☐ Estimated	☐ Measured ☐ Estimated
D. TYPE OF WASTEWATER		
% Process	20 %	%
% Cooling	80 %	%
% Sanitary	%	%
EACH Outfall Must Add to 100%		
E. Brief Description of Wastewater, Outfall Description and Location	PUMP COOLING AND CLEAN UP WATER. 31 ft. ON DOWNSTREAM SIDE OF MILL DAM - NORTH BANK	

WRC USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3	40 1 2 3	
D.F.		
D.U. / C.M.		D.U. / C.M.
Diff. / I.S.A.		Diff. / I.S.A.

FOR ADDITIONAL OUTFALLS, MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS.

1977 MEN03230

30 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label → 0 3 0 0 1 9

A Name Critical Material: AMMONIA

Critical Material Parameter Number → 0 2 6 6 4 4 1 7

B Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☒ other (describe) NUTRIENT FOR WASTE TREATMENT SYSTEM.

If you *manufacture* the material in Item A mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

B1: Total lbs/yr produced or used

Circle One
1 = < 11 lbs.
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501 - 1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = 100,000—1 million lbs
8 = > 1 million lbs

C Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D.
- ☒ The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2.

C1: Total lbs./yr discharged in wastewater

Circle One
0 = 0 lbs.
1 = < 11 lbs.
2 = 11—100 lbs.
3 = 101—500 lbs.
4 = 501—1,000 lbs.
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs.

Item C2: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:

03A								

D Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) D1.
- ☐ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13. INFORMATION NOT AVAILABLE

D1: Total lbs/yr contained in residuals

Circle One
0 = 0 lbs.
1 = < 11 lbs
2 = 11—100 lbs.
3 = 101—500 lbs.
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs.
6 = 10,001—100,000 lbs.
7 = > 100,000 lbs.

E

☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

5560

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 0 3 0 0 1 9

Material ZINC

Critical Material Parameter Number → C C A S S 0 2 7

...tion and Usage Report (Complete items below and Item B1)

...material in Item A is *purchased for use* describe the use by marking ...one of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant maintenance etc)
- other (describe) _____

...manufacture the material in Item A mark one or more of the ...following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by product
- other (describe) _____

B1 Total lbs/yr produced or used

Circle One

1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = 100,000—1 million lbs
8 = > 1 million lbs

...ge Report (mark one item below and C1)

None of the material in Item A is discharged in wastewater Circle 0 (zero) in C1 then proceed to Item D

The material was or may have been discharged in wastewater effluent Complete Items C1 and C2.

C1 Total lbs/yr discharged in wastewater

Circle One

0 = 0 lbs
1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs

2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material.

034								

...duals Report (mark one item below and D1)

None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc) Circle 0 (zero) in D1

The material was or may have been contained in a wastewater treatment or Production Process Residual Complete Item D1 and Form IV page 13 INFORMATION NOT AVAILABLE

D1 Total lbs/yr contained in residuals

Circle One

0 = 0 lbs
1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs

...here if you want the information supplied in ITEM B to remain confidential ...provided by Section 6b of Act 293 and Rule 353(4).

...NAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

...Resource Commission

5561

MEN03232

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 0 3 0 0 1 9

A. Name of Critical Material: SODIUM SULFIDE

Critical Material Parameter Number → 0 1 3 1 3 [ ] [ ]

B. Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- [ ] formulated or resold without change
- [ ] used in production process
- [ ] used in non-production activity (pilot plant, maintenance etc.)
- [ ] other (describe) _____

If you *manufacture* the material in Item A mark one or more of the following

- [ ] manufactured for sale
- [ ] produced for use as an intermediate or ingredient in another on-site production process
- [ ] produced as contaminant or by-product
- [ ] other (describe) _____

B1. Total lbs/yr produced or used (Circle One)

1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100 000 lbs
7 = 100 000—1 million lbs
8 = > 1 million lbs

C. Discharge Report (mark one item below and C1)

- [ ] None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D
- [x] The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2.

C1. Total lbs/yr discharged in wastewater (Circle One)

0 = 0 lbs
1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1 000 lbs
5 = 1,001—10 000 lbs
6 = 10 001—100 000 lbs
7 = > 100 000 lbs

Item C2. Indicate the numbers of the outfalls reported on Form II which discharge this critical material:

03A [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

D. Residuals Report (mark one item below and D1)

- [ ] None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) in D1.
- [ ] The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13. Information NOT Available

D1. Total lbs/yr contained in residuals (Circle One)

0 = 0 lbs
1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs.
5 = 1,001—10 000 lbs
6 = 10 001—100 000 lbs
7 = > 100 000 lbs

E. [ ] Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4)

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03233

1977

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 0 5 0 0 1 9

A. Name Critical Material Phenol

Critical Material Parameter Number → 0 0 1 0 8 7 5 2

B. Production and Usage Report (Complete items below and Item B1)
If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item A mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

B1 Total lbs/yr produced or used

Circle One
1 = < 11 lbs.
2 = 11—100 lbs.
3 = 101—500 lbs.
4 = 501—1,000 lbs.
5 = 1,001—10,000 lbs.
6 = 10,001—100,000 lbs
7 = 100,000—1 million lbs.
8 = > 1 million lbs.

C. Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D.
- ☒ The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2.

C1: Total lbs./yr. discharged in wastewater

Circle One
0 = 0 lbs.
1 = < 11 lbs.
2 = 11—100 lbs.
3 = 101—500 lbs
4 = 501—1,000 lbs.
5 = 1,001—10,000 lbs.
6 = 10,001—100,000 lbs.
7 = > 100,000 lbs

Item C2: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:

0 3 A	0 0 2							

D. Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) in D1.
- ☐ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13. INFORMATION NOT AVAILABLE

D1: Total lbs./yr contained in residuals

Circle One
0 = 0 lbs.
1 = < 11 lbs
2 = 11—100 lbs.
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs.
6 = 10,001—100,000 lbs
7 = > 100,000 lbs.

E. ☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

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MEN03234

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 013010119

Name Critical Material: Phosphorus

Critical Material Parameter Number → 012712213 114 01

Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- [ ] formulated or resold without change
- [ ] *used in production process*
- [ ] used in non-production activity (pilot plant, maintenance etc.)
- [X] other (describe) PURCHASED AS FERTILIZER-USE AS NUTRIENT IN WASTE TREATMENT SYSTEM.

If you *manufacture* the material in Item A mark one or more of the following.

- [ ] manufactured for sale
- [ ] produced for use as an intermediate or ingredient in another on-site production process
- [ ] produced as contaminant or by-product
- [ ] other (describe) _____

B1 Total lbs/yr produced or used

Circle One:
1 = < 11 lbs.
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = 100,000—1 million lbs.
8 = > 1 million lbs.

Discharge Report (mark one item below and C1)

- [ ] None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D.
- [X] The material was or may have been discharged in wastewater effluent. Complete items C1 and C2.

C1: Total lbs/yr. discharged in wastewater

Circle One:
0 = 0 lbs.
1 = < 11 lbs.
2 = 11—100 lbs.
3 = 101—500 lbs
4 = 501—1,000 lbs.
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs

C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material:

003A	002							

D. Residuals Report (mark one item below and D1)

- [ ] None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) in D1.
- [ ] The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13.

INFORMATION NOT AVAILABLE

D1: Total lbs/yr contained in residuals

Circle One:
0 = 0 lbs.
1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs

E

- [ ] Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

1977

50 1 2 3

FORM IV

RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

(see instructions on facing page)

Copy Code Number from Mailing Label here — 310019

	Wastewater Treatment Residuals	Production Process Residuals
The physical state of the residue is best described as	1 liquid ☑ 2 heavy sludge ☐ 3 wet solid ☐ 4 dry solid ☐	1 liquid ☑ 2 heavy sludge ☐ 3 wet solid ☐ 4 dry solid ☐
The liquid portion of the residue is primarily	1 water ☑ 2 oil ☐ 3 chemical solvent ☐	1 water ☑ 2 oil ☐ 3 chemical solvent ☐
The residue results from	1 process wastewater ☑ 2 sanitary sewage ☐	1 chemical production ☐ 2 food processing ☐ 3 machining ☐ 4 dust collection ☐ 5 paint booths ☐ 6 water treatment ☐ 7 other (specify) ☑ WOOD PULP PRODUCTION
Estimate the total annual volume or weight of the residue	26,521,000 ☑ gallons ☐ pounds ☐ cu yds	4,600,000 ☑ gallons ☐ pounds ☐ cu yds
Disposal of the material yourself indicate the type of disposal site	1 public landfill ☐ 2 private landfill ☐ 3 own land ☑ 4 shipped out of state ☐ 5 incinerated ☐ 6 other (specify) ☑ PRIVATE LAND	1 public landfill ☐ 2 private landfill ☐ 3 own land ☐ 4 shipped out of state ☐ 5 incinerated ☐ 6 other (specify) ☑
If public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary	R.B. Mott Farm 6972 W. B Ave. Plainwell, Mi.	Allegan County Road Commission Allegan, Mi.
If you have the material removed by commercial waste or refuse hauler(s) give the name(s) and address(es). Attach separate list if necessary		
Indicate how the material is stored before disposal or removal	1. metal drums ☐ 2 fiber drums ☐ 3 above ground tank ☐ 4 underground tank ☐ 5 stockpiled on ground ☐ 6 holding pond/ lagoon ☑ 7 other (specify) ☑ CLARIFIER	1 metal drums ☐ 2 fiber drums ☐ 3 above ground tank ☐ 4 underground tank ☑ 5 stockpiled on ground ☐ 6 holding pond/ lagoon ☑ 7 other (specify) ☐

5565

MEN03236

1978

FORM I — GENERAL INFORMATION

10 1 2 3

A separate report is required for each location at which your company does business. If you have sold your facilities at this address please indicate the new owner's name and address below and return the form to us.

070019
KENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

WHITE ONLY

DIST | FA | SIC | R | P | SAN | SEWER

If any part of this mailing label is incorrect please use the space below the label to correct it.

If you have sold the business to the person listed below please check here ☐

NAME OF COMPANY

LAST NAME OR ATTENTION OF

STREET OR BOX NUMBER

CITY STATE ZIP CODE

1 Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1978?

A ☒ Yes In the space below briefly describe your business then continue with question 2

Integrated paperboard mill producing corrugated medium and 35# per 1000 ft. [illegible] Corrugation

B ☐ No Skip questions 2 thru 8 sign the report and see page 12 for mailing instructions

2 Please refer to page 5 and copy the appropriate standard industrial classification code in the box below (if none are applicable leave blank)

2,6,6,6

3 Did the operation of your business result in the discharge of ANY wastewater (including cooling water and sanitary sewage from toilets washrooms etc.)?

A ☒ Yes Continue with question 4

B ☐ No Skip questions 4 thru 8 sign the report and see page 12 for mailing instructions

4 Is **ALL** of your wastewater sanitary sewage? (Note Sanitary sewage includes wastewater from toilets washrooms drinking fountains, kitchens, laundries (except dry cleaning wastes) and other sanitary facilities which may produce human waste. Sanitary waste does **NOT** include cooling water condenser water, or process wastewater.)

A ☐ Yes Continue with question 5

B ☒ No Skip question 5 Continue with question 6 **You must complete and attach Form II, page 7.**

5 If **ALL** of your wastewater is sanitary sewage does it go to a septic tank or a municipal sanitary sewer?

☐ Yes Septic Tank
☐ Yes Sanitary sewer (Note lagoons are not included in either of these categories)

If you marked either of the above skip questions 6 thru 8 sign the report and see page 12 for mailing instructions

☐ No Continue with question 6 **You must complete Form II, page 7.**

MEN03237

6. Do you use or discharge to the best of your knowledge any of the critical materials listed on pages 14 or 15?
   - [x] Yes Continue with question 7 **You must complete and attach Form IX, page 9.**
   - [ ] No Continue with question 7

7. Does the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual residue or sludge type waste material that contains any critical materials listed on page 14 or 15?
   - [x] Yes Continue with question 8 **You must complete and attach Form IV, page 13.**
   - [ ] No Continue with question 8

8. Schedule of operation

24 hours/day	7 days/week	49 weeks/year
hours/day	days/week	weeks/year
hours/day	days/week	weeks/year

Phone Number	Number of Employees	Federal Employer Withholding Tax Account Number
616-692-6141	230	34 0466 4650
Name of Person Completing Report (please print)	Signature	
Gary E. Hays Process Chemist	Gary E. Hays	

The phone number will be available from your personnel or accounting department

SEE PAGE 12 FOR MAILING INSTRUCTIONS

5567

1978

MEN03238

FORM II — WASTEWATER OUTFALL REPORT

20 1 2 3

Copy Code Number from mailing label here 0 3 0 1 7 9

	First Outfall	Second Outfall
OUTFALL IDENTIFICATION		
Outfall Number as you Refer to it	001	002
Monthly Operating Report (MOR) Outfall Number	0 3 0 1 3 3	0 3 0 1 3 4
DISCHARGE TYPE Water from the Outfall is Discharged to: (Circle One Only for Each Outfall)		
Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.) KALAMAZOO RIVER (Name of Receiving Water)	(1)	(1)
Lagoon or Seepage Pond With No Outlets	2	2
Spray Irrigation	3	3
Septic Tank — Tile Field	4	4
Deep Well Disposal	5	5
Surface of Ground	6	6
Other (Describe)	7	7
Municipal Sanitary Sewer (Name of Municipality)	8	8
VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.0711	0.0401
Maximum Daily Flow (MGD)	0.1321	0.0584
Total Annual Flow (MGY) (Millions of Gallons per Year)	24.421	13.201
Flow is	☒ Measured ☐ Estimated	☒ Measured ☐ Estimated
TYPE OF WASTEWATER		
% Process	000 %	000 %
% Cooling	100 %	099 %
% Sanitary	000	000 %
Each Outfall's Percentage Must Add to 100		
Description of Wastewater Outfall Description and Location	Cooling water outfall through 36" concrete sewer pipe located, Lat. 42° 27' 45" Long. 85° 41' 46"	Small Amount of process outfall through 8" Steel pipe, Located Lat. 42° 27 46 Long. 85° 41 42"

WRC USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3	40 1 2 3	
DF		
DU	CM	DU CM
Diff	ISA	Diff ISA

FOR ADDITIONAL OUTFALLS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

5568

MEN03239

1978

20 1 2 3

FORM II — WASTEWATER OUTFALL REPORT

Copy Code Number from mailing label here → 6 3 0 9 1 7

	First Outfall	Second Outfall
A OUTFALL IDENTIFICATION:		
Outfall Number as you Refer to it	6 0 3	6 0 4
Monthly Operating Report (MOR) Outfall Number	6 3 0 1 2 1	6 3 0 0 5 5
B DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
1 Surface Waters (River Stream Drain Storm Sewer Lake etc.) KALAMAZOO RIVER (Name of Receiving Water)	1	1
2 Lagoon or Seepage Pond With No Outlets	2	2
3 Spray Irrigation	3	3
4 Septic Tank — Tile Field	4	4
5 Deep Well Disposal	5	5
6 Surface of Ground	6	6
7 Other (describe)	7	7
8 Municipal Sanitary Sewer (Name of Municipality)	8	8
C VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.636	0.078
Maximum Daily Flow (MGD)	1.024	0.456
Total Annual Flow (MGY) (Millions of Gallons per Year)	218.8	26.53
Flow is	☒ Measured ☐ Estimated	☒ Measured ☐ Estimated
D TYPE OF WASTEWATER		
% Process	100 %	100 %
% Cooling	000 %	000 %
% Sanitary	000 %	000 %
EACH Outfall's Percentage Must Add to 100%		
F Word Description of Wastewater Outfall Description and Location	Hydraulic Power Discharge through 21" pipe. Located Lat 42°27'48" Long 85°41'26"	Storm sewer flows through 15" pipe. Location Lat 42°27'48" Long 85°41'30"

WRC USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3	40 1 2 3	
DF		
DU / CM	DU / CM	
Diff / ISA	Diff / ISA	

FOR ADDITIONAL OUTFALLS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03240

1976

FORM II — WASTEWATER OUTFALL REPORT

20 1 2 3

Copy Code from mailing label here → 0 3 0 0 7 7

	First Outfall	Second Outfall
A OUTFALL IDENTIFICATION:		
Outfall Number as you Refer to it	003	
Monthly Operating Report (MOR) Outfall Number	36 003	
B DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
1 Surface Waters (River Stream Drain Storm Sewer Lake etc.) KALAMAZOO RIVER (Name of Receiving Water)	1	1
2 Lagoon or Seepage Pond With No Outlets	2	2
3 Spray Irrigation	3	3
4 Septic Tank — Tile Field	4	4
5 Deep Well Disposal	5	5
6 Surface of Ground	6	6
7 Other (describe)	7	7
8 Municipal Sanitary Sewer (Name of Municipality)	8	8
C VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.52	
Maximum Daily Flow (MGD)	0.470	
Total Annual Flow (MGY) (Millions of Gallons per Year)	0.270	
Flow is	☒ Measured ☐ Estimated	☐ Measured ☐ Estimated
D TYPE OF WASTEWATER		
% Process	65 %	%
% Cooling	10 %	%
% Sanitary	0 %	%
(If Outfall's Percentage Must Add to 100%)		
E Brief Description of Wastewater, Outfall Description and Location	Turbine Condenser Cooling Water discharged through 42" Tailpipe Lat 42°37'48" Long 85°41'30"	

WRC USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3		
DF		
DU	CM	DU CM
Diff	ISA	Diff ISA

FOR ADDITIONAL OUTFALLS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03241

1978

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code number from mailing label here → 0 3 0 0 1 1 9

A. Name Critical Material BENZENE

Critical Material Parameter Number → 0 0 0 7 1 1 4 3 3

B Production and Usage Report (Complete items below and Item B1)
If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ other (describe)

If you *manufacture* the material in Item A mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe)

B1 Total lbs/yr produced or used (Circle One)

1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1,001—10 000 lbs
6 10 001—100 000 lbs
7 100 000—1 million lbs
8 > 1 million lbs

C Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D
- ☒ The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2

C1 Total lbs/yr discharged in wastewater (Circle One)

0 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

003 | | | | | | | | |

D Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) in D1
- ☐ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13

D1 Total lbs/yr contained in residual (Circle One)

0 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

Information not available

E

☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4)

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03242

1978

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 4 3 1 0 1 9 0 1 9

Name Critical Material: Cadmium

Critical Material Parameter Number → 0 1 2 7 5 5 0 1 3

Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- [ ] formulated or resold without change
- [ ] used in production process
- [ ] used in non-production activity (pilot plant, maintenance etc.)
- [ ] other (describe)

If you *manufacture* the material in Item A mark one or more of the following

- [ ] manufactured for sale
- [ ] produced for use as an intermediate or ingredient in another on-site production process
- [ ] produced as contaminant or by-product
- [ ] other (describe)

B1: Total lbs/yr produced or used

Circle One
1 = < 11 lbs
2 = 11—100 lbs.
3 = 101—500 lbs.
4 = 501—1,000 lbs.
5 = 1,001—10,000 lbs.
6 = 10,001—100,000 lbs
7 = 100,000—1 million lbs
8 > 1 million lbs

Discharge Report (mark one item below and C1)

- [ ] None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D.
- [x] The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2.

C1: Total lbs/yr. discharged in wastewater

Circle One
0 0 lbs
1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 501—1,000 lbs
5 = 1,001—10,000 lbs
6 10,001—100,000 lbs
7 = > 100,000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material.

6	3							

Residuals Report (mark one item below and D1)

- [ ] None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) in D1.
- [x] The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13.

D1 Total lbs/yr contained in residuals

Circle One
0 = 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1,000 lbs
5 = 1,001—10,000 lbs
6 10,001—100,000 lbs
7 = > 100,000 lbs

Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

1978

MEN03243

30 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 31 [illegible]

Name of Critical Material: Chromium

Critical Material Parameter Number → CLASS 01 3

Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- other (describe)

If you *manufacture* the material in Item A mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe)

B1 Total lbs/yr produced or used (Circle One)

1 = < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 - 501—1 000 lbs
5 - 1 001—10 000 lbs
6 - 10 001—100 000 lbs
7 - 100 000—1 million lbs
8 > 1 million lbs

Discharge Report (mark one item below and C1)

- None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D
- X The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2

C1 Total lbs/yr discharged in wastewater (Circle One)

0 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 - 501—1 000 lbs
5 1 001—10 000 lbs
6 - 10 001—100 000 lbs
7 > 100 000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

003								

Residuals Report (mark one item below and D1)

- None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge residue etc.) Circle 0 (zero) in D1
- X The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13

D1 Total lbs/yr contained in residuals (Circle One)

0 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

E. ☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4)

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03244

1978

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Co. Number from mailing label here → 6 5 6 6 7 8

A Name Critical Material: Copper

Critical Material Parameter Number → 0 6 4 5 5 1 1 7

B Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant maintenance etc.)
- ☒ other (describe) Combustion catalyst in incinerator

If you *manufacture* the material in Item A mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe)

B1 Total lbs/yr produced or used

Circle One

1 - < 11 lbs
2 - 11—100 lbs
3 = 101—500 lbs
4 - 501—1 000 lbs
5 = 1 001—10 000 lbs
6 - 10 001—100 000 lbs
7 = 100 000—1 million lbs
8 - > 1 million lbs

C Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D
- ☒ The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2

C1 Total lbs/yr discharged in wastewater

Circle One

0 0 lbs
1 - < 11 lbs
2 - 11—100 lbs
3 = 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 = > 100 000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

003								

D Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge residue etc.) Circle 0 (zero) in D1
- ☒ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13

D1 Total lbs/yr contained in residual

Circle One

0 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

E

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FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

1978

30 1 2 3

MEN03245

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Cony Code Number from mailing label here → [illegible]

Name of Critical Material: Cresols

Critical Material Parameter Number → 0 4 A 5 5 0 8 5

Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- [ ] formulated or resold without change
- [ ] used in production process
- [ ] used in non-production activity (pilot plant, maintenance etc.)
- [ ] other (describe)

If you *manufacture* the material in Item A mark one or more of the following

- [ ] manufactured for sale
- [ ] produced for use as an intermediate or ingredient in another on-site production process
- [ ] produced as contaminant or by-product
- [ ] other (describe)

B1 Total lbs/yr produced or used

1 - < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 - 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 100 000—1 million lbs
8 > 1 million lbs

Discharge Report (mark one item below and C1)

- [ ] None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D
- [X] The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2

C1 Total lbs/yr discharged in wastewater

0 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 - 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

003								

D Residuals Report (mark one item below and D1)

- [ ] None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge residue etc.) Circle 0 (zero) in D1
- [ ] The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13

D1 Total lbs/yr contained in residuals

0 - 0 lbs
1 - < 11 lbs
2 11—100 lbs
3 - 101—500 lbs
4 - 501—1 000 lbs
5 - 1 001—10 000 lbs
6 10 001—100 000 lbs
7 = > 100 000 lbs

Information not available

E

- [ ] Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4)

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

1978

30 2 3

MEN03246

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label → [ ]

A Name Critical Material: LEAD

Critical Material Parameter Number → 6 4 5 5 [ ] [ ]

B Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- [ ] formulated or resold without change
- [ ] used in production process
- [ ] used in non-production activity (pilot plant, maintenance etc.)
- [ ] other (describe)

If you *manufacture* the material in Item A mark one or more of the following.

- [ ] manufactured for sale
- [ ] produced for use as an intermediate or ingredient in another on-site production process
- [ ] produced as contaminant or by-product
- [ ] other (describe)

B1 Total lbs/yr produced or used

Circle One

1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = 100,000—1 million lbs
8 = > 1 million lbs

C Discharge Report (mark one item below and C1)

- [ ] None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D.
- [X] The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2.

C1 Total lbs./yr discharged in wastewater

Circle One

0 = 0 lbs
1 = < 11 lbs
2 = 11—100 lbs
3 = 101—500 lbs
(4) 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs

Item C2: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

D Residuals Report (mark one item below and D1)

- [ ] None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) in D1.
- [X] The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13.

D1: Total lbs./yr contained in residuals

Circle One

0 = 0 lbs
1 = < 11 lbs
2 = 11—100 lbs
(3) 101—500 lbs
4 = 501—1,000 lbs
5 = 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs

E

[ ] Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03247

1978

30 1 2 3

FORM III -- CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here →

A Name Critical Material: Mercury

Critical Material Parameter Number →

B Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant maintenance etc.)
- ☐ other (describe)

If you *manufacture* the material in Item A mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe)

B1 Total lbs yr produced or used

Circle one

1 < 11 lbs
2 11--100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 100 000—1 million lbs
8 > 1 million lbs

C Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D
- ☒ The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2

C1 Total lbs yr discharged in wastewater

Circle one

0 0 lbs
1 < 11 lbs
2 11--100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

001								

D Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.) Circle 0 (zero) in D1
- ☒ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13

D1 Total lbs yr contained in residuals

Circle one

0 0 lbs
1 < 11 lbs
2 11--100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

E

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FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03248

1978

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → [illegible]

A Name Critical Material *Naphthalene*

Critical Material Parameter Number → [illegible] 2 3

B Production and Usage Report (Complete items below and Item B1)
If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ other (describe)

If you *manufacture* the material in Item A mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe)

B1 Total lbs/yr produced or used
Circle One
1 = < 11 lbs
2 11—100 lbs
3 - 101—500 lbs
4 501—1,000 lbs
5 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = 100,000—1 million lbs
8 = > 1 million lbs

C Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D.
- ☒ The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2.

C1 Total lbs/yr discharged in wastewater
Circle One
0 = 0 lbs
1 < 11 lbs
2 = 11—100 lbs
3 - 101—500 lbs
4 = 501—1,000 lbs
5 1,001—10,000 lbs
6 10,001—100,000 lbs
7 = > 100,000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

D. Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.). Circle 0 (zero) in D1.
- ☐ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV, page 13.

D1 Total lbs/yr contained in residuals
Circle One
0 = 0 lbs
1 < 11 lbs
2 = 11—100 lbs
3 - 101—500 lbs
4 = 501—1,000 lbs
5 1,001—10,000 lbs
6 = 10,001—100,000 lbs
7 = > 100,000 lbs

Information not available

E.
☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03249 1978

30 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 013 0 0 1 5 7

A Name Critical Material: Phenol

Critical Material Parameter Number → 0 0 1 1 9 9 1 9 5 1 2

B Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant maintenance etc)
- ☐ other (describe)

If you *manufacture* the material in Item A mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe)

B1 Total lbs/yr produced or used

Circle one

1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 = 10 001—100 000 lbs
7 100 000—1 million lbs
8 > 1 million lbs

C Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater Circle 0 (zero) in C1 then proceed to Item D
- ☒ The material was or may have been discharged in wastewater effluent Complete Items C1 and C2

C1 Total lbs/yr discharged in wastewater

Circle one

0 = 0 lbs
1 < 11 lbs
2 11—100 lbs
3 101—500 lbs
4 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

Item C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

001 | 002 | 003 | | | | | | |

D Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge residue etc) Circle 0 (zero) in D1
- ☐ The material was or may have been contained in a wastewater treatment or Production Process Residual Complete Item D1 and Form IV page 13

D1 Total lbs/yr contained in residuals

Circle one

0 = 0 lbs
1 = < 11 lbs
2 11—100 lbs
3 = 101—500 lbs
4 = 501—1 000 lbs
5 1 001—10 000 lbs
6 10 001—100 000 lbs
7 > 100 000 lbs

Information not available

E

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FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03250

1978

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here →

A Name Critical Material

Critical Material Parameter Number →

B Production and Usage Report (Complete items below and Item B1)

If the material in Item A is *purchased for use* describe the use by marking one or more of the following

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant maintenance etc.)
- ☒ other (describe)

If you *manufacture* the material in Item A mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe)

B1 Total lbs/yr produced or used

Circle One

1 - < 11 lbs
2 - 11—100 lbs
3 - 101—500 lbs
4 - 501—1 000 lbs
5 - 1,001—10 000 lbs
6 - 10 001—100,000 lbs
7 - 100 000—1 million lbs
8 - > 1 million lbs

C Discharge Report (mark one item below and C1)

- ☐ None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D
- ☒ The material was or may have been discharged in wastewater effluent. Complete Items C1 and C2

C1 Total lbs/yr discharged in wastewater

Circle One

0 - 0 lbs
1 - < 11 lbs
2 - 11—100 lbs
3 - 101—500 lbs
4 - 501—1 000 lbs
5 - 1 001—10 000 lbs
6 - 10 001—100 000 lbs
7 - > 100 000 lbs

C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

003	005							

D Residuals Report (mark one item below and D1)

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.) Circle 0 (zero) in D1
- ☒ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13

D1 Total lbs/yr contained in residual

Circle One

0 - 0 lbs
1 - < 11 lbs
2 - 11—100 lbs
3 - 101—500 lbs
4 - 501—1 000 lbs
5 - 1,001—10 000 lbs
6 - 10 001—100 000 lbs
7 - > 100 000 lbs

E

☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

1978

50 1 2 3

FORM IV

RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

(see instructions on facing page)

Copy Code Number from Mailing Label here → 0 3 0 0 1 9

A. ☒ Production Process Residual ☐ Wastewater Treatment Residual

B. The physical state of the residue is best described as

1 liquid ☒ 3 wet solid ☐
2 heavy sludge ☐ 4 dry solid ☐

C. The liquid portion of the residue is primarily

1 water ☒ 3 chemical solvent ☐
2 oil ☐

D. The residue results from

1 chemical production ☐
2 food processing ☐
3 machining ☐
4 dust collection ☐
5 paint booths ☐
6 water treatment ☐
7 process waste ☐
8 sanitary sewage ☐
9 other (specify) ☒ Dump grates

E. Estimate the total annual volume or weight of the material

1821,000 ☒ gallons ☐ pounds ☐ cu yds

F. If you dispose of the material yourself indicate the type of disposal site

1 public landfill ☐
2 private landfill ☐
3 own land ☐
4 shipped out of state ☐
5 incinerated ☐
6 other (specify) Redistributed

G. If a public or private landfill(s) is used give the name(s) and location(s) Attach separate list if necessary

Allegan County Roads

H. If you have the material removed by commercial waste or refuse hauler(s) give the name(s) and address(es) Attach separate list if necessary

Allegan County Road Commission.

I. Indicate how the material is stored before disposal or removal

1 metal drums ☐
2 fiber drums ☐
3 above ground tank ☒
4 underground tank ☐
5 stockpiled on ground ☐
6 holding pond lagoon ☒
7 other (specify) ☐

J. Parameter number(s) of critical material(s) present in residual (P 14-15)

5581

50 1 2 3

FORM IV

RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

(see instructions on facing page)

Copy Code Name from Mailing Label → 6 3 6 6 1 9

A [ ] Production Process Residual [X] Wastewater Treatment Residual

B. The physical state of the residue is best described as

1 liquid [ ] 3 wet solid [ ]
2 heavy sludge [X] 4 dry solid [ ]

C The liquid portion of the residue is primarily

1 water [X] 3 chemical solvent [ ]
2 oil [ ]

D. The residue results from

1 chemical production [ ] 6 water treatment [X]
2 food processing [ ] 7 process water [ ]
3 machining [ ] 8 sanitary sewage [ ]
4 cutting [ ] 9 other (specify) [ ]
5 plating [ ]

E Estimate the total annual volume or weight of the material

12,000,000 [X] gals [ ] pounds [ ] cu yds

F If you dispose of the material yourself indicate the type of disposal site

1 public landfill [ ] 4 [illegible] [ ]
2 private landfill [ ] 5 incinerator [ ]
3 land [X] 6 other [illegible]

G If a public or private landfill(s) is used give the name(s) and location(s) Attach separate list if necessary

[illegible] Disposal
Sec [illegible] Disposal Service
Allegan County

H If you have the material removed by commercial waste or refuse hauler(s) give the name(s) and address(es). Attach separate list if necessary

I Indicate how the material is stored before disposal or removal

1 metal drums [ ] 5 stacked on ground [ ]
2 fiber drums [ ] 6 holding [illegible] [ ]
3 above ground [illegible] [X] 7 other (specify) [X]
4 underground [illegible] [ ]

other pits

J Parameter number(s) of critical material(s) present in residual. (P 14-15)

5582

Addition to From IV, Section G

Tompkins property
Corner 108th and 26th St.
Allegan County

Fisher property
Corner of 108th and 26th ST.
Allegan County

Wing property
108th Street
Allegan County

MEN03254

1979

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 0 3 0 0 1 1 9

A. Name Critical Material LEAD

Critical Material Parameter Number → C C A S S 1 1 7

B Production and Usage Report — Indicate the amount of the material you named in Item A that you produced or used per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material. ☐

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes. ☐☐☐☐☐☐☐☐

If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item A mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1000 - 10,000 lbs
7 = over 10,000 lbs.

C. Discharge Report — Indicate the amount of the material you named in Item A that you discharged with your wastewater per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material. 4

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes. ☐☐☐☐☐☐☐☐

Mark one item below

- ☐ None of the material in Item A is discharged in wastewater.
- ☒ The material was or may have been discharged in wastewater effluent. Complete Item C2.

Item C2: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:

0 0 2 | 0 0 3 | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐

D. Residuals Report — Indicate the amount of the material you named in Item A that was contained in residuals per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material. 2

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes. ☐☐☐☐☐☐☐☐

Mark one item below

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.).
- ☒ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Form IV page 13.

E Non-Consumptive Use Report - Indicate the amount of the material you named in Item A that was used in non-consumptive applications (i.e. contained in transformers etc.). Enter in the following box the code number that corresponds to that amount of material. ☐

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes. ☐☐☐☐☐☐☐☐

F. ☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03255

1979

30 1 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here → 0 3 0

A Name Critical Material: Zinc

Critical Material Parameter Number → C-A-S-S 0

B Production and Usage Report — Indicate the amount of the material you named in Item A that you produced or used per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material. 3

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes

If the material in item A is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☒ other (describe) WATER TREATMENT

If you *manufacture* the material in Item A mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe)

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1000 - 10,000 lbs
7 = over 10,000 lbs

C. Discharge Report — Indicate the amount of the material you named in Item A that you discharged with your wastewat per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material. 5

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes

Mark one item below

- ☐ None of the material in Item A is discharged in wastewater
- ☒ The material was or may have been discharged in wastewater effluent. Complete Item C2.

Item C2: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:

0 0 3 | 0 0 5

D. Residuals Report — Indicate the amount of the material you named in Item A that was contained in residuals per yea Enter in the following box the code number from Table A1 that corresponds to that amount of material 3

Mark one item below

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.)
- ☒ The material was or may have been contained in a wastewater treatment or Production Process Residual Complete Form IV page 13

E Non-Consumptive Use Report - Indicate the amount of the material you named in Item A that was used in non-consumptive applications (i.e. contained in transformers etc.). Enter in the following box the code number tha corresponds to that amount of material.

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes.

F. ☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of A 293 and Rule 235(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

30 2 3

FORM III — CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Cup Code Number from mailing label here → 0 3 0 6

A. Name Critical Material: COPPER

Critical Material Parameter Number → 0 6 4 5 5

B. Production and Usage Report — Indicate the amount of the material you named in Item A that you produced or used per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material [4]

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes. [ ]

If the material in Item A is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☒ other (describe) COMBUSTION CATALYST AT INCINERATOR

If you *manufacture* the material in Item A mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1000 - 10 000 lbs
7 = over 10 000 lbs

C. Discharge Report — Indicate the amount of the material you named in Item A that you discharged with your wastewater per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material. [3]

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes [ ]

Mark one item below

- ☐ None of the material in Item A is discharged in wastewater
- ☒ The material was or may have been discharged in wastewater effluent. Complete Item C2.

Item C2: Indicate the numbers of the outfalls reported on Form II which discharge this critical material.

0 0 3								

D. Residuals Report — Indicate the amount of the material you named in Item A that was contained in residuals per year. Enter in the following box the code number from Table A1 that corresponds to that amount of material. [3]

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes. [ ]

Mark one item below

- ☐ None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge, residue etc.)
- ☒ The material was or may have been contained in a wastewater treatment or Production Process Residual. Complete Form IV page 13

E. Non-Consumptive Use Report - Indicate the amount of the material you named in Item A that was used in non-consumptive applications (i.e. contained in transformers etc.) Enter in the following box the code number that corresponds to that amount of material. [ ]

If over 10,000 lbs. indicate to the nearest 10,000 in the following boxes [ ]

F. ☐ Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

Addition to Form IV, Section G

Kenneth Crowell
602 26th St.
Allegan, MI

Eldon Fisher
2565 108th Ave
Allegan, MI

LeRoy Tompkins
2637 108th Ave.
Allegan, MI

Bernith Whisler, Jr.
108th Ave.
Allegan, MI

Woodrow Winn
RFD 1
Allegan, MI

MEN03258

FORM IV

50 1 2 3

RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

(see instructions on facing page)

Copy Code Number from Mailing Label here → 6 5 0 0 1 8

COMPLETION OF FORM IV IS REQUIRED ONLY WHEN RESIDUALS AND RESIDUES CONTAIN CRITICAL MATERIALS

A. ☐ Production Process Residual ☒ Wastewater Treatment Residual

B. The physical state of the residue is best described as

B.
1. liquid ☐
2. heavy sludge ☒
3. wet solid ☐
4. dry solid ☐

C. Parameter number(s) of critical material(s) present in residual:

CLASS 01 7		
CLASS 02 7		
CLASS 01 9		

D. The liquid portion of the residue is primarily

D.
1. water ☒
2. oil ☐
3. chemical solvent ☐

E. The residue results from

E.
1. chemical production ☐
2. food processing ☐
3. machining ☐
4. dust collection ☐
5. paint booths ☐
6. water treatment ☒
7. process water ☐
8. sanitary sewage ☐
9. other (specify) ☐

F. Estimate the total annual volume or weight of the residue

F. 1 4 7 9 2 0 0 0
☒ gallons
☐ pounds
☐ cu yds

G. If you dispose of the residue yourself indicate the type of disposal site

G.
1. public landfill ☐
2. private landfill ☐
3. own land ☒
4. shipped out of state ☐
5. incinerated ☐
6. other (specify) LAND Disposal

H. If a public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary

H. Armstrouts Property
Southend of 27th St.
Allegan County

I. If you have the residue removed by commercial waste or refuse hauler(s) give the name(s) and address(es). Attach separate list if necessary.

I.

J. Indicate how the residue is stored before disposal or removal.

J.
1. metal drums ☐
2. fiber drums ☐
3. above ground tank ☒
4. underground tank ☐
5. stockpiled on ground ☐
6. holding pond/lagoon ☐
7. other (specify) ☒ CLARIFIER

5591

MEN03259

1979

FORM II — WASTEWATER OUTFALL REPORT

20 1 2 3

Copy Code Number from mailing label here → 013|0|0|1|9|

	First Outfall	Second Outfall
A. OUTFALL IDENTIFICATION:		
Outfall Number as you Refer to It	0015	
Monthly Operating Report (MOR) Outfall Number	013|0|0|5|3	
B. DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
1 Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.) KALAMAZOO RIVER (Name of Receiving Water)	(1)	1
2. Lagoon or Seepage Pond With No Outlets	2	2
3. Spray Irrigation	3	3
4 Septic Tank — Tile Field	4	4
5 Deep Well Disposal	5	5
6. Surface of Ground	6	6
7. Other (describe)	7	7
8 Municipal Sanitary Sewer (Name of Municipality)	8	8
C. VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	5.3913	
Maximum Daily Flow (MGD)	21.4818	
Total Annual Flow (MGY) (Millions of Gallons per Year)	8018.19	
Flow is	☒ Measured ☐ Estimated	☐ Measured ☐ Estimated
D. TYPE OF WASTEWATER		
% Process	000 %	%
% Cooling	100 %	%
% Sanitary	00.0 %	%
EACH Outfall's Percentage Must Add to 100%		
E. Word Description of Wastewater, Outfall Description and Location	TURBINE Condenser Cooling Water discharge through a 21" Steel pipe Located Lat 42°27'48" Long 85°41'22"	

DNR USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3	D.F.	D.F.
	D.U. C.M.	D.U. C.M.
	Diff. I.S.A.	Diff. I.S.A.

FOR ADDITIONAL OUTFALLS, MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS.

MEN03260

FORM II — WASTEWATER OUTFALL REPORT

20 1 2 3

Copy Code Number from mailing label here → 0 3 0 1 7 1 8

	First Outfall	Second Outfall
A. OUTFALL IDENTIFICATION:		
Outfall Number as you Refer to it	003	004
Monthly Operating Report (MOR) Outfall Number	0 3 0 1 7 1	0 3 0 1 0 5 5
B. DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
1. Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.) KALAMAZOO RIVER (Name of Receiving Water)	(1)	(1)
2. Lagoon or Seepage Pond With No Outlets	2	2
3. Spray Irrigation	3	3
4. Septic Tank — Tile Field	4	4
5. Deep Well Disposal	5	5
6. Surface of Ground	6	6
7. Other (describe)	7	7
8. Municipal Sanitary Sewer (Name of Municipality)	8	8
C. VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.5611	0.0813
Maximum Daily Flow (MGD)	0.8716	0.4556
Total Annual Flow (MGY) (Millions of Gallons per Year)	1921.9	218.555
Flow is	☒ Measured ☐ Estimated	☒ Measured ☐ Estimated
D. TYPE OF WASTEWATER		
% Process	100 %	000 %
% Cooling	000 %	100 %
% Sanitary	000 %	000 %
EACH Outfall's Percentage Must Add to 100%		
E. Word Description of Wastewater, Outfall Description and Location	Aeration Pond Discharge through 21" Steel pipe Located Lat. 42°27'48" Long 85°41'36"	Boiler Blow Down, roof & Drains, seal and floor drain water from Power House Located Lat 42°27'45" Long 85°41'24"

DNR USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3	40 1 2 3	
D.F.		
D.U. / C.M.		
Diff. / I.S.A.		

FOR ADDITIONAL OUTFALLS, MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS.

MEN03261

FORM II — WASTEWATER OUTFALL REPORT

20 1 2 3

Copy Code Number from mailing label here → 0301/19

	First Outfall	Second Outfall
A. OUTFALL IDENTIFICATION:		
Outfall Number as you Refer to It	001	002
Monthly Operating Report (MOR) Outfall Number	0301/318	0301/314
B. DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
1 Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.)	(1)	(1)
KALAMAZOO RIVER (Name of Receiving Water)		
2. Lagoon or Seepage Pond With No Outlets	2	2
3. Spray Irrigation	3	3
4. Septic Tank — Tile Field	4	4
5. Deep Well Disposal	5	5
6. Surface of Ground	6	6
7. Other (describe)	7	7
8. Municipal Sanitary Sewer (Name of Municipality)	8	8
C. VOLUME OF DISCHARGE		
Average Daily Flow (MGD) (Millions of Gallons per Day)	0.0045	0.0314
Maximum Daily Flow (MGD)	0.2556	0.5210
Total Annual Flow (MGY) (Millions of Gallons per Year)	81.6111	1281.6
Flow is	☒ Measured ☐ Estimated	☒ Measured ☐ Estimated
D. TYPE OF WASTEWATER		
% Process	000 %	001 %
% Cooling	100 %	099 %
% Sanitary	000 %	000 %
EACH Outfall's Percentage Must Add to 100%		
E. Word Description of Wastewater, Outfall Description and Location	Cooling water outfall through 36" concrete sewer pipe. Located LAT. 42°27'45" Long 85°41'46"	Small Aeration Pond Outfall thru 8" Steel pipe Located LAT 42°27'46" Long 85°41'42"

DNR USE ONLY BELOW

	First Outfall	Second Outfall
40 1 2 3	40 1 2 3	
D.F.		
D.U. / C.M.		
Diff. / I.S.A.		

FOR ADDITIONAL OUTFALLS, MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS.

MEN03262

1979

FORM I — GENERAL INFORMATION

10 1 2 3

A separate report is required for each location at which your company does business. If you have sold your facilities at the given address please indicate the new owner's name and address below and return the form to us.

Federal Employees Identification No.
39-0464684

DNR ONLY

DIST	FA	R	PIP	SAN	SEWER

If any part of the mailing label is incorrect please use the space below to correct it.

If you have sold the business to the person listed below please check here ☐

NAME OF COMPANY

PLANT NAME OR ATTENTION OF

STREET ADDRESS OR BOX NUMBER

CITY STATE ZIP CODE

If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.

Plant Name

Address

City & State

Zip Code

1. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1979?
   A ☒ Yes. In the space below briefly describe your business then continue with question 2.
   Integrated PULP & PAPER MILL producing corrugated medium of 26# and 33# per 1000 sq ft
   B ☐ No. Skip questions 2 through 9, sign the report and see page 10 for mailing instructions
   Composed of Non-Sulfur Semi Chemical Wood fiber and OCC Corrugated

2. Please refer to page 5 and copy the appropriate standard industrial classification code in the box below (if none are applicable leave blank).

   2600

3. Please refer to the facing page for the appropriate standard county code number. Enter the county code number in the box below that corresponds to the county in which the plant to which this booklet applies is located.

   03

4. Did the operation of your business result in the discharge of ANY wastewater (including cooling water and sanitary sewage from toilets, washrooms, etc.)?
   A. ☒ Yes. Continue with question 5.
   B ☐ No. Skip questions 5 thru 9, sign the report and see page 10 for mailing instructions

030019
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
CTSEGC

MI 49078

Michigan Department of Natural Resources

5595

MEN03263

5. Is ALL of your wastewater sanitary sewage? (Note: Sanitary sewage includes wastewater from toilets, washrooms, drinking fountains, kitchens and other sanitary facilities which may process human waste. Sanitary waste does NOT include cooling water, condenser water, process wastewater, laundry or car wash water.)

A. ☐ Yes. Continue with question 6

B. ☒ No. skip question 6. Continue with question 7. You must complete and attach Form II, page 7.

6. If ALL of your wastewater is sanitary sewage does it go to a septic tank or a municipal sanitary sewer?

☐ Yes. Septic Tank
☐ Yes. Sanitary sewer
(Note: lagoons are not included in either of these categories)

If you marked either of the above skip questions 7 thru 9, sign the report, and see page 10 for mailing instructions

☐ No. Continue with question 7. You must complete Form II, page 7.

7. Do you use or discharge to the best of your knowledge any of the critical materials listed on pages 14 or 15?

☒ Yes. Continue with question 8. You must complete and attach Form III, page 9.
☐ No. Continue with question 8.

8. Does the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, residue or sludge type waste material that contains any critical materials listed on page 14 or 15?

☒ Yes. Continue with question 9. You must complete and attach Form IV, page 13.
☐ No. Continue with question 9.

9. Schedule of operation

24 hours/day	7 days/week	49 weeks/year
_____ hours/day	_____ days/week	_____ weeks/year
_____ hours/day	_____ days/week	_____ weeks/year

Phone Number	Number of Employees
616-692-6141	230
Name and Title of Person Completing Report (please print)	Signature
GARY E. ROYS PROCESS Chemist & Group Leader	Gary E. Roys

*This account number will be available from your personnel or accounting department

SEE PAGE 10 FOR MAILING INSTRUCTIONS

5596

FORM I
GENERAL INFORMATION

MEN03264 1981
10

• SEE INSTRUCTIONS ON PAGE 3
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION			
	Delete	New	Change
Initial	1.	2.	3.

SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS.
For other locations, please copy additional forms from page 5 of instruction booklet.

Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1981?
No Skip questions 3 thru 12, sign the report, and see page 19 for mailing instructions
X Yes In the space below briefly describe your business then continue with question 2.
Integrated pulp and paper mill. Producing corrugated medium of 26# and 33# per 1000 sq. ft. Composed of non-sulfur semi-chemical wood fiber and old corrugated.

Mailing Address:

MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect please update incorrect line(s) only below
If you have sold the business to the person listed below please check here ☐

Name of Company

Plant Location/Attn

Street Address or P.O. Box

City State Zip

If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below

Plant Name

Address

City & State

	1980 MONITORING YEAR		1981 MONITORING YEAR
	The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right		Report data for the 1981 calendar year only if different from 1980 data
3	EPA Identification Number (if available)	*	MID 006012705
4	Federal Employer's Withholding Tax Acc't. Number	390464680	–
5	Standard Industrial Classification Code (see page 4)	2600	
6	County of plant location (see page 2)	03	

COMPLETE REVERSE SIDE OF FORM

DNR USE ONLY

Dist	3	FA	G	R	I	PIP	S. Sewer	030057	Yr. 80

5597

R 4082

MEN03265

FORM II
WASTEWATER OUTFALL REPORT

MENASHA CORP

1981
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial	1		2	3

B. OUTFALL NUMBER AS YOU REFER TO IT → 005

C. MONTHLY OPERATING REPORT NUMBER → 030053

1980 MONITORING YEAR		1981 MONITORING YEAR
Printed information is currently on our files. Use the data as reference during out the form. Enter new or changed data at right.		Report data for the 1981 calendar year. If this outfall was never used during 1981 and is permanently discontinued, check this box → ☐
OUTFALL LOCATION Township Range, and Section Number (if available), give brief description of wastewater, and location at right	*	T ___ R ___ S ___ Turbine condenser cooling water discharge through a 21" steel pipe. Located Lat. 42°27'48", Long. 85°41'20"
DISCHARGE TYPE 1 Surface Waters (river, stream, drain, storm sewer, lake etc., give name of receiving water at right) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank – Tile Field 5 Deep Well Disposal 6 Surface of Ground 7 Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right)	1	1 Kalamazoo River
VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day)	3.7860	6.1819 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	7.0270	
Total Annual Flow (Million Gallons per Year)	1381.8000	2256.4000
TYPE OF WASTEWATER (each outfall must add to 100%) Process		% (Do not enter decimal or fraction)
Noncontact Cooling	100	%
Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

3 2 DU C2 CM N Diff. 7 ISA: Y

RM II – PARAMETER REPORT LEVEL 40
2 38

OK ☐ 1. ☐ 2 ☐ 3 ☐

030019
030053

5598

R 4888-5

MEN03266

FORM II
WASTEWATER OUTFALL REPORT

1981
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION	OK	Delete	New	Change
Initial		1.	2.	3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 004

C. MONTHLY OPERATING REPORT NUMBER → 030055

1980 MONITORING YEAR		1981 MONITORING YEAR
The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.		Report data for the 1981 calendar year. If this outfall was never used during 1981 and is permanently discontinued, check this box → ☐
D. OUTFALL LOCATION: Township, Range, and Section Number (if available); *give word description of wastewater, outfall and location at right*		T- R- S- Boiler blowdown, roof drains, sealand floor drain water from Power house. Located Lat. 42°, 20'' 48', Long 85°41'24''
E. DISCHARGE TYPE: 1. Surface Waters (river, stream, drain, storm sewer, lake, etc.; *give name of receiving water at right*)	1	☐
2. Lagoon or Seepage Pond With No Outlets		
3. Spray Irrigation		
4. Septic Tank – Tile Field		
5. Deep Well Disposal		
6. Surface of Ground		
7. Other (describe at right)		Kalamazoo River
8. Municipal Sanitary Sewer (give name of municipality at right)		
F. VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day)	.0760	0.0710 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	.2340	0.1680
Total Annual Flow (Million Gallons per Year)	27.7000	25.9000
G. TYPE OF WASTEWATER (each outfall must add to 100%) % Process		1 % (Do not enter decimal or fraction)
% Noncontact Cooling	100	99 %
% Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 8 OF INSTRUCTION BOOKLET

— DNR USE ONLY —

D.F.: 302 D.U.: C2 C.M.: N Diff.: 7 I.S.A.: Y

FORM II – PARAMETER REPORT LEVEL 40
1 2 26 38

☐ OK 1.☐ 2.☐ 3.☐

030019
030055

5599

R 4898-5

MEN03267

FORM II
WASTEWATER OUTFALL REPORT

MENASHA CORP

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 0300

DNR USE ONLY – ACTION
Initial OK ☐ Delete 1 ☐ New 2 ☐

B. OUTFALL NUMBER AS YOU REFER TO IT → 01

C. MONTHLY OPERATING REPORT NUMBER → 0301

	1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right	1981 MONITORING YEAR Report data for the 1981 calendar year. outfall was never used during 1981 and is per discontinued check this box → ☐
D	OUTFALL LOCATION. Township, Range, and Section Number (if available); *give word description of wastewater, outfall and location at right* *	T ☐ R ☐ S ☐ Small Aeration pond outfall. Three 8" steel pipe. Located Lat 42°, 07', 46", Long. 85°41'42"
E	DISCHARGE TYPE. 1 Surface Waters (river, stream, drain, storm sewer, lake, etc., *give name of receiving water at right*) 1 2. Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank -- Tile Field 5 Deep Well Disposal 6 Surface of Ground 7 Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right)	☐ Kalamazoo River
F	VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day) .3339 Maximum Daily Flow (Million Gallons per Day) .4683 Total Annual Flow (Million Gallons per Year) 121.5000	0.3910 Meas. Estim. 0.6000 130.5600
G	TYPE OF WASTEWATER (each outfall must add to 100%) % Process 1 % Noncontact Cooling 99 % Sanitary Sewage	% Non-comp. factor %

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

— DNR USE ONLY —

DF 3°2 DU..C2 CM.:N Diff.: 7 ISA.Y

FORM II – PARAMETER REPORT LEVEL 40
14 2 26 27 52 OK ☐ 1 ☐ 2 ☐ 3 ☐ 030013 030134

5600

MEN03268

1981
20

FORM II
WASTEWATER OUTFALL REPORT

NEWASHA C. r

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030015

DNR USE ONLY – ACTION

	OK	Delete	New	Change
Initial		1.	2.	3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 001

C. MONTHLY OPERATING REPORT NUMBER → 30138

1980 MONITORING YEAR	1981 MONITORING YEAR
The printed information is currently on our files. Use the data as reference filling out the form. Enter new or changed data at right.	Report data for the 1981 calendar year. If this outfall was never used during 1981 and is permanently discontinued, check this box → ☐
OUTFALL LOCATION: Township, Range, and Section Number (if available); give word description of wastewater, outfall and location at right	T- R- S Cooling water outfall through 36" Concrete sewer pipe. Located LAT 42°27'45", Long. 85°41'46"
DISCHARGE TYPE: 1. Surface Waters (river, stream, drain, storm sewer, lake, etc., give name of receiving water at right) 1	☐
2. Lagoon or Seepage Pond With No Outlets 3. Spray Irrigation 4. Septic Tank – Tile Field 5. Deep Well Disposal 6. Surface of Ground 7. Other (describe at right) 8. Municipal Sanitary Sewer (give name of municipality at right)	Kalamazoo River
VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day) .0730	.23 5.0 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day) .2850	.57 1.0
Total Annual Flow (Million Gallons per Year) 26.6000	85.8600
TYPE OF WASTEWATER (each outfall must add to 100%) % Process	% (Do not enter decimal or fraction)
% Noncontact Cooling 100	%
% Sanitary Sewage	%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

D.F.: 302 D.U.: C2 CM: N Diff.: 7 I.S.A.: Y

FORM II – PARAMETER REPORT LEVEL 40

OK 1. 2. 3.

030015
030138

5641

R 3999 5

MEN03269

1981
20

FORM II
WASTEWATER OUTFALL REPORT

MENASHA CORP

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION

	Delete	New	Change
Initial	1.	2.	3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 003

C. MONTHLY OPERATING REPORT NUMBER → 030171

1980 MONITORING YEAR	1981 MONITORING YEAR
The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	Report data for the 1981 calendar year. If this outfall was never used during 1981 and is permanently discontinued, check this box → ☐
D OUTFALL LOCATION: Township, Range, and Section Number (if available); *give a brief description of wastewater, outfall and location at right*	T. R. S. Aeration Pond discharge through a 21" Steel pipe. Located Lat. 42° 27' 08", Long 85° 41' 26"
E DISCHARGE TYPE: 1 Surface Waters (river, stream, drain, storm sewer, lake, etc.; *give name of receiving water at right*) 1	☐
2. Lagoon or Seepage Pond With No Outlets	
3. Spray Irrigation	
4. Septic Tank – Tile Field	
5. Deep Well Disposal	
6. Surface of Ground	
7. Other (describe at right)	
8. Municipal Sanitary Sewer (give name of municipality at right)	Kalamazoo River
F VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day) .5620	.4770 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day) .9200	.7600
Total Annual Flow (Million Gallons per Year) 205.2000	174.2020
G TYPE OF WASTEWATER (each outfall must add to 100%) % Process 100	% (Do not enter decimal or fraction)
% Noncontact Cooling	%
% Sanitary Sewage	%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

DF 3°2 D.U.: C2 C.M.: N Diff.: 7 I.S.A.: Y

FORM II – PARAMETER REPORT LEVEL 40
14 2 26 27 50 52

OK 1. 2. 3.

030019
030171

5602

R 4888-5

MEN03270

FORM III
CRITICAL MATERIALS REPORT

MENASHA CORP

19

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 0300

DNR USE ONLY – ACTION

	OK	Delete	New	Chg
Initial	☐	1 ☐	2 ☐	3 ☐

B CRITICAL MATERIAL NAME:

COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS01
(Page 12-13)

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10 000 lbs
7 = over 10 000 lbs

	1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.		1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check the box →
E	Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10 000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs	2	0
F	Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10 000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs	3	5 incidental in compounds
	Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	003	001 002 003 004 005
G	Amount of Item B that was or may have been Contained in Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10 000 Lbs (If > 0 Submit Form IV)	4	4
H	Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b of Act 293 And Rule 235(1)		☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION

5603

R 4853 6

FORM III
CRITICAL MATERIALS REPORT

MENASHA CORP

1981
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION

	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B. CRITICAL MATERIAL NAME:

LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS019
(Page 12-13)

MEN03271

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item 3 mark one or more of the following

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 10,000 lbs.
7 = over 10,000 lbs.

	1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right	1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box → ☐
E. Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	0	0
F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	5	0 Incidental Trace Contaminants ☐
Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	002 003	
G. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs. (If > 0, Submit Form IV)	3	5
H. Check Here If You Want The Information in Item D and E To Remain Confidential As Provided By Section 6b of Act 293 And Rule 235(4).		☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION.

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R 4888

FORM III

CRITICAL MATERIALS REPORT

MENASHA CORP

1981
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1980 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1981. ENTER ONLY
CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION			
	OK	New	Change
Initial	☐	2 ☐	3 ☐

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS027
(Page 12-13)

MEN03272

CRITICAL MATERIAL NAME.

ZINC

If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1980 MONITORING YEAR Printed information is currently on our files. Use the data as reference to fill out the form. Enter new or changed data at right		1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box → ☐
Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs	3	0
Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs	5	5 Incidental Trace Contaminants ☐
"Outfall" Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	001 003 005	001 002 003 004 005
Amount of Item B that was or may have been Contained in Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs. (If > 0, Submit Form IV)	4	5
Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b of Act 293 And Rule 235(4).		☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION

5605

R 4888-6

MEN03273

MENASHA CORP

FORM IV
RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

1981
50

SEE INSTRUCTIONS ON PAGE 16
DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

COMPLETION OF FORM IV IS REQUIRED ONLY WHEN RESIDUALS AND RESIDUES CONTAIN CRITICAL MATERIALS

A. FACILITY NUMBER → 030019

DNR USE	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B. Production Process Residual (P) or Wastewater Treatment Residual (W) or Combination (C): W

C. PHYSICAL STATE
1=liquid 2=heavy sludge 3=wet solid 4=dry solid: 2

	1980 MONITORING YEAR	1981 MONITORING YEAR
	This listed information is currently on our files. Use the data as reference to fill out the form. Enter new or changed data at right.	Report data for the 1981 calendar year. If this residual contained no Critical Materials during 1981, check this box → ☐
D Parameter number(s) of critical material present in residual (Form IV must be accompanied by Form III for each Critical Material listed in the residual)	CLASS027 CLASS019 CLASS017	CLASS027 CLASS018 CLASS017 CLASS015 CLASS019 00117817 CLASS011 CLASS012 CLASS022
E The Liquid Portion is Primarily 1) water 2) oil 3) chemical solvent	1	☐ (enter no more than one choice per form)
F The Residue Results From 1 Chemical Production 2 Food Processing 3 Machining 4 Dust Collection 5 Paint Booths 6 Water Treatment 7 Process Water 8 Sanitary Sewage 9 Other (describe at right)	6	☐ ☐ ☐ (enter no more than three choices per form)
G Estimated Total Residual Annual Volume or Weight	1533000 G	14798000 ☒ Gallons ☐ Pounds ☐ Cu. Yd
H Storage Before Disposal or Removal 1 Metal Drums 2 Fiber Drums 3 Above Ground Tank 4 Underground Tank 5 Stock piled on Ground 6 Holding Pond/Lagoon 7 Other (specify at right)	3 6	☐ ☐ ☐ (enter no more than three choices per form)
I If You Dispose of the Residue Yourself, Type of Disposal Site 1 Public Landfill 2 Private Landfill 3 Own Land 4 Shipped Out of State 5 Incinerated 6 Other (specify at right)	3 7 6	☐ ☐ ☐ (enter no more than three choices per form)

COMPLETE REVERSE SIDE OF FORM 5606

R 4888-7

FORM III
CRITICAL MATERIALS REPORT

MEN03274 1981
30

A. FACILITY NUMBER → 0 3 0 0 1 9

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial	☐	1. ☐	2. ☐	3. ☐

B. CRITICAL MATERIAL NAME:

ARSENIC

C. CRITICAL MATERIAL PARAMETER NUMBER → C A S 0 1 1
(Page 12-13)

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box → ☐
E. Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	0
F. Amount of Item B that was or may have been Discharged In Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	3 Incidental Trace Contaminants ☐
Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	002 003 004
G. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs. (If > 0, Submit Form IV)	3
H. Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 5b of Act 293 And Rule 235(4).	☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION.

5607

MEN03275

FORM III
CRITICAL MATERIALS REPORT

1981
30

A. FACILITY NUMBER → 0 3 0 0 1 9

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B. CRITICAL MATERIAL NAME:

Beryllium

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → C L A S S 0 1 2

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

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6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box → ☐
E. Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	0
F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	2 Incidental Trace Contaminants ☐
Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	001 002 003 004
G. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs. (If > 0, Submit Form IV)	2
H. Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b of Act 293 And Rule 235(4).	☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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5608

MEN03276

FORM III
CRITICAL MATERIALS REPORT

1981
30

A. FACILITY NUMBER → 0 3 0 0 1 9

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B. CRITICAL MATERIAL NAME: Nickel

C. CRITICAL MATERIAL PARAMETER NUMBER → 9 L A S S 0 2 2
(Page 12,13)

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

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4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box → ☐
E. Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	0
F. Amount of Item B that was or may have been Discharged In Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	4 Incidental Trace Contaminants ☐
Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	003
G. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs. (If > 0, Submit Form IV)	3
H. Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b of Act 293 And Rule 235(4).	☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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5609

MEN03277

FORM III
CRITICAL MATERIALS REPORT

1981
30

A. FACILITY NUMBER → 0 3 0 0 1 9

DNR USE OF ACTION				
	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	☐

B. CRITICAL MATERIAL NAME: CYANIDES

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A 3 5 0 1 8 (Page 12-13)

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs.
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4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

	1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box → ☐
E	Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	0
F	Amount of Item B that was or may have been Discharged In Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	3 Incidental-Trace Contaminants ☐ ~~00~~
	Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	003 004
G	Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs. (If > 0, Submit Form IV)	3
H.	Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b of Act 293 And Rule 235(4).	☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
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*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION.

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MEN03278

FORM III
CRITICAL MATERIALS REPORT

1981
30

A. FACILITY NUMBER → 0 3 0 0 1 9

DNR USE ONLY		ACTION		
	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B CRITICAL MATERIAL NAME:
Bis(2-ethylhexyl) Phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → 0 0 1 1 7 2 1 7

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

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1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1980 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1981 MONITORING YEAR Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box → ☐
E. Amount of Item B Used or Manufactured Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	0
F. Amount of Item B that was or may have been Discharged In Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	4 Incidental Trace Contaminants ☐
Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	002 003 004
G. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs. (If > 0, Submit Form IV)	4
H. Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b of Act 293 And Rule 235(4).	☐

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION.

5611

MEN03279

FORM I
GENERAL INFORMATION

1982
10

FACILITY NUMBER → 030019

DNR USE ONLY ACTION

	Delete	New	Change
	1	2	3

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS
For other locations please copy additional forms from page 5 of instruction booklet

1 Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1982?
No Skip questions 3 thru 12 sign the report and see page 9 for filing instructions
X Yes In the space below briefly describe your business then continue with question 2

Integrated pulp and paper mill, producing corrugated medium of 26#@33# per 1000 sq ft. Composed of Non-Sulfur Semi Chemical wood fiber and old Corrugated.

2 Mailing Address

MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If the plant location is different than the location of the company to which this form is mailed indicate the address of the plant location below

Name

Any part of the mailing address is incorrect please correct here only if you have sold the business to the person listed below please check here ☐

Name of Company

Street Address or P.O. Box

City State Zip

1981 MONITORING YEAR	1982 MONITORING YEAR
The printed information is currently on our files. Use the data as reference when filling out the form. Enter new or changed data at right	If the 1982 calendar year is not the 1981 data

3	EPA Identification Number if available	MIC006012405
4	Federal Employer's Withholding Tax Acct Number	370464680
5	Standard Industrial Classification Code (see page 4)	2600
	County of plant location (see page 2)	03

COMPLETE REVERSE SIDE OF FORM

DNR USE ONLY

Dist 3 FAG R I PP S Sewer 030057 R1

5612

X

X

X

X

24 7 49

616-692-2141

GARY E. ROYS
Process Chemist & Group Leader

John R Blankenship
Technical Manager

Gary E. Roys 12/10/82

John R Blankenship 15 Dec 82

FORM I:
WASTEWATER OUTFALL REPORT

MENASHA CORP

1982
20

A. FACILITY NUMBER → 130019

DNR USE ONLY — ACTION

	Delete 1	New 2	Change 3
OUTFALL NUMBER AS YOU REFER TO IT →			001
MONTHLY OPERATING REPORT NUMBER →			130138

1981 MONITORING YEAR

1982 MONITORING YEAR

[illegible] information [illegible] current on our files [illegible] the data [illegible] at the form [illegible] new or changed data at right [illegible] data for 1982 [illegible] different from 1981 calendar [illegible] was never used during 1982 and [illegible] discontinued [illegible] check this box →

OUTFALL LOCATION

[illegible] Range and Section

[illegible] available [illegible]

[illegible] water

[illegible]

Cooling water outfall through 36" concrete sewer pipe located LAT 42° 27' 45", Long 85° 41' 45"

DISCHARGE TYPE

1 Surface Waters [illegible]

[illegible]

2 [illegible] or Separate Point W[illegible] Other

3 [illegible] Irrigation

4 Septic Tank [illegible] Field

5 Deep Well Disposal

6 Surface [illegible]

7 Other [illegible]

8 Municipal Sanitary Sewer [illegible]

MEN03281

KALAMAZOO RIVER

VOLUME OF DISCHARGE

			Measured X Estimated
Average Daily Flow	.255	.4590	
Million Gallons per Day			
Maximum Daily Flow	.571	.8080	
Million Gallons per Day			
Total Annual Flow	[illegible]	167.5430	
Million Gallons per Year			

TYPE OF WASTEWATER [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

DNR USE ONLY

[illegible] CM

FORM I PARAMETER REPORT LEVEL 40

130019
130138

5614

FORM II
WASTEWATER OUTFALL REPORT

1982
20

A FACILITY NUMBER → 030019

DNR USE ONLY - ACTION

	Delete	New	Change
Initial	1	2	3

B OUTFALL NUMBER AS YOU REFER TO IT → 002

C MONTHLY OPERATING REPORT NUMBER → 03,134

1981 MONITORING YEAR	1982 MONITORING YEAR
The printed information is currently on our files. Use the data as reference filling out the form. Enter new or changed data at right	Report data for 1982 if different from 1981 calendar year. If this outfall was never used during 1982 and is permanently discontinued check this box → ☐
OUTFALL LOCATION Township, Range, and Section Number (if available), give a brief description of wastewater and location at right	Small Aeration Pond outfall. Through 8" Steel pipe. Located LAT 42° 37' 46", LONG 85° 41' 42"
DISCHARGE TYPE 1 Surface Waters (river, stream, drain, storm sewer, lake, etc., give name of receiving water at right) 1 2 Infiltration or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank Tile Field 5 Deep Well Disposal 6 Surface of Ground 7 Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right)	MEN03282 Kalamazoo River
VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day) .391	.4050 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day) .608	.6080
Total Annual Flow (Million Gallons per Year) 130.5	147.7390
TYPE OF WASTEWATER (each outfall must add to 100%) Process 1	% (Do not enter decimal or fraction)
Non-Contact Cooling 99	%
Sanitary Sewage	%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 3 OF INSTRUCTION BOOKLET

DNR USE ONLY

DF 3 2 DU C2 CM 1 Diff 7 ISA Y

FORM II - PARAMETER REPORT LEVEL 40
14 25 27 52

CK 1 2 3

030019
030134

PR 4888-5

5615

MEN03283

FORM II
WASTEWATER OUTFALL REPORT

1982
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1981 COMPUTER PRINTED INFORMATION IF CORRECT
FOR TOP PAGE ONLY
USE SECTION C FOR ADDITIONAL

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION	OK	Delete	New	Change
Initial	1		2	3

B. OUTFALL NUMBER AS YOU REFER TO IT → 002

C. MONTHLY OPERATING REPORT NUMBER → 030134

1981 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right		1982 MONITORING YEAR Report data for 1982 if different from 1981 calendar year. If this outfall was never used during 1982 and is permanently discontinued, check this box → ☐
D OUTFALL LOCATION Township, Range, and Section Number (if available), give word description of wastewater outfall and location at right	C0v01 20C	Small Aeration Pond outfall. Through 8" Steel pipe. Located LAT 42° 37' 45", LONG 85° 41' 42"
E DISCHARGE TYPE 1 Surface Waters (river, stream, drain, storm sewer, lake, etc., give name of receiving water at right) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank – Tile Field 5 Deep Well Disposal 6 Surface of Ground 7 Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right)	1	KALAMAZOO RIVER
F VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day)	.391	.4050 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	.000	.6080
Total Annual Flow (Million Gallons per Year)	130.500	147.7390
G TYPE OF WASTEWATER (each outfall must add to 100%) Process	1	% (Do not enter decimal or fraction)
Noncontact Cooling	99	%
Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

DF 3.2 DU: 02 C.M. Diff: 7 I.S.A. Y

FORM II – PARAMETER REPORT LEVEL 40
14 2 20 27 52

OK 1 2 3

030019
030134

5616

PR 4688-5

FORM II
WASTEWATER OUTFALL REPORT

MENASHA CORP

1982
20

PLEASE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1981 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION	OK	Note	New	Change
Initial	1		2	3

B OUTFALL NUMBER AS YOU REFER TO IT → 003

C MONTHLY OPERATING REPORT NUMBER → 030171

1981 MONITORING YEAR		1982 MONITORING YEAR
printed information is currently on our files. Use the data as reference ing out the form Enter new or changed data at right		Report data for 1982 if different from 1981 calendar year. If this outfall was never used during 1982 and is permanently discontinued check this box → ☐
OUTFALL LOCATION Township Range, and Section Number (if available), give written description of wastewater outfall and location at right	00000000	T ___ R ___ S ___ Aeration Pond Discharge. Through a 21" Steel pipe, Located LAT 42°27'48", LON 85°41'36"
DISCHARGE TYPE 1 Surface Waters (river, stream, drain, storm sewer, lake etc., give name of receiving water at right) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank - Tile Field 5 Deep Well Disposal 6 Surface of Ground 7 Other (describe at right) Municipal Sanitary Sewer (give name of municipality at right)	1	KALAMAZOO RIVER
VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day)	.4770	.557 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	.7600	1.1080
Total Annual Flow (Million Gallons per Year)	174.2000	203.3920
TYPE OF WASTEWATER (each outfall must add to 100%) Process	100	% (Do not enter decimal or fraction)
Noncontact Cooling		%
Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

302 DU C2 CM N Diff 7 ISA Y

FORM II - PARAMETER REPORT LEVEL 40
4 2 26 27 50 52

OK 1 2 3

030019
030171

5617

PR 4339-9

MEN03285

FORM II
WASTEWATER OUTFALL REPORT

MENASHA CORP

1982
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE TEST COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY
CORRECTIONS OR ADDITIONS

A FACILITY NUMBER → 030019

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial		1.	2.	3.

B OUTFALL NUMBER AS YOU REFER TO IT → 005

C MONTHLY OPERATING REPORT NUMBER → 030053

1981 MONITORING YEAR		1982 MONITORING YEAR
Printed information is currently on our files. Use the data as reference ... the form. Enter new or changed data at right.		Report data for 1982 if different from 1981 calendar year. If this outfall was never used during 1982 and is permanently discontinued, check this box → ☐
OUTFALL LOCATION		
Township Range and Section Number (if available), give a brief description of wastewater outfall location at right	00000000	Turbine condenser cooling water. Through a 21" Steel pipe. Located LAT 42° 27' 48", LONG 85° 41' 22"
DISCHARGE TYPE		
1 Surface Waters (river, stream, drain, storm sewer, lake, etc. give name of receiving water at right)	1	
2 Lagoon or Seepage Pond With No Outlets		
3 Spray Irrigation		
4 Septic Tank - Tile Field		
5 Deep Well Disposal		
6 Surface of Ground		
7 Other (describe at right)		KALAMAZOO RIVER
8 Municipal Sanitary Sewer (give name of municipality at right)		
VOLUME OF DISCHARGE		
Average Daily Flow (Million Gallons per Day)	0.1819	6.5450 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	7.0271	7.3440
Total Annual Flow (Million Gallons per Year)	2250.4000	238.8010
TYPE OF WASTEWATER (each outfall must add to 100%)		
Process		% (Do not enter decimal or fraction)
Non-Contact Cooling	100	100 %
Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

302 DU C2 CM 4 Drff 7 ISA Y

FORM II – PARAMETER REPORT LEVEL 40
1 2 38

OK 1 2 3

030019
030053

5618

PR 4868-5

FORM III

MENASHA CORP

CRITICAL MATERIALS REPORT

1982
30

MEN03286

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1981 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION				
	OK	Delete	New	Change
Initial		1	2	3

B CRITICAL MATERIAL NAME

COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS017
(Page 12-13)

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe)

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe)

TABLE A1

0 - 0 lbs
1 - less than 1 lb
2 - 1 - 10 lbs
3 - 11 - 100 lbs
4 - 101 - 500 lbs
5 - 501 - 1000 lbs
6 - 1001 - 10,000 lbs
7 - over 10,000 lbs

	1981 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1982 MONITORING YEAR Report data for the 1982 calendar year. If this critical material was never used or discharged during 1982 and is permanently discontinued, check this box → ☐
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs	Incidental trace contaminants ☐
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs/yr indicate amount to nearest 10,000 lbs Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall (See Table A1 for code number)	5 001 002 003 004 005	Amount 3 3 4 3 4 Outfall 001 002 003 004 005
G	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs (If > 0, submit Form IV)	4	4
H	Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)	

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
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*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL. PLEASE RE-ENTER THIS INFORMATION

5619

PR 4888 6

MEN03287

FORM III
CRITICAL MATERIALS REPORT

MENASHA CORP

1982
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1981 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY CORRECTIONS OR ADDITIONS

A FACILITY NUMBER → 030019

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial	___	1 ___	2 ___	3 ___

B CRITICAL MATERIAL NAME

COPPER

C CRITICAL MATERIAL PARAMETER NUMBER → CLA88017
(Page 12-13)

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- ___ formulated or resold without change
- ___ used in production process
- ___ used in non-production activity (pilot plant, maintenance etc.)
- ___ non-consumptive use (i.e. PCB's contained in transformers capacitors etc
- ___ other (describe) ___

If you *manufacture* the material in Item B mark one or more of the following

- ___ manufactured for sale
- ___ produced for use as an intermediate or ingredient in another on-site production process
- ___ produced as contaminant or by-product
- ___ other (describe) ___

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 100 lbs
4 = 101 500 lbs
5 = 501 1000 lbs
6 = 1001 10 000 lbs
7 = over 10 000 lbs

	1981 MONITORING YEAR	1982 MONITORING YEAR
	The printed information is currently on our files Use the data as reference in filling out the form Enter new or changed data at right	Report data for the 1982 calendar year If this critical material was never used or discharged during 1982 and is permanently discontinued check this box → ☐
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr, indicate amount to nearest 10 000 lbs	7 — Incidental trace contaminants ___
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10 000 lbs yr indicate amount to nearest 10 000 lbs	5 —
	Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall (See Table A1 for code number)	001 002 003 004 005 — Amount 3 3 4 7 4 — Outfall 001 002 003 004 005
G	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number If over 10 000 lbs/yr indicate amount to nearest 10,000 lbs (If > 0 submit Form IV)	4 — 4
H	Check here if you want the information in Item D and E to remain confidential as provided by Section 65 of Act 293 and Rule 235(4)	

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12 10 VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
FOR REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

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RR 4833 6

MENASHA CORP

FORM III
CRITICAL MATERIALS REPORT

1982
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1981 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION

	OK	Delete	New	Change
Initial		1	2	3

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS019
(Page 12-13)

B CRITICAL MATERIAL NAME

LEAD

MEN03288

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- [ ] formulated or resold without change
- [ ] used in production process
- [ ] used in non-production activity (pilot plant, maintenance etc.)
- [ ] non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- [ ] other (describe)

If you *manufacture* the material in Item B mark one or more of the following

- [ ] manufactured for sale
- [ ] produced for use as an intermediate or ingredient in another on-site production process
- [ ] produced as contaminant or by-product
- [ ] other (describe)

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 100 lbs
4 = 101 500 lbs
5 = 501 1000 lbs
6 = 1001 10 000 lbs
7 = over 10 000 lbs

	1981 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right		1982 MONITORING YEAR Report data for the 1982 calendar year. If this critical material was never used or discharged during 1982 and is permanently discontinued, check this box → [ ]
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr indicate amount to nearest 10,000 lbs	0	Incidental trace contaminants [ ]
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10 000 lbs/yr indicate amount to nearest 10 000 lbs	0	—
	Outfall numbers on Form II which discharge this critical material		
	Amount of Item B discharged out each outfall (See Table A1 for code number)	002 003	Amount 0 0 Outfall 002 003
G	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10 000 lbs/yr, indicate amount to nearest 10 000 lbs (If > 0, submit Form IV)	5	5
H	Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)		

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
FOR REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL. PLEASE RE ENTER THIS INFORMATION.

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PR 4888 6

MEN03289

MENASHA CORP

FORM III
CRITICAL MATERIALS REPORT

1982
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1981 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION			
	C	Delete	New	Change
Initial		1	2	3

B CRITICAL MATERIAL NAME

NICKEL

C CRITICAL MATERIAL PARAMETER NUMBER → CLA33022
(Page 12-13)

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe)

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on site production process
- produced as contaminant or by-product
- other (describe)

TABLE A1

0	0 lbs.
1	less than 1 lb
2	1 10 lbs.
3	11 100 lbs
4	101 500 lbs
5	501 1000 lbs
6	1001 10 000 lbs
7	over 10 000 lbs

1981 MONITORING YEAR		1982 MONITORING YEAR
The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right		Report data for the 1982 calendar year. If this critical material was never used or discharged during 1982 and is permanently discontinued check this box → ☐
E Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10 000 lbs/yr, indicate amount to nearest 10,000 lbs	0	Incidental trace contaminants ☐
F Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs/yr indicate amount to nearest 10 000 lbs Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall See Table A1 for code number)	4 003	Amount 4 Outfall 003
G Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs If > 0, submit Form IV)	3	
H Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)		

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL PLEASE RE ENTER THIS INFORMATION

5622

PR 4888-6

MEN03290

FORM III MENASHA CORP

CRITICAL MATERIALS REPORT

1982
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1981 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY
CHANGES AND ADDITIONS

A FACILITY NUMBER → 030019

DNR USE ONLY – ACTION			
	Delete	New	Change
Initial	1	2	3

B CRITICAL MATERIAL NAME

ARSENIC

C CRITICAL MATERIAL PARAMETER NUMBER → CLASS011
(Page 12-13)

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following
- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe)

If you *manufacture* the material in Item B mark one or more of the following
- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe)

TABLE A1

0	0 lbs
1	less than 1 lb
2	1 - 10 lbs
3	11 - 100 lbs
4	101 - 500 lbs
5	501 - 1000 lbs
6	1001 - 10 000 lbs
7	over 10 000 lbs

	1981 MONITORING YEAR	1982 MONITORING YEAR
	Printed information is currently on our files. Use the data as reference filling out the form. Enter new or changed data at right	Report data for the 1982 calendar year. If this critical material was never used or discharged during 1982 and is permanently discontinued check this box → ☐
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs	0 — Incidental trace contaminants ☐
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs/yr indicate amount to nearest 10,000 lbs	3
	Outfall numbers on Form II which discharge this critical material	
G	Amount of Item B discharged out each outfall (See Table A1 for code number)	002 003 004 — Amount 2 4 2 — Outfall 002 003 004
H	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr, indicate amount to nearest 10,000 lbs (If > 0, submit Form IV)	3
I	Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)	

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
FOR REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

***AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL. PLEASE RE-ENTER THIS INFORMATION**

PR 4888 6

5623

FORM III MENASHA CORP

CRITICAL MATERIALS REPORT

1982
30

SEE INSTRUCTIONS ON PAGE 1
DO NOT DUPLICATE 1981 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY
CORRECTIONS OR ADDITIONS

A FACILITY NUMBER → 030019

DNR USE ONLY - ACTION	OK	Delete	New	Change
Initial			2☐	3☐

B CRITICAL MATERIAL NAME

CYANIDES

C CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → CLASS018

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- __ formulated or resold without change
- __ used in production process
- __ used in non-production activity (pilot plant, maintenance etc)
- __ non-consumptive use (i e PCB's contained in transformers, capacitors etc)
- __ other (describe) ______

If you *manufacture* the material in Item B mark one or more of the following

- __ manufactured for sale
- produced for use as an intermediate or ingredient in another on site production process
- __ produced as contaminant or by-product
- other (describe) ______

TABLE A1

0	0 lbs
1	less than 1 lb
2	1 - 10 lbs
3	11 - 100 lbs
4	101 - 500 lbs.
5	501 - 1000 lbs
6	1001 - 10 000 lbs
7	over 10,000 lbs

1981 MONITORING YEAR		1982 MONITORING YEAR
The printed information is currently on our files Use the data as reference filling out the form Enter new or changed data at right		Report data for the 1982 calendar year If this critical material was never used or discharged during 1982 and is permanently discontinued check this box → ☐
Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10 000 lbs yr indicate amount to nearest 10 000 lbs	0	Incidental trace __ contaminants __
Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10 000 lbs yr indicate amount to nearest 10 000 lbs	3	
Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall (See Table A1 for code number)	003 004	Amount 4 2 Outfall 003 004
G Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs If > 0, submit Form IV)	3	
H Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)		

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
IF REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

***AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL. PLEASE RE-ENTER THIS INFORMATION**

PR 4988-6

5624

MEN03292

MENAS A CORP

FORM III
CRITICAL MATERIALS REPORT

SEE INSTRUCTIONS ON PAGE
DO NOT DUPLICATE 1981 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 03

DNR USE ONLY - ACTION	OK	Delete	New
Initial		1	2

B. CRITICAL MATERIAL NAME:

BERYLLIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → CLAS
(Page 12-13)

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0	0 lbs
1	less than 1 lb
2	1 - 10 lbs
3	11 - 100 lbs
4	101 - 500 lbs
5	501 - 1000 lbs
6	1001 - 10,000 lbs
7	over 10,000 lbs

	1981 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right		1982 MONITORING YEAR Report data for the 1982 calendar year. If the material was never used or discharged during and is permanently discontinued, check this box ☐
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs.	0	incidental contaminant
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs	2	
	Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. (See Table A1 for code number)	001 002 003 004	Amount 2 2 2 1 Outfall 001 002 003 004
G	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs (If > 0, submit Form IV)	2	1
H	Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)		

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS FOR REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BO

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL. PLEASE RE ENTER THIS INFORMATION.

5625

MEN03293

MENASHA CORP

FORM III
CRITICAL MATERIALS REPORT

1982
30

SEE INSTRUCTIONS ON PAGE 1
DO NOT DUPLICATE 1981 COMPUTER
PRINT ED INFORMATION IF CORRECT
FOR 1982 ENTER ONLY
CORRECTIONS AND ADDITIONS

A FACILITY NUMBER → 030619

DNR USE ONLY - ACTION

	Delete	New	Change
Initial	1	2	3

B CRITICAL MATERIAL NAME

BIS (2-ETHYLHEXYL 1) PHTHALATE

C CRITICAL MATERIAL PARAMETER NUMBER → 00117817
(Page 12-13)

D If the material in item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non consumptive use (i.e. PCB's contained in transformers, capacitors etc.)
- other (describe)

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe)

TABLE A1

0	0 lbs
1	less than 1 lb
2	1 - 10 lbs
3	11 - 100 lbs
4	101 - 500 lbs
5	501 - 1000 lbs
6	1001 - 10 000 lbs
7	over 10 000 lbs

	1981 MONITORING YEAR		1982 MONITORING YEAR
	Printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right		Report data for the 1982 calendar year. If this critical material was never used or discharged during 1982 and is permanently discontinued check this box → ☐
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10 000 lbs/yr indicate amount to nearest 10 000 lbs	0	Incidental trace contaminants ☐
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10 000 lbs/yr indicate amount to nearest 10 000 lbs Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall (See Table A1 for code number)	4 002 003 004	Amount 3 4 2 Outfall 002 003 004
G	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10 000 lbs/yr indicate amount to nearest 10,000 lbs (If > 0 submit Form IV)	4	3
H	Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)		

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
FOR REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL. PLEASE RE-ENTER THIS INFORMATION.

PR 4888 6

5626

MEN03294

FORM IV

RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

1982
50

SEE INSTRUCTIONS ON PAGE 1-3
DO NOT DUPLICATE 1981 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1982. ENTER ONLY CORRECTIONS OR ADDITIONS

COMPLETION OF FORM IV IS REQUIRED ONLY WHEN RESIDUALS AND RESIDUES CONTAIN CRITICAL MATERIALS

A. FACILITY NUMBER → C30C19

DNR USE ONLY - ACTION			
	CK	New	Change
Initial	1	2	3

B. Production Process Residual (P) or Wastewater Treatment Residual (W) or Combination (C): W

C. PHYSICAL STATE
1=liquid 2=heavy sludge 3=wet solid 4=dry solid: 2

	1981 MONITORING YEAR		1982 MONITORING YEAR
	The printed information is currently on our files. Use the data as reference when filling out the form. Enter new or changed data at right		Report data for the 1982 calendar year. If this residual contained no Critical Materials during 1982, check this box → ☐
D. Parameter number(s) of critical material present in residual (Form IV must be accompanied by Form III for each Critical Material listed in the residual)	CLASS027 CLASS017 CLASS019 CLASS011 CLASS012 CLASS022 CLASS018 CLASS015 00117817		
E. The Liquid Portion is Primarily 1) water 2) oil 3) chemical solvent	1		(enter no more than one choice per form)
F. The Residue Results From 1) Chemical Production 2) Food Processing 3) Machining 4) Dust Collection 5) Paint Booths 6) Water Treatment 7) Process Water 8) Sanitary Sewage 9) Other (describe at right)	6		(enter no more than three choices per form)
G. Estimated Total Residual Annual Volume or Weight	1479800 C	25433000	X Gallons Pounds Cu Yd
H. Storage Before Disposal or Removal 1) Metal Drums 2) Fiber Drums 3) Above Ground Tank 4) Underground Tank 5) Stock piled on Ground 6) Holding Pond/Lagoon 7) Other (specify at right)	3 6		(enter no more than three choices per form)
I. If You Dispose of the Residue Yourself, Type of Disposal Site 1) Public Landfill 2) Private Landfill 3) Own Land 4) Shipped Out of State 5) Incinerated 6) Other (specify at right)	5 7 6		(enter no more than three choices per form)

COMPLETE REVERSE SIDE OF FORM

PR 4088-7

5627

public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary

See attached list ; The residual is used as a soil conditioner on farm land.

If you have the material removed by commercial waste or refuse hauler(s) give the name(s) and address(es). Attach separate list if necessary.

For additional residuals, please copy additional forms from page 17 of instruction booklet

J. Additional Locations for Sludge Disposal

1. Eldon Fisher
   2565 108th Ave.
   Allegan, MI

2. LeRoy Tompkins
   2637 108th Ave.
   Allegan, MI

3. Woodrow Winn
   RFD 1
   Allegan, MI

4. Armintrouts' Property
   North 26th
   Allegan County

5. B. Whisler Jr.
   108th Ave.
   Allegan, MI

6. L. Kaylor
   952 - 26th
   Allegan, MI

7. K. Crowell
   602 - 26th
   Allegan, MI

8. B. Jamieson
   885 106th Ave.
   Plainwell, MI

9. G. Dugan
   318 21st
   Otsego, MI

10. Villas Moreland
    Trowbridge Township
    Allega , MI

FORM 1

MEN03297

GENERAL INFORMATION

Required by Act 293, P.A. 1972

1983
10

SEE INSTRUCTIONS ON PAGE 3
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION			
	OK	Delete	New	Change
Initial		1	2	3

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS
For other locations, please copy additional forms from page 5 of instruction booklet

1. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1983?
   No Skip questions 3 thru 12, sign the report, and see page 19 for mailing instructions
   X Yes In the space below briefly describe your business then continue with question 2

Integrated pulp and paper mill, producing corrugated medium of 26#, 33#, and 40# per 1000 sq. ft. Composed of Non-Sulfur Semi-Chemical wood fiber and old corrugated

2. Mailing Address.

MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect please indicate incorrect line(s) only below
If you have sold the business to the person listed below please check here ☐

If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below

Plant Name _____

Address _____

City & State _____

Name of Company _____

Plant Location Attn _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

	1982 MONITORING YEAR	1983 MONITORING YEAR
	The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right	Report data for the 1983 calendar year only if different from 1982 data
3.	EPA Identification Number (if available)	MID 010601 2405
4.	Federal Employer's Withholding Tax Acct. Number 390464680	
5.	Standard Industrial Classification Code (see page 4) 2600	
6.	County of plant location (see page 2) 03	

COMPLETE REVERSE SIDE OF FORM

DNR USE ONLY

Dist. P F A G R. A P.P. S Sewer 030057 Yr 81

5630

PR 4588-4

MEN03298

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1983
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION

	OK	Delete	New	Change
Initial		1.	2.	3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 005

C. MONTHLY OPERATING REPORT NUMBER → 030053

	1982 MONITORING YEAR	1983 MONITORING YEAR
	The printed information is currently on our files. Use the data as reference filling out the form. Enter new or changed data at right	Report data for the 1983 if different from 1982 calendar year. If this outfall was never used during 1983 and is permanently discontinued, check this box → ☐
D. OUTFALL LOCATION: Township, Range, and Section Number (if available), give word description of wastewater, outfall and location at right	00000000	T. R. S. TURBINE Condenser cooling water through a 21" Steel pipe. Located LAT. 42°27'48", LONG. 85°41'22"
E. DISCHARGE TYPE: 1 Surface Waters (river, stream, drain, storm sewer, lake, etc.; give name of receiving water at right)	1	
2 Lagoon or Seepage Pond With No Outlets		
3 Spray Irrigation		
4 Septic Tank – Tile Field		
5 Deep Well Disposal		
6 Surface of Ground		
7 Other (describe at right)		
8 Municipal Sanitary Sewer (give name of municipality at right)		KALAMAZOO RIVER
F. VOLUME OF DISCHARGE: Average Daily Flow (Million Gallons per Day)	6.5456	6.7070 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	7.3440	6.9980
Total Annual Flow (Million Gallons per Year)	2388.8000	2448.1000
G. TYPE OF WASTEWATER (each outfall must add to 100%)		
% Process		% (Do not enter decimal or fraction)
% Noncontact Cooling	100	%
% Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

DF 302 D.U.: C2 C.M.: N Diff.: 7 I.S.A.: Y

FORM II – PARAMETER REPORT LEVEL 40
1 2 3C

☐ OR 1. ☐ 2. ☐ 3. ☐

030019
030053

5631

PR 4888-5

MEN03299

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P.A. 1972

1983
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION

	OK	New	Change
Initial	1	2	3

B. OUTFALL NUMBER AS YOU REFER TO IT → 004

C. MONTHLY OPERATING REPORT NUMBER → 030055

1982 MONITORING YEAR		1983 MONITORING YEAR
[illegible] information is currently on our files. Use the data as reference [illegible] form. Enter new or changed data at right.		Report data for the 1983 if different from 1982 calendar year. If this outfall was never used during 1983 and is permanently discontinued, check this box → ☐
LOCATION		
Range and Section (if available) give [illegible] of wastewater, [illegible] at right	00000000	T ___ R ___ S ___ Boiler blowdown, roof drains, sealand floordrain water from powerhouse. Located LAT. 42°27'48", LONG. 85°41'24"
TYPE		
Waters (river, stream, drain, storm sewer, [illegible] give name of receiving water at right)	1	☐
Seepage Pond With No Outlets		
Spray Irrigation		
Septic Tank Tile Field		
Underground Discharge		
[illegible] (describe at right)		KALAMAZOO River
Sanitary Sewer (give name of municipality at right)		
RATE OF DISCHARGE		
Average Daily Flow (Millions per Day)	.0850	.0720 Measured ☒ Estimated ☐
Peak Daily Flow (Millions per Day)	.2380	.1800
Total Flow (Millions per Year)	31.0000	28.2000
PERCENT WASTEWATER (each outfall must add to 100%)		
Process	1	___ % (Do not enter decimal or fraction)
Non-Contact Cooling	99	___ %
Sanitary Sewage		___ %

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

302 DU C2 C.M. N Diff. 7 I.S.A.: Y

FORM II - PARAMETER REPORT LEVEL 40
2 26 38

OK 1. 2. 3.

030010
030055

5632

PR 4888-3

MEN03300

FORM TO
of Natural Resources

FORM II

MENASHA CORP

WASTEWATER OUTFALL REPORT

required by Act 293, P.A. 1972

1983
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY — ACTION

	OK	Delete	New	Change
Initial		1.	2.	3.

B OUTFALL NUMBER AS YOU REFER TO IT → 002

C MONTHLY OPERATING REPORT NUMBER → 030134

1982 MONITORING YEAR		1983 MONITORING YEAR
If this information is currently on our files Use the data as reference but do not the form Enter new or changed data at right.		Report data for the 1983 if different from 1982 calendar year If this outfall was never used during 1983 and is permanently discontinued, check this box → ☐
OUTFALL LOCATION		
Township, Range, and Section	00000000	T. ____ R. ____ S. ____
Number (if available), give a brief description of wastewater outfall and location at right		Small Aeration Pond Outfall. Through an 8" Steel Pipe. Located LAT. 42°27'46", LONG. 85°41'42"
DISCHARGE TYPE		
1 Surface Waters (river, stream, drain, storm sewer, lake, etc. give name of receiving water at right)	1	—
2 Lagoon or Seepage Pond With No Outlets		
3 Spray Irrigation		
4 Septic Tank Tile Field		
5 Deep Well Disposal		
6 Surface of Ground		
7 Other (describe at right)		
8 Municipal Sanitary Sewer (give name of municipality at right)		Kalamazoo River
VOLUME OF DISCHARGE		
Average Daily Flow (Million Gallons per Day)	.4050	.4790 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	.6080	.6480
Total Annual Flow (Million Gallons per Year)	147.7000	145.7000
TYPE OF WASTEWATER (each outfall must add to 100%)		
Process	1	% (Do not enter decimal or fraction)
Noncontact Cooling	99	%
Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

DF 302 DU. C2 C.M N Diff. 7 I.S.A.: Y

FORM II PARAMETER REPORT LEVEL 40
14 2 26 27 52

OK 1. 2. 3.

030019
030134

5633

PR 4888-5

MEN03301

FORM II

WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1983
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION

	OK	Delete	New	Change
Initial		1	2	3

B. OUTFALL NUMBER AS YOU REFER TO IT → 001

C. MONTHLY OPERATING REPORT NUMBER → 030138

	1982 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right	1983 MONITORING YEAR Report data for the 1983 if different from 1982 calendar year. If this outfall was never used during 1983 and is permanently discontinued, check this box → ☐
D. OUTFALL LOCATION Township, Range, and Section Number (if available), give a brief description of wastewater outfall and location at right	00000000	T ___ R ___ S ___ Cooling water outfall through a 36" concrete sewer. Located LAT. 42°27'45", LONG 85°41'46"
E. DISCHARGE TYPE 1. Surface Waters (river, stream, drain, storm sewer, lake, etc., give name of receiving water at right) 2. Lagoon or Seepage Pond With No Outlets 3. Spray Irrigation 4. Septic Tank – Tile Field 5. Deep Well Disposal 6. Surface of Ground 7. Other (describe at right) 8. Municipal Sanitary Sewer (give name of municipality at right)	1	☐ Kalamazoo River
F. VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day)	.4590	.1990 Measured ☒ Estimated ☐
Maximum Daily Flow (Million Gallons per Day)	.8080	.8080
Total Annual Flow (Million Gallons per Year)	167.5000	72.5000
G. TYPE OF WASTEWATER (each outfall must add to 100%) % Process		% (Do not enter decimal or fraction)
% Noncontact Cooling	100	%
% Sanitary Sewage		%

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

DF: 302 DU.: C2 C.M.: N Diff.: 7 I.S.A.: Y

FORM II – PARAMETER REPORT LEVEL 40
2

OK ☐ 1 ☐ 2 ☐ 3 ☐

030019
030138

5634

PR 4888-5

MEN03302

FORM II NENASHA CORP

WASTEWATER OUTFALL REPORT

Required by Act 293 P.A. 1972

1983
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY CORRECTIONS OR ADDITIONS

A FACILITY NUMBER → 038019

DNR USE ONLY - ACTION

	OK	D.	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B OUTFALL NUMBER AS YOU REFER TO IT → 003

C MONTHLY OPERATING REPORT NUMBER → 030171

1982 MONITORING YEAR		1983 MONITORING YEAR
Report data for the 1983 if different from 1982 calendar year. If this outfall was never used during 1983 and is permanently discontinued, check this box → ☐		
LOCATION (Township and Section) (If available, give name of wastewater, enter at right)	00000000	T ___ R ___ S ___ Aeration Pond Discharge through a 21" Steel pipe. Located LAT 40°27'48" LONG. 85°41'26"
RECEIVING WATER TYPE (Lakes, Rivers, stream, drain, storm sewer, (give name of receiving water at right)	1	☐
Seepage Pond With No Outlets		
Irrigation		
Septic Tank Tile Field		
Tile Drainage		
Infiltration Gallery		
Deep Well		
Sanitary Sewer (give name of municipality at right)		KALAMAZOO RIVER
DISCHARGE Daily Flow	.5570	.5380 Measured ☒ Estimated ☐
Gallons per Day		
Daily Flow	1.0080	.8160
Gallons per Day		
Flow (Gallons per Year)	203.3000	196.5000
% OF WASTEWATER (each outfall must add to 100%)		
Process	100	___ % (Do not enter decimal or fraction)
Contact Cooling		___ %
Sewage		___ %

FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY

302 DU C2 C.M N Diff 7 I.S.A. Y

PARAMETER REPORT LEVEL 40
2 26 27 50 52

OK ☐ 1 ☐ 2 ☐ 3 ☐

030019
030171

5635

PR 4888-5

MEN03303

FORM III

MENASHA CORP

CRITICAL MATERIALS REPORT

Required by Act 293, P.A 1972

1983
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE C / - ACTION			
	OK	Delete	New	Change
Initial		1	2	3

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS011
(Page 12-13)

CRITICAL MATERIAL NAME:

ARSENIC

If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs

	1982 MONITORING YEAR	1983 MONITORING YEAR
	Printed information is currently on our files. Use the data as reference to fill out the form. Enter new or changed data at right.	Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued check this box → ☐
1	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs	0
2	Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code number) If over 10,000 lbs/yr. indicate amount to nearest 10,000 lbs. Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall (See Table A1 for code number)	3 Amount 2 5 2 Outfall 002 003 004
3	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0 submit Form IV)	
4	Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).	☐

REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5636

PR 4888-6

MEN03304

FORM III MENASHA CORP

CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1983
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION				
	Or	Delete	New	Change
Initial		1	2	3

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS012
(Page 12-13)

CRITICAL MATERIAL NAME:

BERYLLIUM

If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- *manufactured for sale*
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs

1982 MONITORING YEAR		1983 MONITORING YEAR
The printed information is currently on our files. Use the data as reference filling out the form. Enter new or changed data at right.		Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued, check this box → ☐
Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs	0	
Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number). If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs.	2	2
Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall (See Table A1 for code number)	001 002 003 004	Amount: 2 2 2 1 Outfall: 001 002 003 004
Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs (If > 0, submit Form IV)	1	
Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).		☐

REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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PR 4888-6

MEN03305

FORM III

CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1983
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION	OK	Date	New	Change
Initial		1	2	3

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12 13) → CLASS017

CRITICAL MATERIAL NAME

COPPER

If material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- consumptive use (i.e. PCBs contained in transformers, capacitors, etc.)
- other (describe) _____

If *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs

1982 MONITORING YEAR	1983 MONITORING YEAR
Fill in information is currently on our files. Use the data as reference for this form. Enter new or changed data at right	Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued check this box → ☐
Amount of Item B used or manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr indicate amount to nearest 10,000 lbs: 0	
The amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs indicate amount to nearest 10,000 lbs: 5	
Outfall numbers on Form II which discharge this critical material: 001 002 003 004 005	Amount: 3 4 4 3 4 Outfall: 001 002 003 004 005
Amount of Item B that was or may have been contained in residuals per year. See Table A1 for code number. If over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs. If > 0, submit Form IV): 4	3
Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4):	☐

REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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PR 4888-6

MEN03306

COMPLETED FORM TO MENASHA CORP

FORM III

CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1983
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1983, ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION			
	Delete	New	Change
Initial	1	2	3

B. CRITICAL MATERIAL NAME:

CYANIDES

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS018
(Page 12-13)

If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1982 MONITORING YEAR	1983 MONITORING YEAR
Printed information is currently on our files. Use the data as reference to fill out the form. Enter new or changed data at right.	Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued, check this box → ☐
Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs. 0	
Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code number). If over 10,000 lbs/yr. indicate amount to nearest 10,000 lbs. 3	4
Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. (See Table A1 for code number) 003, 004	Amount 3 2 Outfall 003 004
Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0, submit Form IV) 3	
Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).	☐

REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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PR 4883-6

MEN03307

1983
30

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P A 1972

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY CORRECTIONS OR ADDITIONS

A FACILITY NUMBER → 030019

DNR USE ONLY – ACTION

	OK	Delete	New	Change
Initial		1	2	3

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → CLASS019

CRITICAL MATERIAL NAME:

LEAD

If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs

	1982 MONITORING YEAR The printed information is currently on our files. Use the data as reference while filling out the form. Enter new or changed data at right.	1983 MONITORING YEAR Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued, check this box → ☐
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs. 0	
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs. 0 Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. 002 003 (See Table A1 for code number)	Amount Outfall
G	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0, submit Form IV) 5	
H	Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4).	☐

REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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PR 4888-6

MEN03308

FORM III MENASHA CORP

CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1983
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION			
	Delete	New	Change
Initial	1.	2.	3.

B. CRITICAL MATERIAL NAME.

NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → CLASS022

If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- formulated or resold without change
- used in production process
- used in non production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb.
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs

1982 MONITORING YEAR	1983 MONITORING YEAR
The printed information is currently on our files. Use the data as reference when filling out the form. Enter new or changed data at right.	Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued, check this box → ☐
Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs: 0	
Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs: 4 Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall: 003 (See Table A1 for code number)	Amount: 4 Outfall: 003
Amount of Item B that was or may have been contained in residuals per year. See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0 submit Form IV): 3	
Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)	☐

REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. IF REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

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PR 4888-6

MEN03309

CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

1983
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
CORRECTIONS OR ADDITIONS

A FACILITY NUMBER → 030019

DNR USE ONLY - ACTION			
	Delete	New	Change
Initial		2	3

C CRITICAL MATERIAL PARAMETER NUMBER → CLASS027 (Page 12-13)

CRITICAL MATERIAL NAME

PCB

If material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non production activity (pilot plant, maintenance etc)
- used as consumptive use (i.e. PCB's contained in transformers, capacitors, etc)
- other (describe) _____

If material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by product
- other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs
7 = over 10,000 lbs

1982 MONITORING YEAR	1983 MONITORING YEAR
Information is currently on our files. Use the data as reference and enter new or changed data at right	Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued check this box → ☐
Item B Used or Produced 0 (See Table A1 for code number, indicate amount to nearest 10,000 lbs)	
Item B that was Discharged 5 (See Table A1 for code number if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs)	
Outfall numbers on Form II which discharge this critical material (Item B discharged out outfalls 001 002 003 004 005 (See Table A1 for code number)	Amount 3 4 4 3 4 Outfall 001 002 003 004 005
Item B that was or may be contained in residuals 6 (See Table A1 for code number if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs if > 0, submit Form IV)	5
Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)	☐

REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5642

PR 4888-6

FORM III MENASHA CORP

CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1983
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION				
	OK	Delete	New	Change
Initial		1	2	3

C. CRITICAL MATERIAL PARAMETER NUMBER → 00117817
(Page 12-13)

MEN03310

CRITICAL MATERIAL NAME

5 (2-ETHYLHEXYL 1) PHTHALATE

If item B is *purchased for use* describe the use by marking one or more of the following

- [ ] Purchased or resold without change
- [ ] Used in production process
- [ ] Used in a production activity (pilot plant, maintenance etc.)
- [ ] Passive use (i.e. PCB's contained in transformers, capacitors, etc.)
- [ ] Other describe _____

If manufacture the material in Item B mark one or more of the following

- [ ] Manufactured for sale
- [ ] Produced for use as an intermediate or ingredient in a manufacture production process
- [ ] Produced as contaminant or by-product
- [ ] Other describe _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1982 MONITORING YEAR	1983 MONITORING YEAR
Data currently on our files. Use the data as reference. Enter new or changed data at right	Report data for the 1983 calendar year. If this critical material was never used or discharged during 1983 and is permanently discontinued, check this box → [ ]
Amount of Item B used or produced (See Table A1 for code number) 0	[ ]
Amount of Item B that was or may have been discharged in 1983 (See Table A1 for code number if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs)	[ ]
Outfall numbers on Form II which discharge this critical material (Amount of Item B discharged out each outfall) 002 003 004	Amount 13 13 12 / Outfall 002 003 004
Amount of Item B that was or may have been contained in residuals 3 year (See Table A1 for code number if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs. If > 0, submit Form IV)	[ ]
Check here if you want the information in Item D and E remain confidential provided by Section 6b Act 293 and Rule 235(4)	[ ]

- REVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
- REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

5643

PR 4835 8

MEN03311

FORM IV
RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

1982 · 50

A FACILITY NUM → 3 3 0 0 1 9

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial	1		2	3

COMPLETION OF FORM IV IS REQUIRED ONLY WHEN RESIDUALS AND RESIDUES CONTAIN CRITICAL MATERIALS

B Production Process Residual (P) or Wastewater Treatment Residual (W) or Combination (C) — W

C PHYSICAL STATE
1=liquid 2=heavy sludge 3=wet solid 4=dry solid — 2

~~1981~~ MONITORING YEAR	1983 ~~1982~~ MONITORING YEAR
Printed information is currently on our files. Use the data as reference and fill out the form. Enter new or changed data at right	Report data for the 1982 calendar year. If this residual contained no Critical Materials during 1982 check this box →
Parameter number(s) of critical material present in residual (Form IV must be accompanied by Form III for each Critical Material listed in the residual)	CL4A5 / CL4A5 / CL4A5012 / CL4A5018 / CL4A5 / CL4A5
[illegible] Process Residue Results From 1) Chemical Production 2) Product Processing 3) Metal Finishing 4) Dust Collect 5) Paint Booths 6) Waste Treatment 7) Process Water 8) Sanitary Sewage 9) Other (describe at right)	1 (enter no more than three choices per form)
Estimated Total Residual Annual Volume or Weight	9,125,000 8 cubic yards
Storage Before Disposal or Removal 1) Metal Drums 2) Fiber Drums 3) Above Ground Tank 4) Underground Tank 5) Stockpiled on Ground 6) Holding Pond/Lagoon 7) Other (specify at right)	6 (enter no more than three choices per form)
If You Dispose of the Residue Yourself Type of Disposal Site 1) Public Landfill 2) Private Landfill 3) Own Land 4) Shipped Out of State 5) Incinerated 6) Other (specify at right)	3 6 (enter no more than three choices per form) Private [illegible]

COMPLETE REVERSE SIDE OF FORM

5644

MEN03312

If a public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary.

attached LIST. The residual is used as a soil conditioner on farm land

If you have the material removed by commercial waste or refuse hauler(s) give the name(s) and address(es). Attach separate list if necessary

For additional residuals, please copy additional forms from page 17 of instruction booklet

5645

FORM I
GENERAL INFORMATION

Required by Act 293 PA 1972

MEN03313 1984 10

SEE INSTRUCTIONS ON PAGE 3
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A FACILITY NUMBER → 3[illegible]19

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial		1	2	3

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS
For other locations, please copy additional forms from page 5 of instruction booklet

1 Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1984?
__ No Skip questions 3 thru 12, sign the report, and see page 19 for mailing instructions
X Yes In the space below briefly describe your business then continue with question 2

INTEGRATED PULP AND PAPER MILL, PRODUCING corrugated medium of 26#, 33#, 36# and 40# per 1000 sq.ft. Composed of Non-Sulfur Semi-Chemical wood fiber, and old corrugated.

2 Mailing Address

[illegible]
[illegible] DIV
[illegible] ST
DTS_G[illegible] [illegible] 49 7[illegible]

If any part of the mailing address is incorrect please update incorrect lines only below
If you have sold the business to the person listed below please check here ☐

If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below

Plant Name

Address

City & State

Name of Company

Plant Location Attn

Street Address or P.O. Box

City State Zip

1983 MONITORING YEAR	1984 MONITORING YEAR
Printed information is currently on our files. Use the data as reference filling out the form. Enter new or changed data at right	Report data for the 1984 calendar year only if different from 1983 data
3 EPA Identification Number (if available)	MID 006012405
Standard Industrial Classification Code (see page 4)	
Plant Location	

COMPLETE REVERSE SIDE OF FORM

DNR USE ONLY

5646

PR 4883

MEN03314

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1984
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 36019

DNR USE ONLY — ACTION

	OK	Up	New	Change
Initial		1.	2.	3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 005

C. MONTHLY OPERATING REPORT NUMBER → 30253

1983 MONITORING YEAR	1984 MONITORING YEAR
[illegible] currently on our files. Use the data as reference [illegible] new or changed data at right	Report data for the 1984 if different from 1983 calendar year. If this outfall was never used during 1984 and is permanently discontinued, check this box → ☐
LOCATION Range and Section [illegible] [illegible] give [illegible] wastewater. [illegible] right	T ___ R ___ S ___ TURBINE Condenser cooling water through a 21" steel pipe. Located LAT. 42°27'48", LONG. 85°41'20"
[illegible] 1 Waters [illegible] stream, drain, storm sewer. [illegible] of receiving water at right) Seepage Pond [illegible] No Outlets [illegible] [illegible] [illegible] Gro[illegible] [illegible] sewer [illegible] name of municipality at right)	1 KALAMAZOO RIVER
DISCHARGE [illegible] 0.7777 [illegible] 0.9980 [illegible] 2443.1000	6.3040 Measured ☒ Estimated ☐ 7.3150 2307.3800
WASTEWATER (each outfall must add to 100%) [illegible] [illegible] 100	___ % 100 % ___ % (Do not enter decimal or fraction)

[illegible] OUTFALLS COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

5647

PR 4388-5

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

MF ASHA CORP

1984
20

MEN03315

A. FACILITY NUMBER → 050019

DNR USE ONLY -- ACTION

	Delete	New	Change
Initial	1. ☐	2. ☐	3. ☐

B. OUTFALL NUMBER AS YOU REFER TO IT → 004

C. MONTHLY OPERATING REPORT NUMBER → 030055

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IS CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

1983 MONITORING YEAR	1984 MONITORING YEAR
Printed information is currently on our files. Use the data as reference when filling out the form. Enter new or changed data at right	Report data for the 1984 if different from 1983 calendar year. If this outfall was never used during 1984 and is permanently discontinued, check this box → ☐
D. OUTFALL LOCATION Township, Range and Section Number (if available), give short description of wastewater outfall and location at right	T ___ R ___ S ___ Boiler blowdown, roof drains, seal, and floor drain water from power house. Location LAT. 42°27'48", LONG. 85°41'24"
E. DISCHARGE TYPE 1 1 Surface Waters (river, stream, drain, storm sewer, lake, etc., give name of receiving water at right) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank - Tile Field 5 Deep Well Disposal 6 Surface of Ground 7 Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right)	KALAMAZOO RIVER
F. VOLUME OF DISCHARGE Average Daily Flow Million Gallons per Day .0170 Maximum Daily Flow Million Gallons per Day .1320 Total Annual Flow Million Gallons per Year 26.2000	.0570 Measured ☒ Estimated ☐ .1680 20.8800
G. TYPE OF WASTEWATER (each outfall must add to 100%) Process 1 Noncontact Cooling 99	___ % (Do not enter decimal or fraction) ___ % ___ %

IF YOU NEED TO COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

5648

DR 2998 S

MEN03316

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P.A. 1972

1984
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1983 COMPUTER
[illegible] INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY — ACTION

	Delete	New	Change
Initial	1.	2.	3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 002

C. MONTHLY OPERATING REPORT NUMBER → 030134

1983 MONITORING YEAR	1984 MONITORING YEAR
[illegible] information is currently on our files. Use the data as reference [illegible] the form. Enter new or changed data at right.	Report data for the 1984 if different from 1983 calendar year. If this outfall was never used during 1984 and is permanently discontinued, check this box → ☐
OUTFALL LOCATION Township, Range, and Section 00000000 Number (if available); give [illegible] description of wastewater, [illegible] and location at right	T. ___ R. ___ S. ___ SMALL AERATED POND outfall. Through an 8" STEEL PIPE. LOCATED LAT 42°27'46", LONG. 85°41'42"
DISCHARGE TYPE. 1 1 Surface Waters (river, stream, drain, storm sewer, lake, etc. give name of receiving water at right) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank Tile Field 5 Deep Well Disposal 6 Surface of Ground 7 Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right)	☐ KALAMAZOO RIVER
VOLUME OF DISCHARGE Average Daily Flow Million Gallons per Day 4.750 Maximum Daily Flow Million Gallons per Day 6.560 Total Annual Flow Million Gallons per Year 1,733.800	4.750 Measured ☒ Estimated ☐ 6.560 1,733.800
TYPE OF WASTEWATER (each outfall must add to 100%) Sewage 1 Non-Contact Cooling 19 Other	___ % ___ % ___ % (Do not enter decimal or fraction)

[illegible] OUTFALLS COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

5649

PR 3898 5

MEN03317

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 23[illegible] PA 1972

1984
20

A. FACILITY NUMBER → [illegible]9

DATA CODE ONLY – ACTION			
Initial	OK	Delete 1.	New 2.	Change 3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 0 1

C. MONTHLY OPERATING REPORT NUMBER → 030138

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1983 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY CORRECTIONS OR ADDITIONS

1983 MONITORING YEAR	1984 MONITORING YEAR
Printed information is currently on our files. Use the data as reference about the form. Enter new or changed data at right	Report data for the 1984 if different from 1983 calendar year. If this outfall was never used during 1984 and is permanently discontinued, check this box → ☐
D. OUTFALL LOCATION Township, Range, and Section Number (if available); give short description of wastewater outfall and location at right	T ___ R ___ S ___ Cooling water outfall through a 36" concrete sewer. Located LAT 42°27'45", LON 85°41'46"
E. DISCHARGE TYPE 1 1 Surface Waters (river, stream, drain, storm sewer, lake, etc.; give name of receiving water at right) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank – Tile Field 5 Deep Well Disposal 6 Surface of Ground Other (describe at right) 6 Municipal Sanitary Sewer (give name of municipality at right)	— KALAMAZOO RIVER
F. VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day) ... 1.77 Maximum Daily Flow (Million Gallons per Day) ... 3.05 Total Annual Flow (Million Gallons per Year) ... 72.5100	.1490 Measured ☒ Estimated ☐ .3050 54.5880
G. TYPE OF WASTEWATER (each outfall must add to 100%) Process ... % Noncontact Cooling ... 100 % Other ... %	(Do not enter decimal or fraction)

ADDITIONAL DETAILS COPY ADDITIONAL [illegible] FROM PAGE 9 OF INSTRUCTION BOOKLET

5650

MEN03318

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P.A. 1972

1984
20

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030015

DNR USE ONLY – ACTION

	Delete	New	Change
Initial	1.	2.	3.

B. OUTFALL NUMBER AS YOU REFER TO IT → 003

C. MONTHLY OPERATING REPORT NUMBER → 030171

1983 MONITORING YEAR	1984 MONITORING YEAR
If information is currently on our files Use the data as reference but do not fill out the form. Enter new or changed data at right	Report data for the 1984 if different from 1983 calendar year. If this outfall was never used during 1984 and is permanently discontinued, check this box → ☐
D. OUTFALL LOCATION Township, Range, and Section (if available), give a description of wastewater, and location at right	T ___ R ___ S ___ AERATION POND discharge through a 21" STEEL PIPE LOCATED. LAT 42°27'48", LONG 85°41'26"
E. DISCHARGE TYPE 1 Surface Waters (river, stream, drain, storm sewer, lake, etc. give name of receiving water at right) Lagoon or Seepage Pond With No Outlets Spray Irrigation Septic Tank – Tile Field Deep Well Dispose Surface or Ground Other (describe at right) Municipal Sanitary Sewer (give name of municipality at right)	— KALAMAZOO RIVER
F. VOLUME OF DISCHARGE Average Daily Flow (Million Gallons per Day) .5340 Maximum Daily Flow (Million Gallons per Day) .8150 Total Annual Flow (Million Gallons per Year) 120.2[illegible]	.5100 Measured ☒ Estimated ☐ .7720 186.8400
G. TYPE OF WASTEWATER (each outfall must add to 100%) Process 100 Noncontact Cooling Sewage	% (Do not enter decimal or fraction) % %

ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

5651

MEN03319

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1934
30

A. FACILITY NUMBER → 0 3 0 0 1 7

DNR USE ONLY – ACTION				
Initial	OK ☐	Delete 1 ☐	New 2 ☐	Change 3 ☐

B. CRITICAL MATERIAL NAME:
MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 1
(Page 12-13)

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1983 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1984 MONITORING YEAR Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
E. Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs.	0
F. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code number). If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. (See Table A1 for code number)	0 Amount Outfall
G. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0, submit Form IV)	0
H. Mark an X if you want the information in Items D and E to remain confidential as provided by Section 6b of Act 293 and Rule 323.1235(4). Mark an N if you no longer want this information to remain confidential. Confidentiality should only be requested if the reported information will divulge proprietary processes.	☐

REVIEW 1984 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

5652

MEN03320

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1984
30

A. FACILITY NUMBER → 630019

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial		1	2	3

B. CRITICAL MATERIAL NAME:

di-(n)-butyl phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER → 00084442
(Page 12-13)

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- [ ] formulated or resold without change
- [ ] used in *production process*
- [ ] used in non-production activity (pilot plant, maintenance etc.)
- [ ] non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- [ ] other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- [ ] manufactured for sale
- [ ] produced for use as an intermediate or ingredient in another on-site production process
- [ ] produced as contaminant or by-product
- [ ] other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1983 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1984 MONITORING YEAR Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → [ ]
E. Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs.	0
F. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code number). If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. (See Table A1 for code number)	3 Amount: 3 Outfall: 002
G. Amount of Item B that is or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0, submit Form IV)	0
H. Mark an X if you want the information in Items D and E to remain confidential as provided by Section 6b of Act 293 and Rule 323.1235(4). Mark an N if you no longer want this information to remain confidential. Confidentiality should only be requested if the reported information will divulge proprietary processes.	[ ]

REVIEW 1984 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

5653

MEN03321

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1984
30

A. FACILITY NUMBER → 0 3 0 0 1 9

DNR USE ONLY – ACTION

	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B. CRITICAL MATERIAL NAME:

TOTAL CHROMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 5
(Page 12-13)

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- ☐ formulated or resold without change
- ☐ used in production process
- ☐ used in non-production activity (pilot plant, maintenance etc.)
- ☐ non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- ☐ other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following.

- ☐ manufactured for sale
- ☐ produced for use as an intermediate or ingredient in another on-site production process
- ☐ produced as contaminant or by-product
- ☐ other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1983 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	1984 MONITORING YEAR Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
E. Amount of item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs.	0
F. Total amount of item B that was or may have been Discharged in wastewater per year. (See Table A1 for code number). If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs.	6
Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. (See Table A1 for code number)	Amount: 3 4 4 3 5 Outfall: 001 002 003 004 005
G. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0, submit Form IV)	3
H. Mark an X if you want the information in Items D and E to remain confidential as provided by Section 6b of Act 293, and Rule 323.1235(4). Mark an N if you no longer want this information to remain confidential. Confidentiality should only be requested if the reported information will divulge proprietary processes.	☐

REVIEW 1984 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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MEN03322

FORM III
CRITICAL MATERIALS REPORT

1984
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Required by Act 293, P.A. 1972

A. FACILITY NUMBER → 0 0 0 1 9

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial		1	2	3

CRITICAL MATERIAL NAME:

CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 3
(Page 12-13)

If the material in Item B is *purchased for use* describe the use by marking one or more of the following.

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- in consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you manufacture the material in Item B mark one or more of the following.

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1983 MONITORING YEAR	1984 MONITORING YEAR
Enter information is currently on our files. Use the data as reference to fill out the form. Enter new or changed data at right	Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs.	0
Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code number). If over 10,000 lbs./yr. indicate amount to nearest 10,000 lbs.	0
Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. (See Table A1 for code number)	Amount ___ ___ ___ ___ ___ Outfall ___ ___ ___ ___ ___
Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs. (If > 0, submit Form IV)	3
Mark an X if you want the information in Items D and E to remain confidential as provided by Section 6b of Act 293 and Rule 323.1235(4). Mark an N if you no longer want this information to remain confidential. Confidentiality should only be requested if the reported information will divulge proprietary processes.	☐

REVIEW 1984 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
IF REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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MEN03323

FORM III
CRITICAL MATERIALS REPORT

MENASHA CORP

1984
30

Required by Act 293, P.A. 1972

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1983 COMPUTER PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY – ACTION				
	OK	Delete	New	Change
Initial		1	2	3

B. CRITICAL MATERIAL NAME

BIS (2-ETHYLHEXYL) PHTHALATE

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → 00117817

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1983 MONITORING YEAR	1984 MONITORING YEAR
The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right.	Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
A. Amount of Item B Used or Manufactured per year (See Table A1 for code number if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs) 0	
B. Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs. Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. See Table A1 for code number. 002 003 004	Amount 3 3 1 Outfall 002 003 004
C. Amount of Item B that was or may have been contained in residuals per year. See Table A1 for code number if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs. (If 0, submit Form IV)	
Mark X if you want the information in Items D and E to remain confidential as provided in Section 10 of Act 293 and Rule 1 of Chapter N. You may designate certain information confidential but it may be requested if the re- [illegible] that it will divulge proprietary processes	☐

MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. [illegible] PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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PR 4888-6

MEN03324

FORM III
CRITICAL MATERIALS REPORT

MENASHA CORP

1984
30

Required by Act 293 PA 1972

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

USE ONLY – ACTION

	OK	Delete	New	Change
Initial	☐	1 ☐	2 ☐	3 ☐

B CRITICAL MATERIAL NAME

ZINC

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS027
(Page 12 13)

D If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non production activity (pilot plant maintenance etc)
- non-consumptive use (i e PCB's contained in transformers, capacitors, etc)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs
7 = over 10,000 lbs

1983 MONITORING YEAR		1984 MONITORING YEAR
Printed information currently on our files Use the data as reference Fill out the form E to new or changed data at right		Report data for the 1984 calendar year If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
E Amount of Item B Used or Manufactured per year See Table A1 for code number If over 10,000 lbs, indicate amount to nearest 10,000 lbs	0	☐
F Total amount of Item B that was or may have been Discharged in wastewater per year See Table A1 for code number, If over 10,000 lbs, indicate amount to nearest 10,000 lbs	5	☐
Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall (See Table A1 for code number)	001 002 003 004 005	Amount 3 4 4 3 4 Outfall 001 002 003 004 005
G Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs./yr., indicate amount to nearest 10,000 lbs (If > 0, submit Form IV)	5	☐
If you want this information in Form E to remain confidential as provided by Section 5b of Act 293 and R 323.1235(4) Mark an N if you no longer want this information to remain confidential You may be requested at a later date to justify why this information should divulge proprietary processes		☐

REFER TO MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
MAKE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5657

PR 4889 3

MEN03325

FORM III

CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1984
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY — ACTION

	OK	Delete	New	Change
Initial		1	2	3

B. MATERIAL NAME

NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER → CLA33022
(Page 12 of 13)

If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non production activity (pilot plant, maintenance, etc.)
- consumptive use (e.g. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- manufactured for use as an intermediate or ingredient in another on site production process
- produced as a contaminant or by product
- other (describe) _____

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 100 lbs
4 = 101 500 lbs
5 = 501 1000 lbs
6 = 1001 10,000 lbs
7 = over 10,000 lbs

1983 MONITORING YEAR	1984 MONITORING YEAR
Enter information from your records or files. Use the data as reference for completing Form E. Enter new or changed data at right.	Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
A. Amount of Item B used or manufactured per year. See Table A1 for code number. If over 10,000 lbs, indicate to nearest 10,000 lbs.	
B. Total amount of Item B that was or will be discharged per year. See Table A1. Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. See Table A1 for code number.	Amount 4 Outfall 003
C. Amount of Item B in wastewater, containing residuals. See Table A1 for code. If over 10,000 lbs/yr, report to nearest 10,000. If 0, submit Form IV.	
[illegible]	

VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS [illegible] FORM III FROM PAGE 15 OF INSTRUCTION BOOKLET

3658

PR 4888 6

MEN03326

FORM III

CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1984
30

INSTRUCTIONS ON PAGE 2
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY ACTION

	OK	Delete	New	Change
Initial		1	2	3

B. CRITICAL MATERIAL NAME

LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS019
(Page 2 13)

D. If the material in item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant maintenance etc.)
- non-consumptive use (i.e. PCBs contained in transformers capacitors, etc.)
- other (describe

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by product
- other (describe)

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 100 lbs
4 = 101 500 lbs
5 = 501 1000 lbs
6 = 1001 10,000 lbs
7 = over 10,000 lbs

1983 MONITORING YEAR	1984 MONITORING YEAR
Correct information is currently on our files. Use the data as reference and enter the form E changed data at right	Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box →
E. Amount of Item B Used Manufactured per year. See Table A1 for code number. If over 10,000 lbs/yr indicate amount to nearest 10,000 lbs	
Total amount of Item B that was or may have been Discharged in wastewater per year. See Table A1 for code number. If over 10,000 indicate amount to nearest 10,000 lbs. Outfall numbers on form where this critical material Amount of Item B discharged out outfall. See Table A1 for code number.	Amount Outfall
F. Amount of Item B that was or may have been contained in residuals or waste. See Table A1 for code number. If over 10,000 lbs/yr indicate amount to nearest 10,000. (If = 0, submit Form IV)	
If you have information in your possession or control that 293 and 3 N you no longer	

VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5659

PR 1869 6

MEN03327

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1984
30

[illegible] INSTRUCTIONS ON PAGE 10
[illegible] NOT DUPLICATE 1983 COMPUTER
[illegible]NTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 039019

DNR USE ONLY – [illegible]TION

	OK	Delete	New	Change
Initial		1	2	3

[illegible] MATERIAL NAME

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS018
(Page 12-13)

CYANIDES

[illegible] material in Item B is *purchased for use* describe the use by marking one or [illegible] the following
[illegible]ated or resold without change
[illegible] production process
[illegible] production activity (pilot plant, maintenance etc.)
[illegible]sumptive [illegible]se (i.e. PCB's contained in transformers, capacitors, etc.)
[illegible] describe) _____

[illegible] manufacture the material in Item B mark one or more of the following
[illegible]factured for sale
[illegible]ed for use as an intermediate or ingredient in
[illegible] sale production process
[illegible]duced as contaminant or by-product
[illegible] describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs
7 = over 10,000 lbs

1983 MONITORING YEAR	1984 MONITORING YEAR
[illegible] information is currently on our files. Use the data as reference [illegible] the form. Enter new or changed data at right	Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
[illegible] Item B [illegible]ed or [illegible]ed per year [illegible] 0 [illegible] A1 for code number [illegible] over [illegible] 000 lbs/yr indicate [illegible] nearest [illegible] 000 lbs	[illegible]
[illegible] of Item B that was [illegible] been Discharged in [illegible]stewater per year. See Table A1 [illegible] 4 [illegible] number. If over 10,000 [illegible] indicate amount to nearest [illegible]	3
[illegible] numbers on Form II which [illegible] critical material [illegible] Item B discharged out [illegible] 003 004 [illegible] for code number)	Amount 3 2 ; Outfall 003 004
[illegible] Item B [illegible] was or may [illegible] residuals [illegible] See Table [illegible] for code [illegible] over 10,000 lbs/yr [illegible] to nearest 10,000 (If [illegible] submit Form IV)	
[illegible] the information in [illegible] confidential as [illegible] of Act 293 and [illegible] in N if you no longer [illegible] remain confidential [illegible] be requested if there [illegible] large proprietary processes	

[illegible] MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS [illegible] MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5660

PR 4888-6

MEN03328

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P.A. 1972

1984
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030015

DNR USE ONLY - ACTION	OK	Delete	New	Change
Initial		1	2	3

B. CRITICAL MATERIAL NAME

COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → CLASS017

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non-production activity (pilot plant, maintenance etc.)
- non consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another onsite production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs
7 = over 10,000 lbs

1983 MONITORING YEAR	1984 MONITORING YEAR
Enter information currently on our files. Use the data as reference to fill out the form. Enter new or changed data at right	Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
E. Amount of Item B used or Manufactured per year. See Table A1 for code number. If over 10,000 lbs, indicate amount to nearest 10,000 lbs.	
F. Total amount of Item B that was or may have been Discharged in Wastewater per year. See Table A1 for code number. If over 10,000 lbs, indicate amount to nearest 10,000 lbs. 5	
Outfall numbers on Form II which discharge this critical material. Amount of Item B discharged out each outfall. See Table A1 for code number. 001 002 003 004 005	Amount 3 4 4 3 4. Outfall 001 002 003 004 005
G. Amount of Item B that was or may have been contained in residuals. See Table A1 for code number. If over 10,000 lbs/yr, indicate amount to nearest 10,000. (If yes, submit Form IV) 3	4
If you feel the information in this section is confidential as defined in Section 35 of Act 293 and R 299.1 Mark an N if you no longer feel this information is confidential. It will be treated as if there is no legitimate proprietary processes	

MAKE SURE YOU HAVE PAGE 12 TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
IF ADDITIONAL, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5661

PR 4833-6

MEN03329

FORM III
CRITICAL MATERIALS REPORT

Required by Act 93 of 1972

1984
30

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION			
	Delete	New	Change
Initial	1	2	3

B. CRITICAL MATERIAL NAME

BERYLLIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS012 (Page 12-13)

If the material in Item B is purchased for use describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non production activity (pilot plant, maintenance etc.)
- non consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
- other (describe)

If you manufacture the material in Item B mark one or more of the following.

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe)

TABLE A1

0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1983 MONITORING YEAR	1984 MONITORING YEAR
Printed information is currently on our files. Use the data as reference in completing the form. Enter new or changed data at right.	Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box → ☐
Amount of Item B Used or Manufactured per year (See Table A1 for code number, if over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs.)	
Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs, indicate amount to nearest 10,000	
Outfall numbers on Form III which discharge this critical material. Amount of Item B discharged out each outfall (See Table A1 for code number) 001 002 003 004	Amount 2 2 2 1 Outfall 001 002 003 004
Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number if over 10,000 lbs/yr, indicate amount to nearest 10,000 (If = 0 submit Form IV)	0
X If you have the information in Item B marked as Section 1 of AL 1003 and S. 1235 Mark an N if you no longer [illegible] confidential [illegible]	

[illegible] CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS [illegible] PLEASE ONLY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5662

PR 4893-6

MEN03330

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

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SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY
CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER → 030019

DNR USE ONLY - ACTION				
	OK	Delete	New	Chang
Initial		1	2	3

B. CRITICAL MATERIAL NAME

ARSENIC

C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) → CLASS011

D. If the material in Item B is *purchased for use* describe the use by marking one or more of the following

- formulated or resold without change
- used in production process
- used in non production activity (pilot plant, maintenance etc.)
- non consumptive use (i.e. PCB's contained in transformers capacitors, etc.)
- other (describe) _____

If you *manufacture* the material in Item B mark one or more of the following

- manufactured for sale
- produced for use as an intermediate or ingredient in another on-site production process
- produced as contaminant or by-product
- other (describe) _____

TABLE A1

0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs.
5 = 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

	1983 MONITORING YEAR The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right	1984 MONITORING YEAR Report data for the 1984 calendar year. If this critical material was never used or discharged during 1984 and is permanently discontinued, check this box →
E	Amount of Item B Used or Manufactured per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs	
F	Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number) If over 10,000 lbs/yr. indicate amount to nearest 10,000 lbs Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall (See Table A1 for code number) 002 003 004	Amount 2 3 2 Outfall 002 003 004
G	Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code number) If over 10,000 lbs/yr., indicate amount to nearest 10,000 lbs (If = 0, submit Form IV)	
H	Check X if you want the information in Items E and F to remain confidential as provided by Section 66 of Act 293 and Rule 322.2354. Mark an N if you no longer want information to remain confidential. This should only be requested if the reporting company divulge proprietary processes.	

REFER TO MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR ADDITIONAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5663

PR 4838-6

MEN03331

public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary.

The residual is used as a soil conditioner on farm land. See attached list.

If you have the material removed by commercial waste or refuse hauler(s) give the name(s) and address(es). Attach separate list if necessary.

For additional residuals, please copy additional forms from page 17 of instruction booklet

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MEN03332

FORM IV
RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

Required by Act 293, P.A. 1972

1984
50

MAIL COMPLETED FORMS TO
Michigan Department of Natural Resources
Waste Reports
P.O. Box 30028
Lansing, Michigan 48909

A. . FACILITY NUMBER → 230019

DNR USE ONLY - ACTION				
Initial	OK	Delete 1	New 2	Change 3

B. . Production Process Residual (P) or Wastewater Treatment Residual (W) or Combination (C): W

C. . PHYSICAL STATE
1=liquid 2=heavy sludge 3=wet solid 4=dry solid: 2

COMPLETION OF FORM IV IS REQUIRED ONLY WHEN RESIDUALS AND RESIDUES CONTAIN CRITICAL MATERIALS

1984 MONITORING YEAR
Report Data for the 1984 calendar year.

D. . Parameter number(s) of critical material present in residual (Form IV must be accompanied by Form III for each Critical Material listed in the residual)

CLASS015	CLASS018
CLASS013	CLASS022
CLASS021	CLASS027
CLASS011	00011817
CLASS017	
CLASS008	

E. The Liquid Portion is Primarily
1) water 2) oil 3) chemical solvent
: 1. (enter no more than one choice per form)

F. The Residue Results From
1) Chemical Production
2) Food Processing
3) Machining
4) Dust Collection
5) Paint Booths
6) Water Treatment
7) Process Water
8) Sanitary Sewage
9) Other (describe at right)
: 6 (enter no more than three choices per form)

G. . Estimated Total Residual Annual Volume or Weight: ____ Gallons ____ Pounds ____ Cu. Yd.

H. . . Storage before Disposal or Removal
1) Metal Drums
2) Fiber Drums
3) Above Ground Tank
4) Underground Tank
5) Stock piled on Ground
6) Holding Pond/Lagoon
7) Other (specify at right)
: 3 6 (enter no more than three choices per form)

. . . . If You Dispose of the Residue Yourself, Type of Disposal Site
1) Public Landfill
2) Private Landfill
3) Own Land
4) Shipped Out of State
5) Incinerated
6) Other (specify at right)
: 3 6 (enter no more than three choices per form)

PRIVATE LAND

COMPLETE REVERSE SIDE OF FORM

Page 17 PR 4389-7

5665

J Additional Locations for Sludge Disposal

1. Woodrow Winn
   RFD 1
   Allegan, MI

2. Armintrout Property
   27th Street
   Allegan, MI

3. B. Whistler Sr.
   108th Ave.
   Allegan, MI

4. A. Switzenberg
   22nd Street
   Otsego, MI

5. G. Dugan
   1911 101st Ave.
   Otsego, MI

6. Summerer
   Miller Road
   Otsego, MI

7. M. Metzger
   Miller Road
   Otsego, MI

8. Wallace
   102nd Street
   Otsego, MI

9. D. Zuider
   102th & 15th Street
   Otsego, MI

10 Morrell
   18th Street
   Otsego, MI.

11. Menasha Corporation
    106th Street
    Otsego, MI

12. P. Murray
    102nd Street
    Plainwell, MI

13. Ellis
    108th Street
    Otsego, MI

14. C. Mott
    B. Avenue
    Kalamazoo, MI

15. B. Jamieson
    Marsh Road
    Plainwell, MI

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM I
GENERAL INFORMATION

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS.
For other locations, please photocopy this form or request additional copies.
For assistance in completing these forms call the Great Lakes and Environment Assessment Section (517) 373 2190.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1987?
☐ No. Skip questions D thru M, sign the report, and see page 31 for mailing instructions.
☒ Yes. In the space below briefly describe your business then continue with question C.
Integrated Pulp and Paper mill, producing corrugated medium of 26#, 33#, 36# and 40# per 1000 sq ft. Composed of carbonate semi-chemical wood fiber and old corrugated.

MEN03334

C. Mailing Address: Place peel-off mailing label here.

If any part of the mailing address is incorrect please update incorrect line(s) only below.
If you have sold the business to the person listed below please check here ☐

If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.

Plant Name _____

Address _____

City & State _____

Name of Company

Plant Location/Attn.

Street Address or P.O. Box

City State Zip

D. NPDES Surface Water Discharge Permit Number (if applicable) MI 0003824

E. State Groundwater Discharge Permit Number (if applicable) MS 003333

F. EPA Identification Number (if available) MID 006011245

G. Standard Industrial Classification Code (See page 6) 261000

H. County of Plant Location (See page 4) 03

DNR USE ONLY	Sanitary Sewer Code	
	River Basin Code	

PR 4888-4

DNR USE ONLY — ACTION		
Delete 1. ☐	New 2. ☐	Change 3. ☐

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1987

MEN03335

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 0

C. Monthly Operating Report Number (If Applicable) 0 3 0 1 1 7 1 1

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field 1
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

E. VOLUME OF DISCHARGE
Average Daily Flow (million gallons per day) — Measured ☐ — 4 4 4 0
Number of Days Discharged per Year — Estimated ☐ — 3 6 5
Total Annual Flow (million gallons per year) — 1 6 2 . 0 7 6 0

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)
% Process — 1 0 0 %
% Noncontact Cooling — %
% Sanitary Wastewater — %
(Do not enter decimal or fraction)

PR 4888-5

DNR USE ONLY — ACTION		
Delete 1. ☐	New 2. ☐	Change 3. ☐

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
t 293 Reports
.x 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P A. 1972

1987

MEN03336

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 1 1

C. Monthly Operating Report Number (If Applicable) 9 3 0 1 1 3 8

D. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☑
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right) _____
8. Municipal Sanitary Sewer (give name of municipality at right) _____

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	2 9 3 0
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		1 0 7 . 1 0 5 0

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	%
% Noncontact Cooling		1 0 0 %
% Sanitary Wastewater		%

PR 4888-5

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

VAIL COMPLETED FORM TO
Michigan Department of Natural Resources
t 293 Reports
ox 30028
ansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1987

MEN03337

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 2

C. Monthly Operating Report Number (If Applicable) 0 3 0 1 3 4

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☑
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right) _____
8. Municipal Sanitary Sewer (give name of municipality at right) _____

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	1 1 1 . 4 7 4 0
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		1 1 1 7 2 . 8 6 4 0

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		%

PR 4888-5

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
'93 Reports
30028
sing, Michigan 48909
one (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1987

MEN03338

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 4

C. Monthly Operating Report Number (If Applicable) 0 3 0 0 5 5

D. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☑
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right) _____
8. Municipal Sanitary Sewer (give name of municipality at right) _____

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 0 6 7 9
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		2 4 . 4 7 1 0

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		%

PR 4888-5

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1987

MEN03339

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 9 0 1 9

B. Outfall Number As You Refer To It 0 0 5

C. Monthly Operating Report Number (If Applicable) 0 3 0 0 5 3

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☑
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right) _____
8. Municipal Sanitary Sewer (give name of municipality at right) _____

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	15.52510
Number of Days Discharged per Year	Estimated ☐	351
Total Annual Flow (million gallons per year)		1939.31710

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	%
% Noncontact Cooling		100 %
% Sanitary Wastewater		%

PR 4888-5

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) ARSENIC

MEN03340

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

a. 0
b.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 3
b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 2	2	
	0 0 0	3	
	0 0 4	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 3
b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond lagoon, 7=Other (specify at right) (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill 3=Own land 4=Shipped out of state 5=Incinerated 6=Recycled, 7=Other (specify at right) (Choose up to 4) 3 7

Subsoiled on private lands

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0301019

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) BERYLLIUM

MEN03341

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLASS012

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
001	2	
002	2	
000	2	
004	1	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Resicual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right) (Choose up to 4)

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) COPPER

MEN03342

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 7

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

a. 0
b.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 5
b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 1 1	3	
0 0 2 1	4	
0 0 0 1	4	
0 0 0 4	3	
0 0 0 5	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 4
b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right) (Choose up to 4) 3 7

Subsoiled on private land

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03010119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) NICKEL

MEN03343

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLA55021

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	000	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond lagoon, 7=Other (specify at right) (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land 4=Shipped out of state 5=Incinerated, 6=Recycled 7=Other (specify at right) (Choose up to 4) 3 7
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CRITICAL MATERIALS REPORT

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Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Zinc

MEN03344

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 2 7

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 1	3	
0 0 2	4	
0 0 0	4	
0 0 5	4	
0 0 4	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 9 0 0

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03061119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) CYANIDE MEN03345

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLA55011 8

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
000	3	
004	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right) (Choose up to 4) 3 7
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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03001 19

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) TOTAL Chromium

MEN03346

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLA55015

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
001	3	
002	3	
010	4	
014	2	
015	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right) (Choose up to 4) 3 7
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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0|3|0|0|1|9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) LEAD

MEN03347

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C|L|A|S|S|0|1|9

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated 6=Recycled, 7=Other (specify at right) (Choose up to 4) 3 7
Stockpiled on private land

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0|3|0|0|1|9|

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) PCB

MEN03348

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C|L|A|S|S|0|7|9|

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 7|0|0|0|

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond lagoon, 7=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) CADMIUM

MEN03349

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 3

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material. a. b. c.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) a. b. c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. b. c.
a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right) (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land 4=Shipped out of state, 5=Incinerated, 6=Recycled 7=Other (specify at right). (Choose up to 4) 3 7
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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3 ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) bis (2-ethylhexyl)phthalate

MEN03350

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 1 1 7 8 1 7

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.	a. 0 0 2	b. 3	c.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)	a. 0 0 0	b. 3	c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. 0 0 4	b. 2	c.
	a.	b.	c.
	a.	b.	c.
	a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0|3|0|0|1|9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Di-n-butyl phthalate

MEN03351

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → ☐☐☐☐☐☐☐☐

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐☐☐☐☐☐☐☐☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐☐☐☐☐☐☐☐☐

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0|0|2	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐☐☐☐☐☐☐☐☐

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination ☐☐

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. ☐☐

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Butyl benzyl phthalate

MEN03352

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 0 8 5 6 8 7

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 2	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination ☐☐

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. ☐☐

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1987

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0310119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) METHYLENE CHLORIDE — MEN03353

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0101715091 2

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
000	3	
004	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM I
GENERAL INFORMATION

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1988

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS.
For other locations, please photocopy this form or request additional copies.
For assistance in completing these forms call the Great Lakes and Environment Assessment Section (517) 373-2190.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industiral) in the state of Michigan during any part of 1988?
☐ No. Skip questions D thru M, sign the report, and see page 40 for mailing instructions.
☒ Yes. In the space below briefly describe your business then continue with question C.

Integrated pulp and paper mill, producing corrugated medium of 26#, 33#, 36#, and 40# per 1000 sq.ft. Composed of carbonate semi-chemical wood fiber and OLD Corrugated.

MEN03354

C. Mailing Address: Place peel-off mailing label here.

030019
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect please update incorrect line(s) only below.
If you have sold the business to the person listed below please check here ☐

If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.

Plant Name _____

Address _____

City & State _____

Name of Company _____

Plant Location/Attn. _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

D. NPDES Surface Water Discharge Permit Number (if applicable) M I 0 0 0 3 8 2 4

E. State Groundwater Discharge Permit Number (if applicable) M I 0 0 3 3 3

F. EPA Identification Number (if available) M I D 0 0 6 0 1 2 4 0 5

G. Standard Industrial Classification Code (See page 6) 2 6 0 0

H. County of Plant Location (See page 4) 0 3

DNR USE ONLY		
	Sanitary Sewer Code	
	River Basin Code	

PR 4888-4

MEN03355

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
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Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1988

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number As You Refer To It: 0 0 1

C. Monthly Operating Report Number (If Applicable): 0 0 1 A

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right) KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

1

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 2 3 3 0
Number of Days Discharged per Year	Estimated ☐	3 6 3
Total Annual Flow (million gallons per year)		8 4 . 5 7 9 0

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9) (Do not enter decimal or fraction)

% Process	%
% Noncontact Cooling	1 0 0 %
% Sanitary Wastewater	%

PR 4888-5

MEN03356

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

COMPLETED FORM TO
gan Department of Natural Resources
293 Reports
ox 30028
Lansing Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1988

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 2

C. Monthly Operating Report Number (If Applicable) 0 0 2 A

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right) KALAMAZOO RIVER ☐
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right) _____
8. Municipal Sanitary Sewer (give name of municipality at right) _____

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 4 1 4 0
Number of Days Discharged per Year	Estimated ☐	3 6 0
Total Annual Flow (million gallons per year)		1 4 9 . 0 4 0 0

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		%

PR 4888-5

MEN03357

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

COMPLETED FORM TO.
gan Department of Natural Resources
. 293 Reports
ox 30028
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Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1988

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 0

C. Monthly Operating Report Number (If Applicable) 0 0 3 A

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right) KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field 1
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 5 1 1 0
Number of Days Discharged per Year	Estimated ☐	3 6 2
Total Annual Flow (million gallons per year)		1 8 4 . 9 8 2 0

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 0 0 %
% Noncontact Cooling		%
% Sanitary Wastewater		%

PR 4888-5

MEN03358

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

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FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P A 1972

1988

A separate Form II is required for each outfall Photocopy this form or request additional forms if needed

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 4

C. Monthly Operating Report Number (If Applicable) 0 0 4 A

D. DISCHARGE TYPE.
1. Surface Waters (river, stream, drain, storm sewer, lake swamp, etc. give name of receiving water at right) KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

1

VOLUME OF DISCHARGE
Average Daily Flow (million gallons per day) — Measured ☒ — . 0 6 3 0
Number of Days Discharged per Year — Estimated ☐ — 3 6 3
Total Annual Flow (million gallons per year) — 2 2 . 8 6 9 0

F. TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)
% Process — 1 %
% Noncontact Cooling — 9 9 %
% Sanitary Wastewater — %
(Do not enter decimal or fraction)

PR 4888-5

MEN03359

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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gan Department of Natural Resources
293 Reports
ox 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1988

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 5

C. Monthly Operating Report Number (If Applicable) 0 0 A 1 1

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ✓
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	15.46660
Number of Days Discharged per Year	Estimated ☐	352
Total Annual Flow (million gallons per year)		19214.19210

F. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	%
% Noncontact Cooling		100 %
% Sanitary Wastewater		%

PR 4888-5

MEN03360

MAIL COMPLETED FORM TO
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Lansing Michigan 48909
Phone (517) 373 2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) ARSENIC

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C C A S S 0 1 1 1

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c
0 0 2	2	
0 0 0	3	
0 0 4	2	

H. a. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right) (Choose up to 4) 4 6

Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on Private land

MEN03361

MAIL COMPLETED FORM TO
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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) BERYLLIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall (See Table A1 for code number)
c. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.

a.	b	c
0 0 1	2	
0 0 2	2	
0 0 0	2	
0 0 4	1	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete a 0
b. If over 1 000 lbs./yr, indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination ☐☐

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. ☐☐

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

MEN03362

MAIL COMPLETED FORM TO
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Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) Copper

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C 4 A S S 0 1 1 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 1	3	
0 0 2	4	
0 0 0	4	
0 0 4	3	
0 0 5	4	
- -	-	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

PR 4888-6

MEN03363

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION

Delete	New	Change
1. ☐	2. ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0|3|0|0|1|9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C|L|A|S|S|0|2|2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0	0	0	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7

Subsoiled on private Land

MEN03364

MAIL COMPLETED FORM TO
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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0301019

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Zinc

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C4AS50217

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
001	3	
002	3	
003	4	
004	3	
005	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Stockpiled on private land

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FORM III
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DNR USE ONLY — ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0301019

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Cyanide

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CUASS018

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.	a. 002	b. 3	c.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)	a. 004	b. 2	c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a.	b.	c.
	a.	b.	c.
	a.	b.	c.
	a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production-Process-Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on Private land

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03010119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Total Chromium

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C4A55015

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
001	3	
002	3	
010	4	
014	2	
015	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 46

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 37 Subsoiled on private land

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

DNR USE ONLY — ACTION
Delete 1 ☐ New 2 ☐ Change 3 ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms

A. FACILITY NUMBER → 03000119

B. CRITICAL MATERIAL NAME (Pages 16, 17 and 18) LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLA5501 19

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1 000 lbs./yr , indicate amount to nearest 500 lbs b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code) If the amount of Item B discharged is zero, skip G and continue with Item H a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material a. b c.
b. Amount of Item B discharged out each outfall (See Table A1 for code number.) a. b c
c. If over 1,000 lbs /yr , indicate amount to nearest 500 lbs. a b c
a. b. c
a b c
a b c

H. a. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code.) If the amount of Item B in residuals is zero skip I thru L, this form is complete a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b

I. Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank 5=Stockpiled on ground 6=Holding pond/lagoon, 7=Other (specify at right) (Choose up to 4) 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 7
Subsoiled on private land

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03001 19

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) PCB

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLA55079

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 6
b. If over 1 000 lbs./yr indicate amount to nearest 500 lbs. b. 7000

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L. this form is complete. a.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 3

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal: 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

MEN03370

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S 5 0 2 1

D. a. Amount of Item B **Used** or **Manufactured** per year (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

MEN03371

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03010119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) bis (2-ethylhexyl) phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0011178117

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.)
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

a. 0
b. ☐

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 4
b. ☐

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
002	3	
000	3	
004	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 2
b. ☐

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination — W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. — 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond lagoon, 7=Other (specify at right). (Choose up to 4) — 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) — 3 7

Subsoiled on private land

MEN03372

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03001 19

B. CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) Di-N-butyl phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 00084742

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number)
c If over 1,000 lbs./yr., indicate amount to nearest 500 lbs

a. 002	b 3	c.
a.	b	c.
a.	b	c
a.	b	c.
a.	b	c
a.	b.	c

H. a Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

MEN03373

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03000119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Butyl benzyl Phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0008516817

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
002	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

MEN03374

MAIL COMPLETED FORM TO
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Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0|3|0|0|1|9|

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Methylene Chloride

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0|0|0|7|5|0|9|2|

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b	c.
	0	0	0		3	
	0	0	4		2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

MEN03375

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

1988

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Toluene

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 1 1 0 8 8 8 3

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

a Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0 0 0	b 3	c
a.	b.	c
a.	b.	c
a.	b.	c.
a.	b	c
a.	b	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination ☐☐

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. ☐☐

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

MEN03376

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FORM I
GENERAL INFORMATION

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

19

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS.
For other locations, please photocopy this form or request additional copies.
For assistance in completing these forms call the Great Lakes and Environment Assessment Section (517) 373-21

A. FACILITY NUMBER → 030019

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1989?
☐ No. Skip questions D thru M, sign the report, and see page 40 for mailing instructions.
☒ Yes. In the space below briefly describe your business then continue with question C.
Integrated pulp and paper mill, producing corrugated medium of 26#, 33#, 36 40# per 1000 sq. ft. Composed of carbonate semi-chemical wood fiber and old corrugated.

C. Plant Location: If the plant location is different than the location of the facility to which this form is mailed indicate the addr of the plant location below.

Street Address

City

Mailing Address:
030019
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect ple update incorrect line(s) only below.
If you have sold the business to the person listed bel please check here ☐

Name of Company

Plant Location/Attn.

Street Address or P.O. Box

City State

Zip -

D. NPDES Surface Water Discharge Permit Number (if applicable) MI 0003824

E. State Groundwater Discharge Permit Number (if applicable) M 003333

F. EPA Identification Number (if available) MID 006012405

G. Standard Industrial Classification Code (See page 6) 26010

H. County of Plant Location (See page 4) 03

DNR USE ONLY	Sanitary Sewer Code	
	River Basin Code	

PR 48

Pa

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

COMPLETED FORM TO
igan Department of Natural Resources
Act 293 Reports
Box 30028
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Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1989

MEN03377

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 6 0 1 9

B. Outfall Number As You Refer To It 0 0 1

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

1

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day) — Measured ☒ — 2.3910

Number of Days Discharged per Year — Estimated ☐ — 365

Total Annual Flow (million gallons per year) — 87.0140

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

(Do not enter decimal or fraction)

% Process	%
% Noncontact Cooling	100 %
% Sanitary Wastewater	%

PR 4888-5

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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gan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1989

MEN03378

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number As You Refer To It 0 0 2

C. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☐
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 4 2 8 0
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		1 5 6 . 3 5 8 0

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		%

PR 4888-5

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

L COMPLETED FORM TO
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ct 293 Reports
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Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P A 1972

1989

MEN03379

A separate Form II is required for each outfall Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0301019

B. Outfall Number As You Refer To It 000

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain storm sewer lake, swamp, etc *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

1

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day) ___ . 614910

Measured ☒ Estimated ☐

Number of Days Discharged per Year 365

Total Annual Flow (million gallons per year) 236 . 91000

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

(Do not enter decimal or fraction)

% Process	100 %
% Noncontact Cooling	___ %
% Sanitary Wastewater	___ %

PR 4888-5

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1989

MEN03380

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number As You Refer To It 0 0 4

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☐1☐
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right) _____
8. Municipal Sanitary Sewer (give name of municipality at right) _____

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	___ . 0 5 4 0
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		1 9 . 7 6 6 0

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		___ %

PR 4888-5

DNR USE ONLY — ACTION		
Delete 1. ☐	New 2. ☐	Change 3. ☐

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FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P A. 1972

1989

MEN03381

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number As You Refer To It 0 0 5

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* KALAMAZOO RIVER
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☐
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	5.59810
Number of Days Discharged per Year	Estimated ☐	349
Total Annual Flow (million gallons per year)		1953.6220

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	%
% Noncontact Cooling		100 %
% Sanitary Wastewater		%

PR 4888-5

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
nsing Michigan 48909
ne (517) 373 2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 03000119

B. CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) ARSENIC

MEN03382

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLASS011

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3

b If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a Outfall numbers on Form II which discharge this critical material
b Amount of Item B discharged out each outfall. (See Table A1 for code number)
c. If over 1 000 lbs./yr , indicate amount to nearest 500 lbs

	a	b	c
	002	2	
	000	3	
	004	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code) If the amount of Item B in residuals is zero skip I thru L, this form is complete a. 2

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b

I. Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right) (Choose up to 4) 3 7

Subsoiled on PRIVATE LAND

MAIL COMPLETED FORM TO:
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Act 293 Reports
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Tel (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete 1. ☐	New 2. ☐	Change 3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) BERYLLIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 1	2	
0 0 2	2	
0 0 0	2	
0 0 4	1	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination ☐☐

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. ☐☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

MEN0S364

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Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — AC...
Delete 1. ☐ New 2. ☐ Change 3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) bis (2-ethylhexyl) phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 1 1 1 7 8 1 1 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 2	3	
	0 0 0	4	
	0 0 4	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

MAIL COMPLETED FORM TO
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Act 293 Reports
Box 30028
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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Butyl benzyl phthalate

MEN03385

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 0 8 5 6 8 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 2	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination ☐☐

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. ☐☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) ☐☐☐☐

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 3

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
002	1	
000	2	
004	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

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Delete	New	Change
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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Total Chromium

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 5

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on Private Land

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 2	3	
0 0 0	4	
0 0 4	1	
0 0 5	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
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DNR USE ONLY — A

Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1989

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A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) CYANIDE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 8

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 0	3	
	0 0 4	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

PR 4888-6

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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) di-N-butyl phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 0 8 4 7 4 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code) a. 0

b If over 1 000 lbs./yr , indicate amount to nearest 500 lbs. b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 3

b. If over 1,000 lbs./yr , indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number)
c. If over 1,000 lbs./yr , indicate amount to nearest 500 lbs.

a.	b	c
6 0 2	3	

H. a. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete a. 0

b. If over 1,000 lbs./yr , indicate amount to nearest 500 lbs. b

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual. or C=Combination

J. Physical state of residual in Item H 1=Liquid. 2=Sludge. 3=Wet solid. 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) LEAD

MEN03391

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 9

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.)
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

a. 0
b.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 4
b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 2	2	
0 0 0	3	
0 0 5	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 3
b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 3 7
Subsoiled on Private land

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 2 1

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on Private land

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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Methylene Chloride

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 0 7 5 0 9 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b	c
0 0 0	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C 4 A S 5 0 2 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 0	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) PCB

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 7 9

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 6

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 7 0 0 0

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. b. c.
a. b. c.
a. b. c.
a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

MEN03396

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — A
Delete 1. ☐ New 2. ☐ Change 3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Phenols

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 1 0 8 9 5 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 2 5 0 0

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 2	6	1 5 0 0
0 0 0	5	
0 0 4	1	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

PR 4888-6

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Sodium Hypochlorite

MEN03397

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 4

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 6

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 0 0 0

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Toluene

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 1 0 8 8 8 3

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 0	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1989

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Zinc

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 2 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 2	3	
0 0 0	4	
0 0 4	1	
0 0 5	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
subsoiled on private land

MEN03400

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FORM I
GENERAL INFORMATION

Required by Act 293 P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1990

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS
For other locations please photocopy this form or request additional copies
For assistance in completing these forms call the Great Lakes and Environment Assessment Section (517) 373-2190

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1990?
☐ No Skip questions D thru M, sign the report, and see page 40 for mailing instructions
☒ Yes In the space below briefly describe your business then continue with question C
Integrated Pulp & Paper Mill, producing corrugated medium of 26#, 33#, and 40# per 1000 sq. ft. Composed of non-sulfur semi-chemical wood fiber and old corrugated.

C. Plant Location If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below

Street Address _____

City _____

Mailing Address [illegible]

If any part of the mailing address is incorrect please update incorrect line(s) only below
If you have sold the business to the person listed below please check here ☐

Name of Company _____

Plant Location/Attn _____

Street Address or P O Box _____

City _____ State _____

Zip _____

D. NPDES Surface Water Discharge Permit Number (if applicable) MI 0 0 0 3 8 2 4

E. State Groundwater Discharge Permit Number (if applicable) M 0 0 3 3 3

F. EPA Identification Number (if available) MID 0 0 6 0 1 2 4 0 5

G. Standard Industrial Classification Code (See page 6) 2 6 0 0

H. County of Plant Location (See page 4) 0 3

DNR USE ONLY		
	Sanitary Sewer Code	
	River Basin Code	

PR 4888-4

MEN03401

DNR USE ONLY — ACTION		
Delete 1 ☐	New 2. ☐	Change 3 ☐

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FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 1

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc. *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☐
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 3 9 5 0
Number of Days Discharged per Year		3 6 5
Total Annual Flow (million gallons per year)	Estimated ☐	1 4 4 . 2 3 3 0

E. TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)

	(Do not enter decimal or fraction)	
% Process		%
% Noncontact Cooling	1 0 0	%
% Sanitary Wastewater		%

PR 4888-5

MEN03402

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
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Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P A 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 2

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain storm sewer, lake, swamp, etc.: *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field 1
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	1 1 1 . 5 0 4 0
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		1 1 1 1 8 4 . 0 0 6 0

E. TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)

% Process	Do not enter decimal or fraction)	1 1 1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		1 %

PR 4688-5

MEN03403

DNR USE ONLY — ACTION		
Delete 1 ☐	New 2 ☐	Change 3 ☐

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FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P A 1972

1990

A separate Form II is required for each outfall Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 0

C. DISCHARGE TYPE:

1. Surface Waters (river, stream drain storm sewer lake, swamp, etc. *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

1

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 6 1 8 0
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		2 2 5 . 8 3 1 0

E. TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 0 0 %
% Noncontact Cooling		%
% Sanitary Wastewater		%

PR 4888-5

MEN03404

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

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FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 4

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☐
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	.015016
Number of Days Discharged per Year	Estimated ☐	365
Total Annual Flow (million gallons per year)		18.418810

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		99 %
% Sanitary Wastewater		%

PR 4888-5

MEN03405

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

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FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P A 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 5

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field 1
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	15.4091
Number of Days Discharged per Year	Estimated ☐	317
Total Annual Flow (million gallons per year)		1174.6860

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	%
% Noncontact Cooling		100 %
% Sanitary Wastewater		%

PR 4888-5

MEN03406

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0300119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) ARSENIC

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLASS011

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a	b	c
000	3	
002	2	
004	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

MEN03407

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) BERYLLIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1 000 lbs
6 = over 1 000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 0	2	
0 0 1	2	
0 0 2	2	
0 0 5	1	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

MEN03408

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) bis (2-ethylhexyl) phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 1 1 7 8 1 7

D. a. Amount of Item B **Used** or **Manufactured** per year (See Table A1 for code.) a. 0
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs b. ☐

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 3
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs b. ☐

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall (See Table A1 for code number.)
c. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	002	3	
	004	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete a. 1
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H P=Production Process Residual W=Wastewater Treatment Residual or C=Combination W

J. Physical state of residual in Item H 1=Liquid 2=Sludge, 3=Wet solid 4=Dry solid 2

K. Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above ground tank. 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/roll off box. 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill. 3=Own land. 4=Shipped out of state. 5=Incinerated. 6=Recycled. 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Butyl benzyl phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 0 8 5 6 8 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 2	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 3

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b	c
	0 0 0	2	

H. a. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete a 2
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b

I. Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid 4=Dry solid 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right) (Choose up to 4) 3 7
subsoiled on private land

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16 17 and 18) Chromium

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 5

D. a. Amount of Item B **Used** or **Manufactured** per year (See Table A1 for code) a. 0
b If over 1 000 lbs yr, indicate amount to nearest 500 lbs b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes ☐

F. a Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H a. 3
b. If over 1 000 lbs /yr, indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material
b. Amount of Item B discharged out each outfall (See Table A1 for code number)
c If over 1 000 lbs yr indicate amount to nearest 500 lbs

	a	b	c
	0 0 0	3	

H. a Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code) If the amount of Item B in residuals is zero, skip I thru L this form is complete a 2
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs b

I. Source of residual in Item H P=Production Process Residual W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid 2=Sludge, 3=Wet solid 4=Dry solid 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 6 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 0	4	
0 0 1	2	
0 0 2	2	
0 0 5	3	
0 0 4	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) CYANIDES

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 8

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c
0 0 0	4	
0 0 4	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

MEN03414

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) di-N-butyl phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 0 8 4 7 4 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material. a. 0 0 2 b 3 c.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) a. b. c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. b. c.
a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME (Pages 16 17 and 18) LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 1 9

D. a Amount of Item B **Used** or **Manufactured** per year (See Table A1 for code) a 0
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs b

TABLE A1
0 = 0 lbs
1 = ess than 1 lb
2 = 1 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes ☐

F. a Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H a. 3
b If over 1 000 lbs /yr , indicate amount to nearest 500 lbs b.

G. a Outfall numbers on Form II which discharge this critical material
b Amount of Item B discharged out each outfall (See Table A1 for code number)
c If over 1 000 lbs yr indicate amount to nearest 500 lbs

a	b	c
0 0 0	3	
0 0 2	2	
0 0 5	3	

H a Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code) If the amount of Item B in residuals is zero skip I thru L this form is complete a 2
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs b

I Source of residual in Item H P=Production Process Residual W=Wastewater Treatment Residual or C=Combination W

J. Physical state of residual in Item H 1=Liquid 2=Sludge 3=Wet solid 4=Dry solid 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums 3 = Above ground tank 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right) (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill 3=Own land 4=Shipped out of state 5=Incinerated 6=Recycled 7=Other (specify at right) (Choose up to 4) 3 7
Subsoiled on private land

MEN03416

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FORM III
CRITICAL MATERIALS REPORT

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DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 7

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) →

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.)
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs
5 = 501 - 1,000 lbs
6 = over 1,000 lbs.

a. 0
b.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0
b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 1
b.

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7

Subsoiled on private land

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FORM III
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DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3. ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 2 2

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs.
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c
0 0 0	3	
0 0 2	2	
0 0 5	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

MEN03418

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373 2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) Phenols

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → 0 0 1 0 8 9 5 2

D. a. Amount of Item B **Used** or **Manufactured** per year (See Table A1 for code) a. 0
b If over 1 000 lbs yr indicate amount to nearest 500 lbs b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes ☐

F. a Total amount of Item B that was or may have been **Discharged** in wastewater per year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H a 5
b. If over 1 000 lbs. yr, indicate amount to nearest 500 lbs b

G. a Outfall numbers on Form II which discharge this critical material
b Amount of Item B discharged out each outfall (See Table A1 for code number)
c If over 1 000 lbs yr indicate amount to nearest 500 lbs

a	b	c
0 0 0	4	
0 0 2	3	
0 0 5	4	

H. a Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code) If the amount of Item B in residuals is zero, skip I thru L, this form is complete a 6
b If over 1 000 lbs/yr, indicate amount to nearest 500 lbs b 1 0 0 0

I. Source of residual in Item H P=Production Process Residual W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid 4=Dry solid 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon 7=Dumpster/roll off box, 8=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill 2=Hazardous waste landfill 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right) (Choose up to 4) 3 7
Subsoiled on private land

MEN03419

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Sodium Hypochlorite

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 1 4

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.)
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs.
1 = Less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

a. 6
b. 1 1 9 0 0 0

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0
b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.
b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

MEN03420

MAIL COMPLETED FORM TO
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Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Zinc

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 2 7

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a	b	c
	0 0 0	4	
	0 0 2	3	
	0 0 5	3	
	0 0 4	2	

H. a. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

MEN03421

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1.	2.	3.

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) PCB

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → C L A S S 0 7 9

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.)
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

a. 6
b. 7 0 0 0

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0
b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 6
b. 7 0 0 0

I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 1

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 1

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 5

STATE OF MICHIGAN

MEN03422

JAMES J BLANCHARD Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T MASON BUILDING
P O BOX 30028
LANSING MI 48909

DAVID F HALES Director

July 17, 1991

Gary E. Roys
Menasha Corp., Paperboard Div.
320 Farmer Street
Otsego, MI 49078

Facility # 030019

Dear Mr. Roys:

An audit of your Act 293 Critical Materials and Wastewater Report Forms submittal for 1990 is being conducted. As a part of that effort, questions concerning the following portion(s) of your report have been generated:

Form II:

Is there an Outfall 003?

Form III:

D. For most Critical Materials, the amount given is "0". The amount "used or manufactured" is the amount present on-site at the facility cumulatively over the period 1990, either alone or in raw materials used. As such, it cannot be less than the combined amounts discharged in wastewater and disposed of as residuals. Please revise this amount accordingly for all of these Critical Materials.

F. Chlorine is used; is it not also discharged?

H. Chlorine: required information not provided.

I. Chlorine: required information not provided.

J. Chlorine: required information not provided.

K. Chlorine: required information not provided.

L. Chlorine: required information not provided.

Act 293 of the Public Acts of 1972 requires that every person doing business within the State of Michigan and discharging other-than-sanitary wastewaters to surface waters, ground waters, or sanitary sewer systems of the state must file an annual wastewater report with the Michigan Department of Natural Resources. In order to avoid a violation, information provided within that report must be accurate and complete.

Please respond to the above inquiry either in writing or by telephoning me at the number below. Where new forms or substantial revisions of previously submitted forms are required, please submit revised forms. Where less extensive information is required, written responses may take the form of a letter; or, a phone call may be used. To avoid further action by this office, a response is required by August 7, 1991.

If you have any questions regarding the above inquiry or the proper completion of forms, or require an extension of the above deadline, please feel free to telephone me at the number below. I will be happy to assist you in any way possible.

Sincerely,

Christopher Hull

Christopher Hull
Aquatic Biologist
Great Lakes and Environmental
Assessment Section
Surface Water Quality Division
517-335-4199

cc: Mr. Bob Babcock, Region III, SWQD
Mr. Fred Morley, SWQD, Plainwell Dist. Office

MEN03424

PAPERBOARD DIVISION

MENASHA CORPORATIC

August 9, 1991

Christopher Hull
Michigan Dept. of Natural Resources
Surface Water Quality Division
P.O. Box 30028
Lansing, MI 48909

Dear Christopher:

I have reviewed our 1990 Critical Materials and Wastewater Report after receiving your letter of July 17, 1991. Our Environmental Staff has recently taken over several reports from our Laboratory personnel. As a part of this effort we are now using a computerized database to assist in compiling these reports. Our review has shown that most of the information submitted on previous reports need not have been reported. The majority of these materials are trace contaminants not purposefully added and the concentrations are considerably less than 1% by weight. A revised copy of the report has been completed and is included with this letter.

Your letter also asked some specific questions about the 1990 information we had submitted. These are addressed below.

1. Is there an outfall 003?

   The answer is, yes, however 003 is a combination of discharges 000 and a portion of our turbine cooling water, referred to as 003-5. The discharges are covered under reports for 000 and 005 rather than as a combined discharge.

2. You stated that the amount "used or manufactured" cannot be less than the amount discharged from our processes.

   As explained in the first part of my letter, most of the information submitted in the 1990 report was not applicable under the "used or manufactured" definition. The revised report rectifies this problem.

3. Chlorine is used; is it also discharged?

   The answer is a qualified no. Sodium Hypochlorite is added to our fresh water well system for control of iron reducing bacteria. Daily testing of our process discharges has consistently shown chlorine levels to be less than 0.036 PPM. This is indicated as a zero discharge on our report for Sodium Hypochlorite.

Otsego Mill
320 N Farmer St
PO Box 155
Otsego MI 49078-0155
1 616-692-6141
1-616-692-2060 (Fax)

Outfall 001 contains chlorine, however this outfall has only non-contact City water discharged through it. The chlorine is present in the intake water and none is added, therefore this is not a reportable discharge.

The revised report should provide you with accurate and complete information on our wastewater discharges. If you have further questions on this matter, please contact me at (616) 692-6141.

Sincerely,

Otsego Paperboard Division

Keith B. Kling

Keith B. Kling
Environmental Supervisor

cc: John Bonham
Len Myers
Pete DeRossi
Fred Morley, SWQD - Plainwell Office

KBK:amc

MEN03426

Revised

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM I
GENERAL INFORMATION

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1990

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS.
For other locations, please photocopy this form or request additional copies.
For assistance in completing these forms call the Great Lakes and Environment Assessment Section (517) 373-2190.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1990?
☐ No. Skip questions D thru M, sign the report, and see page 40 for mailing instructions.
☒ Yes. In the space below briefly describe your business then continue with question C.
Integrated Pulp & Paper Mill, producing corrugated medium of 26#, 33#, and 40# per 1000 sq. ft. Composed of non-sulfur semi-chemical wood fiber and old corrugated

C. Plant Location: If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.

Street Address

City

Mailing Address: [illegible]

If any part of the mailing address is incorrect please update incorrect line(s) only below.
If you have sold the business to the person listed below please check here ☐

Name of Company

Plant Location/Attn.

Street Address or P.O. Box

City State

Zip

D. NPDES Surface Water Discharge Permit Number (if applicable) MI 0010382 4

E. State Groundwater Discharge Permit Number (if applicable) M 0033 3

F. EPA Identification Number (if available) MID 006011240 5

G. Standard Industrial Classification Code (See page 6) 2610 0

H. County of Plant Location (See page 4) 03

DNR USE ONLY	Sanitary Sewer Code	
	River Basin Code	

PR 4888-4

I. Did the operation of your business result in the discharge of ANY wastewater (including cooling water and sanitary wastewater from toilets, washrooms, etc.)?

A. ☒ Yes. Continue with question J

B. ☐ No. Go to question N, sign the report and see page 40 for mailing instructions.

J. Is ALL of your discharged wastewater sanitary wastewater? (Note: Sanitary wastewater includes wastewater from toilets, washrooms, drinking fountains, kitchens, and other sanitary facilities which may produce HUMAN WASTE. Sanitary waste does NOT include cooling water, condenser water, process wastewater, commercial laundry or car wash water.

A. ☐ Yes. Continue with question K.

B. ☒ No. Skip question K. Continue with question L. You must also complete and attach Form II. One Form II must be completed for each wastewater outfall including the sanitary wastewater outfalls.

K. If ALL of your wastewater is sanitary wastewater does it go to a septic tank or a municipal sanitary sewer?

☐ Yes. Septic tank.
☐ Yes. Sanitary sewer. (Note: Lagoons are not included in either of these categories)
If you marked either of the above go to question N, sign the report, and see page 40 for mailing instructions
☐ No. Continue with question L. You must also complete and attach Form II.

L. Do you use, manufacture, or discharge any of the Critical Materials listed on pages 16, 17 or 18?

☒ Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.
☐ No. Continue with question M

M. Does the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, residue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?

☒ Yes Continue with question N. You must also complete and attach Form III for each Critical Material.
☐ No. Continue with question N.

N. Complete the following before mailing form(s)

Phone Number (Area)	Number of Employees	
616 6926141	2310	

Name and Title of Person Completing Report (please print)

Keith B. Kling — 8/3/91

Signature of Person Completing Report — Date

Keith B. Kling

Name and Title of Person Certifying Report (please print)

Signature of Person Certifying Report — Date

MEN03428

DNR USE ONLY — ACTION		
Delete	New	Chai
1. ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P A 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER — 0|3|0|0|1|9

B. Outfall Number As You Refer To It — 0|0|1

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.. *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field ☐
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	___ . 3|9|5|0
Number of Days Discharged per Year	Estimated ☐	3|6|5
Total Annual Flow (million gallons per year)		___ 1|4|4 . 2|3|3|0

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

	(Do not enter decimal or fraction)	
% Process		___ %
% Noncontact Cooling		1|0|0 %
% Sanitary Wastewater		___ %

PR 488

MEN03429

DNR USE ONLY — ACTION		
Delete	New	Cha
1 ☐	2 ☐	3 ☐

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Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373 2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P A 1972

1990

A separate Form II is required for each outfall Photocopy this form or request additional forms if needed

A. FACILITY NUMBER ——— 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 2

C. DISCHARGE TYPE.

1 Surface Waters (river stream drain storm sewer lake, swamp etc *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4 Septic Tank — Tile Field 1
5. Deep Well Disposal
6 Surface or Ground
7 Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	1 1 1 . 5 0 4 0
Number of Days Discharged per Year		3 6 5
Total Annual Flow (million gallons per year)	Estimated ☐	1 1 1 1 8 4 . 0 0 6 0

E. TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 1 1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		%

PR 488

MEN03430

DNR USE ONLY — ACTION		
Delete	New	Char
1. ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
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Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER — 0 3 0 0 1 9

B. Outfall Number As You Refer To It — 0 0 0

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: *give name of receiving water at right)* Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface or Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	. 6 1 8 0
Number of Days Discharged per Year		3 6 5
Total Annual Flow (million gallons per year)	Estimated ☐	2 2 5 . 8 3 1 0

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 0 0 %
% Noncontact Cooling		%
% Sanitary Wastewater		%

PR 488E

MEN03431

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER — 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It — 0 0 1 4

C. DISCHARGE TYPE:

1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc., *give name of receiving water at right*) Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

1

D. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	0 . 0 5 0 6
Number of Days Discharged per Year	Estimated ☐	3 6 5
Total Annual Flow (million gallons per year)		1 8 . 4 8 8 0

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		9 9 %
% Sanitary Wastewater		%

PR 4888-

MEN03432

DNR USE ONLY — ACTION		
Delete	New	Chang
1 ☐	2 ☐	3 ☐

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing Michigan 48909
Phone (517) 373-2190

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 P A 1972

1990

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.

A. FACILITY NUMBER — 0 3 0 0 1 1 9

B. Outfall Number As You Refer To It — 0 0 5

C. DISCHARGE TYPE:
1. Surface Waters (river stream, drain storm sewer lake, swamp etc *give name of receiving water at right*) Kalamazoo River
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field — 1
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE
Average Daily Flow (million gallons per day) — 5.4 0 9 1 1
Number of Days Discharged per Year — 3 1 1 7
Total Annual Flow (million gallons per year) — 1 1 7 1 4 . 6 8 6 0
Measured ☒
Estimated ☐

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)
% Process — %
% Noncontact Cooling — 1 0 0 %
% Sanitary Wastewater — %
(Do not enter decimal or fraction)

PR 4888-

MEN03433

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0300119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Sodium Hypochlorite

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLAS0014

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 6

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 119000

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

MEN03434

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909
Phone (517) 373-2190

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P A 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1990

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 0300119

B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) PCB

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) → CLIAS5079

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 7000

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs.
5 = 501 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 7000

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination P

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 1

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 1

L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 4 5

MEN03435

PAPERBOARD DIVISION

March 9, 1992

Act 293 Reports
Surface Water Quality Division
Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909-7258

Gentlemen:

Enclosed is a copy of our 1991 Critical Materials and Wastewater Report. This report covers outfalls 000, 001, 002, 003, and 004. In August, 1991 a design change was made affecting our discharges. Outfalls 000, 002, and 004 were combined and piped into our 003 discharge. After that date we had only two discharges, 001 and 003.

In addition, our 1990 report indicated an 005 discharge. This was a portion of our turbine cooling water. In November, 1990 the electric generating turbine was shut down and the outfall was taken out of service.

Please note that on Form III the amount **present on-site** was adjusted to be equal to the amount **discharged** in instances where the known amount added was less than the amount **discharged**. In those instances, the critical materials discharged was present as a trace contaminant in another host substance.

If you have any questions, please contact the writer at (616)692-6141.

Sincerely,

Otsego Paperboard Division

Keith B. Kling

Keith B. Kling
Environmental Supervisor

cc: Paul Jachim
Len Myers
Gary Roys
Pete DeRossi

Enclosures

KBK:amc

Otsego Mill
320 N Farmer St
PO Box 155
Otsego MI 49078-0155
1-616-692-6141

MEN03436

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373 4621

FORM I
GENERAL INFORMATION

Required by Act 293 PA 1972

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

1991

SEE INSTRUCTIONS p 6 A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS For other locations please photocopy this form or request additional copies For assistance in completing these forms call the Compliance and Enforcement Section (517) 373-4621

A. FACILITY NUMBER (see mailing label and instructions, p 6) → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1991?
☐ No Skip questions D thru P sign the report and see page 40 for mailing instructions
☒ Yes IN THE SPACE BELOW BRIEFLY DESCRIBE YOUR BUSINESS then continue with question C
Integrated Pulp & Paper Mill, producing corrugated medium of 26#, 33#, 36# & 40# per 1000 sq.ft. composed of non-sulfur semi-chemical wood fiber and old corrugated.

C. Plant Location: If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below

Street Address

City

030019 030057 0830030

Mailing Address
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect please update incorrect line(s) only below
If you have sold the business to the person listed below please check here ☐

Name of Company

Plant Location/Attn

Street Address or PO Box

City State

Zip

D. NPDES Surface Water Discharge Permit Number (if applicable) MI 0 0 0 3 8 2 4

E. State Groundwater Discharge Permit Number (if applicable) M 0 0 3 3 3

F. EPA Identification Number (if available) MID 0 0 6 0 1 2 4 0 5

G. Standard Industrial Classification Code (see page 5) 2 6 0 0

H. County of Plant Location (see page 4) 0 3

. Sanitary Sewer Code top-middle six-digit number from mailing label (see instructions p 6) 0 3 0 0 5 7

J. River Basin Code, top-right seven-digit number from mailing label (see instructions p 6) 0 8 3 0 0 3 0

K. Check this box if you have had a change in discharge type during this reporting year (see instructions p 6) ☐

PR-4888-4 (Rev 1/92)

L. Did the operation of your business result in the discharge of ANY wastewater (including cooling water and sanitary wastewater from toilets, washrooms, etc.)?

A. ☒ Yes Continue with question M

B. ☐ No Go to question Q, sign the report and see page 40 for mailing instructions

M. Is ALL of your discharged wastewater sanitary wastewater? (Note Sanitary wastewater includes wastewater from toilets, washrooms drinking fountains, kitchens, and other sanitary facilities which may produce HUMAN WASTE. Sanitary waste does NOT include cooling water, condenser water, process wastewater, commercial laundry or car wash water.)

A. ☐ Yes. Continue with question N

B. ☒ No Skip question N. Continue with question O You must also complete and attach Form II One Form II must be completed for each wastewater outfall including the sanitary wastewater outfalls

N. If ALL of your wastewater is sanitary wastewater does it go to a septic tank or a municipal sanitary sewer?

☐ Yes. Septic tank.
☐ Yes Sanitary sewer (Note Lagoons are not included in either of these categories)
If you marked either of the above go to question Q, sign the report, and see page 40 for mailing instructions.
☐ No Continue with question O You must also complete and attach Form II

O. Do you use, manufacture, or discharge any of the Critical Materials listed on pages 21-29?

☒ Yes Continue with question P You must also complete and attach Form III for each Critical Material
☐ No. Continue with question P

P. Does the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, residue or sludge-type waste material that contains any Critical Materials listed on pages 21-29?

☒ Yes. Continue with question Q You must also complete and attach Form III for each Critical Material.
☐ No. Continue with question Q

Q. Complete the following before mailing form(s)

Phone Number	Number of Employees	
616 692-6141 (Area)	240	

Name and Title of Person Completing Report (please print)

GARY E. ROYS

Signature of Person Completing Report: Gary E. Roys — Date: 2/24/92

Name and Title of Person Certifying Report (please print)

KEITH B. KIRKEY ENVIRONMENTAL SUPERVISOR

Signature of Person Certifying Report: Keith B. Kirkey Environmental Supervisor — Date: 3/9/92

MEN03438

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, PA 1972

1991

SEE INSTRUCTIONS, p. 13-14 A separate Form II is required for each outfall. Photocopy this form if additional forms are needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number as you refer to it, or as indicated in NPDES or other permits. → 0 0 2

C. DISCHARGE TYPE:

1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc., give name of receiving water at right) KALAMAZOO RIVER
2. Lagoon or seepage pond with no outlets
3. Spray irrigation
4. Septic tank — tile field ✓
5. Deep well disposal
6. Surface of ground
7. Other (describe at right)
8. Municipal sanitary sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average daily flow (million gallons per day)	Measured ☒	.6470
Number of days discharged per year	Estimated ☐	210
Total annual flow (million gallons per year)		135.842

E. TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact cooling		99 %
% Sanitary wastewater		%

Comments. This weir was consolidated with two (2) other outfalls on August 7, 1991 to form one outfall. Which will be designated outfall 003.

PR 4888-5 (Rev. 1/9

MEN03439

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS p 13-14 A separate Form II is required for each outfall. Photocopy this form if additional forms are needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number as you refer to it, or as indicated in NPDES or other permits → 0 0 3

C. DISCHARGE TYPE

1. Surface waters (river stream drain storm sewer, lake swamp, etc. give name of receiving water at right) KALAMAZOO RIVER
2. Lagoon or seepage pond with no outlets
3. Spray irrigation
4. Septic tank – tile field
5. Deep well disposal
6. Surface of ground
7. Other (describe at right)
8. Municipal sanitary sewer (give name of municipality at right)

1

D. VOLUME OF DISCHARGE

Average daily flow (million gallons per day) — Measured ☒ — 1.5854

Number of days discharged per year — Estimated ☐ — 153

Total annual flow (million gallons per year) — 242.5650

E. TYPE OF WASTEWATER Each Outfall must total 100% See instructions on Page 9)

(Do not enter decimal or fraction)

% Process — 60 %

% Noncontact cooling — 40 %

% Sanitary wastewater — %

Comments: This outfall was started Aug 7, 1992 The discharge through this outfall was brought about by the consolidation of outfalls 000, 002, and 004.

MEN03440

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, PA 1972

1991

SEE INSTRUCTIONS, p. 13-14. A separate Form II is required for each outfall. Photocopy this form if additional forms are needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number as you refer to it, or as indicated in NPDES or other permits. → 0 0 4

C. DISCHARGE TYPE:

1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.; give name of receiving water at right) KALAMAZOO RIVER
2. Lagoon or seepage pond with no outlets
3. Spray irrigation
4. Septic tank – tile field ☐
5. Deep well disposal
6. Surface of ground
7. Other (describe at right) _____
8. Municipal sanitary sewer (give name of municipality at right) _____

D. VOLUME OF DISCHARGE

Average daily flow (million gallons per day)	Measured ☒	.0816
Number of days discharged per year	Estimated ☐	2110
Total annual flow (million gallons per year)		17.99310

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9)

	(Do not enter decimal or fraction)	
% Process		%
% Noncontact cooling	1010	%
% Sanitary wastewater		%

Comments: This outfall was consolidated with two (2) other outfalls on Aug. 7, 1991 to form a single outfall. The new outfall will be designated 003.

MEN03441

DNR USE ONLY – ACTION		
Delete	New	Change
1.	2.	3.

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, PA 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) Asbestos

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 1 3 3 2 2 1 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code — a. 0

b. If over 1,000 lbs., w/ indicate amount to nearest 500 lbs — b. _____

TABLE A1: 0 = 0 lbs; 1 = less than 1 lb; 2 = 1-10 lbs; 3 = 11-100 lbs; 4 = 101-500 lbs; 5 = 501-1,000 lbs; 6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes — ___

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 0

b. If over 1,000 lbs., w/ indicate amount to nearest 500 lbs. — b _____

G. a. Outfall numbers on Form II which discharge this Critical Material — a. ____ b. ____ c. ____

b. Amount of Item B discharged from each outfall (See Table A1 for code number) — a. ____ b. ____ c. ____

c. If over 1,000 lbs., w/ indicate amount to nearest 500 lbs. — a. ____ b. ____ c. ____

a. ____ b. ____ c. ____

a. ____ b. ____ c. ____

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete — a. 6

b. If over 1,000 lbs., w/ indicate amount to nearest 500 lbs. — b. 25000

I. Source of residual in Item H: P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination — ___

J. Physical state of residual in Item H: 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 3 4

K. Storage of Item H residual before removal: 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 8 ___ ___ ___

Double seal labeled plastic bags.

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 2 ___ ___ ___

PR 4888-6 (Rev. 1/92)

MEN03442

DNR USE ONLY – ACTION		
Delete	New	Change

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 30028
LANSING MI 48909-7928
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report) please photocopy

A. FACILITY NUMBER → 03001

B. CRITICAL MATERIAL NAME (Pages 21-29) METHYLENE CHLORIDE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0007509

D. a. Amount of Item B **present on-site** during year (see definitions pages 30-31). See Table A1 for code. a. _____
b. If over 1,000 lbs/yr, indicate amount to nearest 500 lbs. b. _____

TABLE A1: a. lbs. b. less than 10 lbs; c. 10-100 lbs; d. 101-500 lbs; e. 501-1,000 lbs; f. over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes.

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. _____
b. If over 1,000 lbs/yr, indicate amount to nearest 500 lbs. b. _____

G. a. Outfall numbers on Form II which discharge this Critical Material. a. _____ b. _____ c. _____
b. Amount of Item B discharged from each outfall. See Table A1 for code number. a. _____ b. _____ c. _____
c. If over 1,000 lbs/yr, indicate amount to nearest 500 lbs. a. _____ b. _____ c. _____
a. _____ b. _____ c. _____
a. _____ b. _____ c. _____

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. _____
b. If over 1,000 lbs/yr, indicate amount to nearest 500 lbs. b. _____

I. Source of residual in Item H: P = Production Process Residual; W = Wastewater Treatment Residual; or C = Combination. ___

J. Physical state of residual in Item H: 1 = Liquid; 2 = Sludge; 3 = Wet solid; 4 = Dry solid. ___

K. Storage of Item H residual before removal: 1 = Metal drums; 2 = Fiber drums; 3 = Above-ground tank; 4 = Underground tank; 5 = Stockpiled on ground; 6 = Holding pond/lagoon; 7 = Dumpster roll off box; 8 = Other (specify at right). (Choose up to 4.) ___ ___ ___

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill; 2 = Hazardous waste landfill; 3 = Own land; 4 = Shipped out of state; 5 = Incinerated; 6 = Recycled; 7 = Other (specify at right). (Choose up to 4.) ___ ___ ___

MEN03443

DNR USE ONLY – ACTION		
Delete	New	Change
	2	3

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909 7753
Phone (517) 373 4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

1991

SEE INSTRUCTIONS p 30-32 If additional Form III's are needed (more than one Critical Material to report) please photocopy

A. FACILITY NUMBER → 030019

B. CRITICAL MATERIAL NAME (Pages 21-29) XYLENE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 01330207

D. a Amount of Item B **present on-site** during year (see definitions pages 30-31) See Table A1 for code — a 3
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

TABLE A1 0 = 0 lbs
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request confidentiality for the information in Item D to remain confidential Confidentiality to be granted only if the reported information will divulge proprietary processes — X

F a Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H — a 0
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

G a Outfall numbers on Form II which discharge this Critical Material
b Amount of Item B discharged from each outfall (See Table A1 for code number)
c If over 1 000 lbs yr indicate amount to nearest 500 lbs

a	b	c

H a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code) If the amount of Item B in residuals is zero skip I thru L, this form is complete — a 3
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

I Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination — P

J Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet solid 4 = Dry solid — 1

K. Storage of Item H residual before removal 1 = Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) — 1

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill 3 = Own land 4 = Shipped out of state 5 = Incinerated 6 = Recycled 7 = Other (specify at right) (Choose up to 4) — 6

PR 4888-6 (Rev 1/92)

MEN03444

DNR USE ONLY – ACTION		
Delete	New	Change
	2	3

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 30028
LANSING MI 48909-7958
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P.A. 1972

1991

SEE INSTRUCTIONS p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report) please photocopy.

A. FACILITY NUMBER → 030019

B. CRITICAL MATERIAL NAME (Pages 21-29) Tetra chloro-ethylene

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 00127184

D. a. Amount of Item B **present on-site** during year (see definitions pages 30-31. See Table A1 for code) a. 3
b. If over 1,000 lbs, indicate amount to nearest 500 lbs b. _____

TABLE A1: 0 = lbs; 1 = less than 1 lb; 2 = 1-10 lbs; 3 = 11-100 lbs; 4 = 101-500 lbs; 5 = 501-1,000 lbs; 6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. ___

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code). If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs, indicate amount to nearest 500 lbs b. _____

G. a. Outfall numbers on Form I, UP on which discharge this Critical Material
b. Amount of Item B discharged from each outfall. See Table A1 for code number
c. If over 1,000 lbs, indicate amount to nearest 500 lbs

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code). If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs, indicate amount to nearest 500 lbs b. _____

I. Source of residual in Item H: P = Production Process Residual, W = Wastewater Treatment Residual or C = Combination. P

J. Physical state of residual in Item H: 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 1

K. Storage of Item H residual before removal: 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right) (Choose up to 4). 1

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right) (Choose up to 4). 6

MEN03445

DNR USE ONLY – ACTION		
Delete	New	Change
	2.	3.

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 030019

B. CRITICAL MATERIAL NAME. (Pages 21-29) Toluene

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 00108883

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1: 0 = 0 lbs; 1 = less than 1 lb; 2 = 1-10 lbs; 3 = 11-100 lbs; 4 = 101-500 lbs; 5 = 501-1,000 lbs; 6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. ____

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. ____	b. ____	c. ____	
a. ____	b. ____	c. ____	
a. ____	b. ____	c. ____	
a. ____	b. ____	c. ____	
a. ____	b. ____	c. ____	
a. ____	b. ____	c. ____	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ____ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid ____ 1

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ____ ____ ____ 1

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ____ ____ ____ 6

PR 4888-6 (Rev. 1/92)

MEN03446

DNR USE ONLY – ACTION		
Delete	New	Change
1	2	3

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS, p 30-32 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy

A. FACILITY NUMBER → 0 3 1 0 0 1 9

B. CRITICAL MATERIAL NAME (Pages 21-29) Hydroquinone

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 3 0 1 2 3 3 1 9

D. a Amount of Item B **present on-site** during year (see definitions pages 30-31) See Table A1 for code — a 4
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

TABLE A1 0 = 0 lbs
= less than 1 lb
2 = 1 10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality to be granted only if the reported information will divulge proprietary processes ___

F a Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H — a 0
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

G. a Outfall numbers on Form II which discharge this Critical Material
b Amount of Item B discharged from each outfall (See Table A1 for code number
c If over 1 000 lbs yr indicate amount to nearest 500 lbs

a	b	c	
a	b	c	
a	b	c	
a	b	c	
a	b	c	
a	b	c	

H. a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code) If the amount of Item B in residuals is zero skip I thru L this form is complete — a 0
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

I Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination ___

J. Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet solid 4 = Dry solid ___

K. Storage of Item H residual before removal 1 = Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) ___

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill 3 = Own land 4 = Shipped out of state 5 = Incinerated 6 = Recycled 7 = Other (specify at right) (Choose up to 4) ___

PR 4888-6 (Rev 1/92)

MEN03447

DNR USE ONLY – ACTION		
Delete	New	Change
1.	2.	3.

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S 5 0 1 3

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 2

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs b. _____

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. _____

G. a. Outfall numbers on Form II which discharge this Critical Material.

b. Amount of Item B discharged from each outfall (See Table A1 for code number)

c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a 001	b. 2	c.
a 000	b. 2	c.
a.	b.	c.
a	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. _____

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2

K. Storage of Item H residual before removal 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 3 7

subsoiled on private land

PR 4888-6 (Rev. 1/92)

MEN03448

DNR USE ONLY — ACTION		
Delete 1 ☐	New 2 ☐	Change 3 ☐

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS. p 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) Sodium Hypochlorite

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A 1 5 5 0 1 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a 6

b. If over 1,000 lbs yr indicate amount to nearest 500 lbs — b 92000

TABLE A1 0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes — ___

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero skip G and continue with Item H — a. 0

b. If over 1,000 lbs yr indicate amount to nearest 500 lbs — b ___

G. a. Outfall numbers on Form II which discharge this Critical Material — a ___ b ___ c ___

b. Amount of Item B discharged from each outfall (See Table A1 for code number) — a ___ b ___ c ___

c. If over 1,000 lbs yr indicate amount to nearest 500 lbs — a ___ b ___ c ___

a ___ b ___ c ___

a ___ b ___ c ___

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero skip I thru L, this form is complete — a. 0

b. If over 1,000 lbs yr indicate amount to nearest 500 lbs — b ___

I. Source of residual in Item H P = Production Process Residual. W = Wastewater Treatment Residual or C = Combination — ___ ___

J. Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet solid 4 = Dry solid — ___ ___

K. Storage of Item H residual before removal 1 = Metal drums. 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) — ___ ___ ___ ___

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill. 3 = Own land 4 = Shipped out of state 5 = Incinerated. 6 = Recycled 7 = Other (specify at right). (Choose up to 4) — ___ ___ ___ ___

PR 4888-6 (Rev. 1/92)

MEN03449

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) CYANIDES

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C.L.A.S. 5 0 1 1 8

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1: 0 = 0 lbs. 1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 0	4	
0 0 4	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2

K. Storage of Item H residual before removal: 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

PR 4888-6 (Rev. 1/92)

MEN03450

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS p 30-32 If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME (Pages 21-29) BERYLLIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 2

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 3
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H — a. 3
b If over 1 000 lbs yr indicate amount to nearest 500 lbs — b

G. a Outfall numbers on Form II which discharge this Critical Material
b Amount of Item B discharged from each outfall (See Table A1 for code number)
c If over 1 000 lbs yr indicate amount to nearest 500 lbs

a	b	c
0 0 0	2	
0 0 1	2	
0 0 2	2	

H. a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero skip I thru L. this form is complete — a 0
b. If over 1,000 lbs yr indicate amount to nearest 500 lbs — b

I. Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H 1 = Liquid 2 = Sludge, 3 = Wet solid 4 = Dry solid

K. Storage of Item H residual before removal 1 = Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4)

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill, 3 = Own land 4 = Shipped out of state 5 = Incinerated 6 = Recycled 7 = Other (specify at right). (Choose up to 4)

PR 4888-6 (Rev 1/92)

MEN03451

DNR USE ONLY – ACTION		
Delete	New	Change
	2	3

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS, p 30-32 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME (Pages 21-29) Arsenic

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 1

D. a Amount of Item B **present on-site** during year (see definitions pages 30-31) See Table A1 for code — a 3
b If over 1 000 lbs write indicate amount to nearest 500 lbs — b

TABLE A1 0 = lbs
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 100 lbs
4 = 101 500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality to be granted only if the reported information will divulge proprietary processes —

F. a Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H — a 3
b If over 1 000 lbs write indicate amount to nearest 500 lbs — b

G. a Outfall numbers on Form II which discharge this Critical Material
b Amount of Item B discharged from each outfall (See Table A1 for code number)
c If over 1 000 lbs write indicate amount to nearest 500 lbs

	a	b	c
	0 0 0	3	
	0 0 2	3	
	0 0 4	1	

H. a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code) If the amount of Item B in residuals is zero skip I thru L this form is complete — a 2
b If over 1 000 lbs write indicate amount to nearest 500 lbs — b

I. Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination — W

J. Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet solid 4 = Dry solid — 2

K. Storage of Item H residual before removal 1 = Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) — 4 6

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill 3 = Own land 4 = Shipped out of state 5 = Incinerated 6 = Recycled 7 = Other (specify at right) (Choose up to 4 — 3 7
subsoiled on private land

PR 4888-6 (Rev 1/92)

MEN03452

DNR USE ONLY – ACTION		
Delete	New	Change
1.	2.	3.

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report). please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) di-N-butyl phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 0 8 4 7 4 2

D. a. Amount of Item B **present on-site** during year (see definitions. pages 30-31) See Table A1 for code — a. 3

b. If over 1 000 lbs./yr. indicate amount to nearest 500 lbs — b.

TABLE A1 0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes —

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero. skip G and continue with Item H — a 3

b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

G. a. Outfall numbers on Form II which discharge this Critical Material — a 002 b 3 c

b. Amount of Item B discharged from each outfall (See Table A1 for code number) — a b c

c If over 1 000 lbs /yr indicate amount to nearest 500 lbs. — a b c

H. a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero skip I thru L. this form is complete — a 0

b. If over 1.000 lbs./yr.. indicate amount to nearest 500 lbs. — b

I. Source of residual in Item H P = Production Process Residual. W = Wastewater Treatment Residual. or C = Combination —

J. Physical state of residual in Item H 1 = Liquid. 2 = Sludge. 3 = Wet solid 4 = Dry solid —

K. Storage of Item H residual before removal 1 = Metal drums. 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank. 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) —

L. Disposal method of Item H residual Type of disposal site: 1 = Sanitary landfill 2 = Hazardous waste landfill. 3 = Own land 4 = Shipped out of state. 5 = Incinerated. 6 = Recycled 7 = Other (specify at right). (Choose up to 4) —

PR 4888-6 (Rev 1/92)

MEN03453

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

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FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, PA 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) bis(2-ethylhexyl)phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 1 7 8 1 1 7

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 4

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs — b. ____

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H — a. 4

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs — b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material

b. Amount of Item B discharged from each outfall (See Table A1 for code number)

c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a	b	c
	002	4	
	004	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b. ____

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐☐☐☐

PR 4888-6 (Rev. 1/92)

MEN03454

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) Buthyl benzyl phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 0 8 5 6 8 7

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. _____

TABLE A1
0 = 0 lbs.
* = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes ___

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 4

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. _____

G. a. Outfall numbers on Form II which discharge this Critical Material. a 002 b. 4 c. _____

b. Amount of Item B discharged from each outfall (See Table A1 for code number.) a. _____ b. ___ c. _____

c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. _____ b. ___ c. _____

a. _____ b. ___ c. _____

a. _____ b. ___ c. _____

a. _____ b. ___ c. _____

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0

b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. _____

I. Source of residual in Item H P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ___

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ___

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ___ ___ ___ ___

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ___ ___ ___ ___

PR 4888-6 (Rev. 1/92)

MEN03455

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

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LANSING MI 48909-7258
Phone (517) 373 4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS p 30-32 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME (Pages 21-29) MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 2 1

D. a Amount of Item B **present on-site** during year (see definitions pages 30-31) See Table A1 for code — a 2
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

TABLE A1 0 = 0 lbs
1 = less than 1 lb
2 = 1 10 lbs
3 = 11 100 lbs
4 = 101 500 lbs
5 = 501 1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality to be granted only if the reported information will divulge proprietary processes ___

F. a Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H — a 0
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

G. a Outfall numbers on Form II which discharge this Critical Material — a ___ b ___ c ___
b Amount of Item B discharged from each outfall See Table A1 for code number) — a ___ b ___ c ___
c If over 1 000 lbs /yr indicate amount to nearest 500 lbs — a ___ b ___ c ___
a ___ b ___ c ___
a ___ b ___ c ___
a ___ b ___ c ___

H. a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code) If the amount of Item B in residuals is zero skip I thru L this form is complete — a 2
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

I. Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination — W

J. Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet solid 4 = Dry solid — 2

K. Storage of Item H residual before removal 1 = Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) — 4 6

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill 3 = Own land 4 = Shipped out of state 5 = Incinerated 6 = Recycled 7 = Other (specify at right) (Choose up to 4) — 3 7
subsoiled on private land

PR 4888-6 (Rev 1/92)

MEN03456

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

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LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P.A. 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME (Pages 21-29) Zinc

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 2 7

D. a Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 5
b If over 1,000 lbs /yr indicate amount to nearest 500 lbs — b

TABLE A1 0 = 0 lbs
= less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes — ___

F. a Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero skip G and continue with Item H — a 5
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

G. a Outfall numbers on Form II which discharge this Critical Material
b Amount of Item B discharged from each outfall (See Table A1 for code number.)
c If over 1 000 lbs /yr indicate amount to nearest 500 lbs.

a 000	b 4	c	
a 002	b 3	c	
a 004	b 4	c	
a	b	c	
a	b	c	
a	b	c	

H. a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero skip I thru L, this form is complete — a 5
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

I. Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination — W

J. Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet solid 4 = Dry solid — 2

K. Storage of Item H residual before removal 1 = Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) — 4 6

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill 3 = Own land 4 = Shipped out of state 5 = Incinerated, 6 = Recycled 7 = Other (specify at right) (Choose up to 4) — 3 7
subsoiled on private land

PR 4888-6 (Rev 1/92)

MEN03457

DNR USE ONLY—ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, PA 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) Nickel

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 2 2

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code — a. 3
b. If over 1,000 lbs./yr. indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs — b.

G. a. Outfall numbers on Form II which discharge this Critical Material
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a	b	c
000	3	
002	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination — W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid — 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 3 7
subsoiled on private land

PR 4888-6 (Rev. 1/92)

MEN03458

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES
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LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, PA 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 9

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs b

G. a. Outfall numbers on Form II which discharge this Critical Material
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a	b	c
	000	3	
	002	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs b

I. Source of residual in Item H P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid 4 = Dry solid. 2

K. Storage of Item H residual before removal 1 = Metal drums, 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual Type of disposal site: 1 = Sanitary landfill 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled 7 = Other (specify at right). (Choose up to 4) 3 7 subsoiled on private land

PR 4888-6 (Rev. 1/92)

MEN03459

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1991

SEE INSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 7

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
* = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0 0 0	b. 3	c.
a. 0 0 2	b. 2	c.
a. 0 0 4	b. 2	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 3 7
Subsoiled on private land

PR 4888-6 (Rev. 1/92)

MEN03460

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 P A 1972

1991

SEE INSTRUCTIONS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME (Pages 21-29) CHROMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 5

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code — a 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H — a. 3
b. If over 1 000 lbs /yr., indicate amount to nearest 500 lbs — b

G. a. Outfall numbers on Form II which discharge this Critical Material
b. Amount of Item B discharged from each outfall (See Table A1 for code number)
c. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs

	a	b	c
	000	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete — a 3
b. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination — W

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid 4 = Dry solid. — 2

K. Storage of Item H residual before removal 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank 4 = Underground tank, 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4) — 4 6

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 3 7 Subsoiled on private land

PR 4888-6 (Rev. 1/92)

MEN03461

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

MAIL COMPLETED FORM TO
ACT 293 REPORTS
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES
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LANSING MI 48909-7258
Phone (517) 373-4621

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1991

SEE INSTRUCTIONS, p 30-32 If additional Form IIIs are needed (more than one Critical Material to report), please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME (Pages 21-29) Phenol

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 1 0 8 9 5 2

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a 4
b If over 1,000 lbs./yr., indicate amount to nearest 500 lbs — b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality to be granted only if the reported information will divulge proprietary processes ☐

F. a Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code) If the amount of Item B discharged is zero skip G and continue with Item H — a 4
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

G. a Outfall numbers on Form II which discharge this Critical Material
b Amount of Item B discharged from each outfall (See Table A1 for code number)
c If over 1,000 lbs./yr , indicate amount to nearest 500 lbs

a	b	c
0100	3	
002	4	

H. a Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code) If the amount of Item B in residuals is zero, skip I thru L, this form is complete — a 0
b If over 1,000 lbs./yr , indicate amount to nearest 500 lbs — b

I. Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination

J. Physical state of residual in Item H 1 = Liquid 2 = Sludge, 3 = Wet solid 4 = Dry solid

K. Storage of Item H residual before removal 1 = Metal drums, 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank, 5 = Stockpiled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4)

L. Disposal method of Item H residual Type of disposal site 1 = Sanitary landfill 2 = Hazardous waste landfill 3 = Own land 4 = Shipped out of state 5 = Incinerated 6 = Recycled 7 = Other (specify at right) (Choose up to 4)

PR 4888-6 (Rev 1/92)

STATE OF MICHIGAN

MEN03462

JOHN ENGLER, Governor

DEPARTMENT OF NATURAL RESOURCES

Stevens T. Mason Building, P.O. Box 30028, Lansing, MI 48909

ROLAND HARMES, Director

May 20, 1993

To All Act 293 Reportees:

The Surface Water Quality Division has decided not to expend additional resources this fiscal year in carrying out the Critical Materials and Annual Wastewater Reporting Program (CMR). Accordingly, Annual Wastewater Reporting forms will not be mailed out nor required to be submitted for calendar year 1992. This decision is based on current budget considerations, available resources and program priority issues.

The CMR program is required by an amendment to The Water Resources Commission Act, being 1972 PA 293. In accordance with Section 6b., entities are required to submit annual reports on forms provided by the Department of Natural Resources (DNR) indicating the nature of their enterprise, quantities of materials used and the estimated annual gallons of wastewater discharged to the waters of the state or any sewer system.

The Administrative Rules for this program require that the DNR mail the reporting forms by January 15 of each year and that the forms be returned by April 1.

Discontinuing this program will assist the Surface Water Quality Division in meeting this and next year's budget demands. We believe this decision will have no negative impact on the Division mission in environmental protection.

The DNR will continue to review the CMR program to determine if the reporting requirements should be modified or if rule or legislative changes are needed. You will be advised of future program decisions.

Thank you for your patience over the last few months. If you have any questions please contact Mr. Frank Baldwin, Compliance & Enforcement Section Chief at 517-373-4621.

Sincerely,

Robert Miller, Chief
Surface Water Quality Division
517-373-1949

cc: Mr. Russ Harding, Deputy Director
Mr. Gary Hurlburt, MDNR
Mr. Frank Baldwin, MDNR
Mr. Dennis Swanson, MDNR

MEN03463

PAPERBOARD DIVISION

MENASHA CORPORATION

March 31, 1994

Act 293 Reports
Surface Water Quality Division
Michigan Department of Natural Resources
P.O. Box 30273
Lansing, MI 48909-7773

Gentlemen:

Enclosed is a copy of our 1993 Critical Materials and Wastewater Report. Since submission of the last data, there was a consolidation of weirs at our facility. During all of 1993, only outfalls 001 and 003 were used.

Please note that on Form III the amount **present on-site** is at times less than the amount **discharged**. In those instances, the critical materials discharged were most likely present as a trace contaminant in another host substance such as wood chips or recycled paper.

If you have any questions, please contact the writer at 616/692-6141.

Sincerely,

Otsego Paperboard Division

Keith B. Kling
Environmental Supervisor

KBK/alp

Enclosure

cc: Dave Merkel
Len Myers
Pete DeRossi

Otsego Mill
320 N Farmer St
PO Box 155
Otsego Mi 49078-0155
1-616-692-6141
1-616-692-2060 (Fax)

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM I
GENERAL INFORMATION

1993

MEN03464

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUST VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL. IN A COURT OF COMPETENT JURISDICTION"

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 6. A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS. For other locations, please photocopy this form or request additional copies. For assistance in completing these forms call the Compliance and Enforcement Section (517) 373-4621.

A. FACILITY NUMBER (see mailing label, and instructions, p.6) → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1993?
☐ No. Skip questions D thru P, sign the report, and see page 40 for mailing instructions
☒ Yes. IN THE SPACE BELOW BRIEFLY DESCRIBE YOUR BUSINESS: then continue with question C.
Integrated Pulp + Paper Mill, producing corrugated medium of 26#, 33#, 36# and 40# per 1000 sq ft. composed of non-sulfur semi-chemical wood fiber and old corrugated.

C. Plant Location: If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.

Street Address

City

030019 030057 0830030

Mailing Address:
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect please update incorrect line(s) only below
If you have sold the business to the person listed below please check here ☐

Name of Company

Plant Location/Attn

Street Address or P.O. Box

City State

Zip

D. NPDES Surface Water Discharge Permit Number (if applicable) MI 0 0 0 3 8 2 4

E. State Groundwater Discharge Permit Number (if applicable) M 0 0 3 3 3

F. EPA Identification Number (if available) MID 0 0 6 0 1 2 4 0 5

G. Standard Industrial Classification Code (see page 5) 2 6 0 0

H. County of Plant Location (see page 4) 0 3

I. Sanitary Sewer Code, top-middle six-digit number from mailing label (see instructions, p. 6) 0 3 0 0 5 7

River Basin Code, top-right seven-digit number from mailing label (see instructions, p. 6) 0 8 3 0 0 3 0

K. Check this box if you have had a change in discharge type during this reporting year (see instructions, p. 6). ☐

Continued on Reverse Side

PR-4888-4 (Rev. 1/94)

MEN03465

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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM II
WASTEWATER OUTFALL REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall.
Photocopy this form if additional forms are needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number as you refer to it, or as indicated in NPDES or other permits. → 0 0 1

C. DISCHARGE TYPE:

1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right) — KALAMAZOO RIVER
2. Lagoon or seepage pond with no outlets
3. Spray irrigation
4. Septic tank – tile field — 1
5. Deep well disposal
6. Surface of ground
7. Other (describe at right) _____
8. Municipal sanitary sewer (give name of municipality at right) _____

D. VOLUME OF DISCHARGE

Average daily flow (million gallons per day)	Measured ☒	. 1 0 0 9
Number of days discharged per year	Estimated ☐	3 6 5
Total annual flow (million gallons per year)		3 6 . 8 4 5 0

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 13)

	(Do not enter decimal or fraction)	
% Process		0 %
% Noncontact cooling		1 0 0 %
% Sanitary wastewater		0 %

Comments (use reverse side if necessary):

PLEASE RETURN COMPLETED FORM(S) II WITH FORM I AND FORM(S) III AS REQUIRED TO THE ABOVE ADDRESS.

MEN03466

PLEASE RETURN COMPLETED FORM(S) TO
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SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773

PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

FORM II
WASTEWATER OUTFALL REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall.
Photocopy this form if additional forms are needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number as you refer to it, or as indicated in NPDES or other permits. → 0 0 3

C. DISCHARGE TYPE:
1. Surface waters (river, stream, drain storm sewer, lake, swamp, etc.; give name of receiving water at right) KALAMAZOO RIVER
2. Lagoon or seepage pond with no outlets
3. Spray irrigation
4. Septic tank – tile field
5. Deep well disposal
6. Surface of ground
7. Other (describe at right)
8. Municipal sanitary sewer (give name of municipality at right)

1

D. VOLUME OF DISCHARGE

Average daily flow (million gallons per day)	Measured ☒	1.8840
Number of days discharged per year	Estimated ☐	365
Total annual flow (million gallons per year)		687.6000

E. TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 13)

	(Do not enter decimal or fraction)
% Process	100 %
% Noncontact cooling	0 %
% Sanitary wastewater	0 %

Comments (use reverse side if necessary)

PLEASE RETURN COMPLETED FORM(S) II WITH FORM I AND FORM(S) III AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-5 (Rev. 1/94)

MEN03467

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
NSING MI 48909-7773
ONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) CHLORINE (includes hypochlorite salts)

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 2650006

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03468

PLEASE RETURN COMPLETED FORM(S) TO
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Char
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), pl photocopy.

A. FACILITY NUMBER → 0300

B. CRITICAL MATERIAL NAME. (Pages 21-29) 1,1,2 - TRICHLOROETHANE

C. CRITICAL MATERIAL PARAMETER NUMBER → 00079101 (Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs b.

TABLE A1
0 = 0 lbs
* = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev

P-

MEN03469

PLEASE RETURN COMPLETED FORM(S) TO
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY—ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) CYANIDES

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 8
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03470

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773

PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete 1 ☐	New 2. ☐	Change 3 ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 PA 1972 OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS p 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) ANTIMONY

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 0

D. a Amount of Item B **present on-site** during year (see definitions pages 30-31) See Table A1 for code — a. 0
b If over 1 000 lbs /yr indicate amount to nearest 500 lbs — b

TABLE A1
0 = 0 lbs
* = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31 and answer questions on reverse side of this form ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall (See Table A1 for code number)
c. If over 1,000 lbs /yr, indicate amount to nearest 500 lbs.

	a	b	c
	003	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual or C = Combination

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993 MEN03471

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) LITHIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 0
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03472

PLEASE RETURN COMPLETED FORM(S) TO
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SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) CHLOROFORM

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 6 7 6 6 3
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs.
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
001	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ☐☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐☐☐☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03473

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) 1,2,4 Trichlorobenzene

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 1 2 0 8 2 1
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
003	1	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03474

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) METHYLENE CHLORIDE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 1 0 0 0 7 5 0 9 2

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.	
a.	b.	c.	
a.	b.	c.	
a.	b.	c.	
a.	b.	c.	
a.	b.	c.	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03475

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

FORM III
CRITICAL MATERIALS REPORT

1993

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), plea photocopy.

A. FACILITY NUMBER → 0 3 0 0 1

B. CRITICAL MATERIAL NAME:
(Pages 21-29) METHYLBENZENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 1 1 0 8 8 8
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

a. ☐
b ☐

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. ☐
b. ☐

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. ☐	b ☐	c. ☐
a. ☐	b ☐	c. ☐
a ☐	b ☐	c ☐
a. ☐	b ☐	c. ☐
a. ☐	b ☐	c ☐
a. ☐	b ☐	c. ☐

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. ☐
b. ☐

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

MEN03476

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

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SEE INSTRUCTIONS AND SAMPLE FORMS, p 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) TOLUENE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 1 0 8 8 8 3

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material. a. b. c.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) a. b. c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. b. c.
a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03477

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) XYLENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 1 3 3 0 2 0 7
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code — a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1 000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination — W P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 2 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 1 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03478

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 2
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	003	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03479

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL. IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 3

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code. a. 0
b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 3	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid. 2 = Sludge. 3 = Wet solid. 4 = Dry solid. 2 4

K. Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above-ground tank. 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/roll off box. 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill. 2 = Hazardous waste landfill. 3 = Own land. 4 = Shipped out of state. 5 = Incinerated. 6 = Recycled. 7 = Other (specify at right). (Choose up to 4) 1 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03480

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY — ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) CHROMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 5

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	003	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03481

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 7

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0011	1	
	0013	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03482

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY ACTION: Delete 1. ☐ New 2. ☐ Change 3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) ARSENIC

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 1 1 (Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 003	b. 3	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination — P W

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 1 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03483

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) DIMETHYLBENZENE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 1 3 3 0 2 0 7

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1 0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material. a. b. c.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) a. b. c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03484

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 PA 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) TETRACHLOROETHYLENE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C 0 1 1 2 7 1 1 8 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b	c
a.	b	c
a	b	c
a.	b	c
a.	b	c.
a.	b	c

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03485

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 PA 1972 OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) SELENIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS023 (Pages 21-29)

D. a Amount of Item B **present on-site** during year (see definitions pages 30-31) See Table A1 for code — a. 0
b If over 1 000 lbs /yr, indicate amount to nearest 500 lbs. — b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material. — a. b c
b. Amount of Item B discharged from each outfall (See Table A1 for code number) — a b c
c If over 1,000 lbs./yr, indicate amount to nearest 500 lbs. — a. b c
a. b c
a. b c

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination — P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 2 4

K. Storage of Item H residual before removal 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 1 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03486

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, PA 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) 1,4 - DIOXANE

C. CRITICAL MATERIAL PARAMETER NUMBER → C C 1 2 3 9 1 1 1
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c	
a.	b	c	
a.	b.	c	
a.	b.	c	
a.	b.	c	
a.	b.	c	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03487

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3 ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 9
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	003	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination — P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 1 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03488

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) ZINC

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 7
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs.
5 = 501-1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	003	4	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1281

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) Sub-soiled on private land 7

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03489

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 1
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03490

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) DIBUTYL PHTHALATE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 0 8 4 7 4 2

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03491

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY—ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) bis(2-ETHYLHEXYL) PHTHALATE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 1 1 7 8 1 7 (Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/94)

MEN03492

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1993

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) ASBESTOS

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 1 3 3 2 2 1 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 2 2 1 0

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 8
Double bagged and sealed plastic bags

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 2

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

MEN03493

PAPERBOARD DIVISION

MENASHA CORPORATION

March 27, 1995

Act 293 Reports
Surface Water Quality Division
Michigan Department of Natural Resources
P.O. Box 30273
Lansing, MI 48909-7773

Gentlemen:

Enclosed is a copy of our 1994 Critical Materials and Wastewater Report. Please note that on Form III, the amount **present on-site** is at times less than the amount **discharged**. In those instances, the critical materials discharged were most likely present as a trace contaminant in another host substance, such as wood chips or recycled paper.

If you have any questions, please contact the writer at (616) 692-6141.

Sincerely,

Otsego Paperboard Division

Keith B. Kling
Environmental Supervisor

KBK/alp

Enclosure

c: Dave Merkel
Len Myers
Pete DeRossi

Otsego Mill
320 N Farmer St
PO Box 155
Otsego MI 49078-0155
1-616-692-6141
1-616-692-2060 (Fax)

MEN03494

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM I
GENERAL INFORMATION

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 6. A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS. For other locations, please photocopy this form or request additional copies. For assistance in completing these forms call the Compliance and Enforcement Section (517) 373-4621.

A. FACILITY NUMBER (see mailing label, and instructions, p.6) → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1994?
☐ No. Skip questions D thru P, sign the report, and see page 40 for mailing instructions.
☒ Yes. IN THE SPACE BELOW BRIEFLY DESCRIBE YOUR BUSINESS; then continue with question C.
Integrated Pulp and Paper Mill, producing corrugated medium composed of non-sulfur semi-chemical wood fiber and old corrugated containers.

C. Plant Location: If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.

Street Address

City

030019 030057 0830030
Mailing Address: MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect please update incorrect line(s) only below.
If you have sold the business to the person listed below please check here ☐.

Name of Company

Plant Location/Attn.

Street Address or P.O. Box

City State

Zip

D. NPDES Surface Water Discharge Permit Number (if applicable) MI 0003824

E. State Groundwater Discharge Permit Number (if applicable) M 003333

F. EPA Identification Number (if available) MID 006011245

G. Standard Industrial Classification Code (see page 5) 2600

H. County of Plant Location (see page 4) 03

I. Sanitary Sewer Code, top-middle six-digit number from mailing label (see instructions, p. 6). 030057

J. River Basin Code, top-right seven-digit number from mailing label (see instructions, p. 6). 0830030

K. Check this box if you have had a change in discharge type during this reporting year (see instructions, p. 6). ☐

Continued on Reverse Side

PR-4888-4 (Rev. 1/95)

MEN03495

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773

PHONE (517) 373-4621

DNR USE ONLY — ACTION

Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM II
WASTEWATER OUTFALL REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall.
Photocopy this form if additional forms are needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number as you refer to it, or as indicated in NPDES or other permits. → 0 0 1

C. DISCHARGE TYPE:

1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right) — KALAMAZOO RIVER
2. Lagoon or seepage pond with no outlets
3. Spray irrigation
4. Septic tank — tile field — 1
5. Deep well disposal
6. Surface of ground
7. Other (describe at right)
8. Municipal sanitary sewer (give name of municipality at right)

D. VOLUME OF DISCHARGE

Average daily flow (million gallons per day)	Measured ☒	.1119
Number of days discharged per year	Estimated ☐	365
Total annual flow (million gallons per year)		40.852

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 13)

	(Do not enter decimal or fraction)	
% Process		0 %
% Noncontact cooling		100 %
% Sanitary wastewater		0 %

Comments (use reverse side if necessary):

PLEASE RETURN COMPLETED FORM(S) II WITH FORM I AND FORM(S) III AS REQUIRED TO THE ABOVE ADDRESS.

MEN03496

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM II
WASTEWATER OUTFALL REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall. Photocopy this form if additional forms are needed.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Outfall Number as you refer to it, or as indicated in NPDES or other permits. → 0 0 3

C. DISCHARGE TYPE:

1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right) — KALAMAZOO River
2. Lagoon or seepage pond with no outlets
3. Spray irrigation
4. Septic tank — tile field — 1
5. Deep well disposal
6. Surface of ground
7. Other (describe at right) _____
8. Municipal sanitary sewer (give name of municipality at right) _____

D. VOLUME OF DISCHARGE

Average daily flow (million gallons per day)	Measured ☒	1.8570
Number of days discharged per year	Estimated ☐	365
Total annual flow (million gallons per year)		677.7000

E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 13)

	(Do not enter decimal or fraction)
% Process	0 %
% Noncontact cooling	100 %
% Sanitary wastewater	0 %

Comments (use reverse side if necessary):

PLEASE RETURN COMPLETED FORM(S) II WITH FORM I AND FORM(S) III AS REQUIRED TO THE ABOVE ADDRESS.

MEN03497

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) CHLORINE (includes hypochlorite salts)

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 2 7 0 0 0

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03498

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) CYANIDES

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 8

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0013	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE MEN03499
Delete 1. ☐ New 2. ☐ Change 3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, PA 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) ANTIMONY

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 0

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0013	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03500

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) LITHIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 0
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 003	b. 3	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03501

PLEASE RETURN COMPLETED FORM(S) TO
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) CHLOROFORM

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 6 7 6 6 3
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03502

PLEASE RETURN COMPLETED FORM(S) TO
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) METHYLENE CHLORIDE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 0 7 5 0 9 2

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ 1 6

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

PLEASE RETURN COMPLETED FORM(S) TO:
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) TOLUENE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 0 8 8 8 3

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ 1 6

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03504

PLEASE RETURN COMPLETED FORM(S) TO
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SURFACE WATER QUALITY DIVISION
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION	
Delete	New
1. ☐	2. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to repor photocopy.

A. FACILITY NUMBER → 0 3 0

B. CRITICAL MATERIAL NAME:
(Pages 21-29) XYLENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 1 3 3 0
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

b. ☐☐☐☐☐

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐☐☐☐☐

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. ☐	b. ☐	c. ☐☐☐☐
a. ☐	b. ☐	c. ☐☐☐☐
a. ☐	b. ☐	c. ☐☐☐☐
a. ☐	b. ☐	c. ☐☐☐☐
a. ☐	b. ☐	c. ☐☐☐☐
a. ☐	b. ☐	c. ☐☐☐☐

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐☐☐☐☐

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDR

MEN03505

PLEASE RETURN COMPLETED FORM(S) TO
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 2
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 1 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03506

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 3

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	003	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03507

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) CHROMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 5
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 1 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03508

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 7
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 0 0 0

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0 0 1	b. 2	c.
a. 0 0 3	b. 3	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 0 0 0

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03509

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3 ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 P.A. 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) ARSENIC

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 1

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs.
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 1 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination — P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03510

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) SELENIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 3
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.	
a.	b.	c.	
a.	b.	c.	
a.	b.	c.	
a.	b.	c.	
a.	b.	c.	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03511

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) 1,4 DIOXANE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 2 3 9 1 1 1

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03512

PLEASE RETURN COMPLETED FORM(S) TO
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, PA 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → CLASS019

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material. a. 010·3 b. 3 c.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) a. b. c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03513

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, PA 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) ZINC

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 2 7

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1 000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0 0 1 3	b. 4	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 2 5 0 0 0

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03514

PLEASE RETURN COMPLETED FORM(S) TO
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 1
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03515

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
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LANSING MI 48909-7773

PHONE (517) 373-4621

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Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) Asbestos

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 1 3 3 2 2 1 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 8
Double bagged and sealed plastic bags

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 2

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03516

PLEASE RETURN COMPLETED FORM(S) TO
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) SILVER

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 4
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03517

PLEASE RETURN COMPLETED FORM(S) TO.
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PO BOX 30273
LANSING MI 48909-7773

PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) 1,2 - dichlorobenzene

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 9 5 5 0 1 1 (Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03518

PLEASE RETURN COMPLETED FORM(S) TO
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) BENZENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 7 1 4 3 2
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03519

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PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) VINYL CHLORIDE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 7 5 0 1 4 (Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03520

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PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) NAPHTHALENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 9 1 2 0 3
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	003	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03521

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PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) HYDROQUINONE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 2 3 3 1 9

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. *Confidentiality to be granted only if the reported information will divulge proprietary processes.* See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03522

memo / MENASHA CORPORATION

TO: DNR Phone Call File

DATE: 17 December 1980

SUBJECT: Phone discussion with the Water Quality Division on the 1980 NPDES Permit Application

FROM: John Blauwkamp

On 19 November 1980, I talked with Dale DeKraker of the Water Quality Division of the DNR in Grand Rapids. THe main topics of discussion were the Critical Materials that should be listed on the application and the water treatment chemical that should be listed.

My main question on the critical materials was whether or not the critical materials present in the SLI product should be listed as being present in the effluent. Because the critical materials present in the SLI product are a build up of materials present in the wood and are not present in the other materials coming the mill. Dale said these materials should not be listed as being present in the effluent. The intent of this part of the permit is to trace down critical materials which will come in as components in the chemicals we use such as scale inhibitors, biocides with the soda ash and these things then will be present in the effluencs from the mill. The trace quantities of critical materials that may be in the wood are not of interest to the DNR.

The second question was on which of the chemicals used in the mill would have to be listed as being present in the effluence. Dale said there was primarily interested in those chemicals that would be still present in the effluent in their original form. Chemicals such as scale inhibitors used in the digester for process reasons were not applicable to the NPDES permit application. For cooling water outfalls the biocides added at the well headers and the scale inhibitors should be listed. Also the chemicals in the power plant that are present in outfall 004 should be listed. Basically anything that is present in an untreated effluent should be listed but those things that go through the main aeration pond or added in the mill for purely process reasons do not have to be listed on the NPDES permit.

cc: NPDES permit application file

JB/kj

5033

MEN03523

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909

FORM I
GENERAL INFORMATION

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

1985

A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS.
For other locations, please photocopy this form or request additional copies.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. Do you or did you own or operate a business (commercial or industrial) in the state of Michigan during any part of 1985?
☐ No. Skip questions D thru M, sign the report, and see page 31 for mailing instructions.
☒ Yes. In the space below briefly describe your business then continue with question C.
Integrated Pulp and Paper Mill, producing corrugated medium of 26#, 33#, 36# and 40# per 1000 sq. ft. Composed of Non-Sulfur Semi-chemical wood fiber and old corrugated.

C. Mailing Address: Place peel-off mailing label here.

030019
MENASHA CORP
PAPERBOARD DIV
320 FARMER ST
OTSEGO MI 49078

If any part of the mailing address is incorrect please update incorrect line(s) only below.
If you have sold the business to the person listed below please check here ☐

If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.

Plant Name _____

Address _____

City & State _____

Name of Company _____

Plant Location/Attn. _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

D. NPDES Permit Number (if applicable) MI 0003524

E. State Groundwater Permit Number (if applicable) MI 00333

F. EPA Identification Number (if available) MID 006012405

G. Standard Industrial Classification Code (See page 6) 2600

H. County of Plant Location (See page 4) 03

DNR USE ONLY	Sanitary Sewer Code	
	River Basin Code	

PR 4888-4

4702

Did the operation of your business result in the discharge of ANY wastewater (including cooling water and sanitary sewage from toilets, washrooms, etc.)?

A. [X] Yes. Continue with question J.

B [ ] No. Go to question N, sign the report and see page 31 for mailing instructions.

Is ALL of your wastewater sanitary sewage? (Note: Sanitary sewage includes wastewater from toilets, washrooms, drinking fountains, kitchens, and other sanitary facilities which may produce HUMAN WASTE. Sanitary waste does NOT include cooling water, condenser water, process wastewater, laundry or car wash water.)

A [ ] Yes. Continue with question K.

B [X] No. Skip question K. Continue with question L. You must also complete and attach Form II.

If ALL of your wastewater is sanitary sewage does it go to a septic tank or a municipal sanitary sewer?

[ ] Yes. Septic tank.
[ ] Yes. Sanitary sewer. (Note: Lagoons are not included in either of these categories)
If you marked either of the above go to question N, sign the report, and see page 31 for mailing instructions.
[ ] No. Continue with question L. You must also complete and attach Form II.

Do you use, manufacture, or discharge any of the Critical Materials listed on pages 16 or 17?

[X] Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.
[ ] No. Continue with question M.

Does the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, residue or sludge type waste material that contains any Critical Materials listed on pages 16 or 17?

[X] Yes Continue with question N. You must also complete and attach Form III for each Critical Material.
[ ] No. Continue with question N.

Complete the following before mailing form(s)

Phone Number	Number of Employees	
616-692-6141	230	

Name and Title of Person Completing Report (please print)	Signature	Date
GARY E. ROYS Process Chemist & Group Leader	Gary E. Roys	12/5/85

Name and Title of Person Certifying Report (please print)	Signature	Date
John R. Blauwkamp P.E. Corp Environmental Mgr.	John R Blauwkamp P.E.	

DNR USE ONLY — ACTION

Delete	New	Change
1 ☐	2. ☐	3 ☐

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1985

MEN03525

For additional outfalls, photocopy this form or request additional forms

A. FACILITY NUMBER → 0|3|0|0|1|9|

B. Outfall Number As You Refer To It 0|0|0|

C. Monthly Operating Report Number (If Applicable) 0|3|0|1|7|1|

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, etc.; *give name of receiving water at right*) KALAMAZOO RIVER 1|
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

E. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	1|0|.|5|8|6|0|
Number of Days Discharged per Year	Estimated ☐	3|6|5|
Total Annual Flow (million gallons per year)		2|1|3|.|9|3|0|0|

F. TYPE OF WASTEWATER (Each Outfall must total 100%)

% Process	(Do not enter decimal or fraction)	1|0|0| %
% Noncontact Cooling		___ %
% Sanitary Sewage		___ %

PR 4088-5

4704

DNR USE ONLY ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

COMPLETED FORM TO:
Michigan Department of Natural Resources
Reports
Lansing, Michigan 48909

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1985

MEN03526

For additional outfalls, photocopy this form or request additional forms

A. FACILITY NUMBER — 23010119

B. Outfall Number As You Refer To It — 0011

C. Monthly Operating Report Number (if Applicable) — 0391318

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, etc.; *give name of receiving water at right)* — KALAMAZOO RIVER — U
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

E. VOLUME OF DISCHARGE
Average Daily Flow (million gallons per day) — 0.02000
Number of Days Discharged per Year — 365
Total Annual Flow (million gallons per year) — 73.00400
Measured ☒ Estimated ☐

F. TYPE OF WASTEWATER (Each Outfall must total 100%)
% Process — %
% Noncontact Cooling — 100 %
% Sanitary Sewage — %
(Do not enter decimal or fraction)

PR 4883-5

4705

FOR USE ONLY — ACTION
Date | Time | Initials
1. [ ] 2. [ ] 3. [ ]

MAIL COMPLETED FORM TO
Department of Natural Resources
Permits
Lansing, Michigan 48909

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 293, P.A. 1972

1985

MEN03527

For additional outfalls, photocopy this form or request additional forms

FACILITY NUMBER → 0310101191

Outfall Number As You Refer To It: 0002

Monitor Operating Report Number (If Applicable): 0310011314

DISCHARGE TYPE:
- Surface Waters (river, stream, drain, storm sewer, lake, etc.: give name of receiving water at right) — KALAMAZOO RIVER [1]
- Lagoon or Seepage Pond With No Outlets
- Spray Irrigation
- Septic Tank — Tile Field
- Deep Well Disposal
- Surface of Ground
- Other (describe at right)
- Municipal Sanitary Sewer (give name of municipality at right)

VOLUME OF DISCHARGE
Average Daily Flow (million gallons per day): 19.440000 — Measured [X] / Estimated [ ]
Number of Days Discharged per Year: 365
Total Annual Flow (million gallons per year): 7160.557140

TYPE OF WASTEWATER (Each Outfall must total 100%) (Do not enter decimal or fraction)
- % Process: 1 %
- % Noncontact Cooling: 99 %
- % Sanitary Sewage: 0 %

PR 4888-5

4706

DNR USE ONLY — ACTION

1. ☐ 2. ☐ 3. ☐

COMPLETED FORM TO:
Michigan Department of Natural Resources
Act 245 Reports
P.O. 30028
Lansing, Michigan 48909

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 245, P.A. 1972

1965

MEN03528

For additional outfalls, photocopy this form or request additional forms

A. FACILITY NUMBER → 0 5 0 0 1 1 9

B. Outfall Number As You Refer To It 0 0 4

C. Monthly Operating Report Number (If Applicable) 0 3 0 0 5 5

D. DISCHARGE TYPE:
1. Surface Waters (river, stream, drain, storm sewer, lake, etc.; *give name of receiving water at right)* KALAMAZOO RIVER ☑
2. Lagoon or Seepage Pond With No Outlets
3. Spray Irrigation
4. Septic Tank — Tile Field
5. Deep Well Disposal
6. Surface of Ground
7. Other (describe at right)
8. Municipal Sanitary Sewer (give name of municipality at right)

E. VOLUME OF DISCHARGE

Average Daily Flow (million gallons per day)	Measured ☒	10.10610
Number of Days Discharged per Year	Estimated ☐	365
Total Annual Flow (million gallons per year)		138.6509

F. TYPE OF WASTEWATER (Each Outfall must total 100%)

% Process	(Do not enter decimal or fraction)	1 %
% Noncontact Cooling		99 %
% Sanitary Sewage		%

PR 4888-3

4707

DNR USE ONLY — ACTION		
Delete	New	Change
1 ☐	2 ☐	3 ☐

M COMPLETED FORM TO
Michigan Department of Natural Resources
Act 293 Reports
XX
Lansing Michigan 48909

FORM II
WASTEWATER OUTFALL REPORT

Required by Act 203, P.A. 1972

1985

MEN03529

For additional outfalls, photocopy this form or request additional forms

A FACILITY NUMBER → 0 3 0 0 1 1 9

B Outfall Number As You Refer To It 0 0 1 5

C Monthly Operating Report Number (If Applicable) 0 3 0 0 5 3

D DISCHARGE TYPE:
1 Surface Waters (river, stream, drain, storm sewer, lake, etc.; *give name of receiving water at right)* KALAMAZOO RIVER ✓
2 Lagoon or Seepage Pond With No Outlets
3 Spray Irrigation
4 Septic Tank — Tile Field
5 Deep Well Disposal
6 Surface of Ground
7 Other (describe at right)
8 Municipal Sanitary Sewer (give name of municipality at right)

E VOLUME OF DISCHARGE
Average Daily Flow (million gallons per day) — Measured ☒ — 6.5 4 1 0
Number of Days Discharged per Year — Estimated ☐ — 3 6 5
Total Annual Flow (million gallons per year) — 2 3 8 7 . 3 8 3 0

F TYPE OF WASTEWATER (Each Outfall must total 100%)
% Process ____ %
% Noncontact Cooling 1 0 0 %
% Sanitary Sewage ____ %
(Do not enter decimal or fraction)

PR 4868 5

4708

MEN03530

MAIL COMPLETED FORM TO
Michigan Department of Natural Resources
293 Reports
P.O. Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 203, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

1985

A. FACILITY NUMBER → 0 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: BERYLLIUM
(Pages 16 and 17)

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 1 2
(Pages 16 and 17)

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs.
6 = over 1,000 lbs

E. Mark an X if you want the information in Item D to remain confidential. ☐
Confidentiality only to be requested if the reported information will divulge proprietary processes.

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 0	2	
0 0 1	2	
0 0 2	2	
0 0 4	1	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on Private Land

PR 4822 8 Page 27

4709

MEN03531

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
Act 293 Reports
Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

1985

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

A. FACILITY NUMBER → 013010119

B. CRITICAL MATERIAL NAME: ARSENIC
(Pages 16 and 17)

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS 11
(Pages 16 and 17)

D. a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want the information in Item D to remain confidential. ☐
Confidentiality only to be requested if the reported information will divulge proprietary processes.

F. a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
010	3	
012	2	
014	2	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on PRIVATE LAND

4710

MEN03532

COMPLETED FORM TO
Michigan Department of Natural Resources
Lansing, Michigan
48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

1985

FACILITY NUMBER → 013010119

CRITICAL MATERIAL NAME: COPPER
(Pages 16 and 17)

CRITICAL MATERIAL PARAMETER NUMBER → 01A510117
(Pages 16 and 17)

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs.
6 = over 1,000 lbs.

a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Mark an X if you want the information in Item D to remain confidential.
Confidentiality only to be requested if the reported information will divulge proprietary processes. ☐

a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

E. Outfall numbers on Form II which discharge this critical material.
F. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0010	4	
0011	3	
0012	3	
0014	3	

G. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled on Private Land

4711

MEN03533

COMPLETED FORM TO
gan Department of Natural Resources
33 Reports
0078
ng, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

1995

FACILITY NUMBER → 0 3 0 0 1 9

CRITICAL MATERIAL NAME: CYANIDES
(Pages 16 and 17)

CRITICAL MATERIAL PARAMETER NUMBER → C L A S S K 1 8
(Pages 16 and 17)

TABLE A1
0 = 0 lbs
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs.
6 = over 1,000 lbs.

a. Amount of Item B **Used** or **Manufactured** per year. (See Table A1 for code.) a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Mark an X if you want the information in Item D to remain confidential.
Confidentiality only to be requested if the reported information will divulge proprietary processes. ☐

a. Total amount of Item B that was or may have been **Discharged** in wastewater per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

c. Outfall numbers on Form II which discharge this critical material. a. 0 0 0 b. 4 c.
d. Amount of Item B discharged out each outfall. (See Table A1 for code number.) a. 0 0 4 b. 3 c.
e. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. b. c.
a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subcoiled on PRIVATE LAND

PR 4388-6 Page 27

4712

MEN03534

COMPLETED FORM TO
Michigan Department of Natural Resources
Water Resources Division
Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

1985

FACILITY NUMBER → 0 3 0 0 1 9

CRITICAL MATERIAL NAME: LEAD
(Pages 16 and 17)

CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 1 9
(Pages 16 and 17)

TABLE A1: 0 = 0 lbs; 1 = less than 1 lb.; 2 = 1 - 10 lbs.; 3 = 11 - 100 lbs; 4 = 101 - 500 lbs.; 5 = 500 - 1,000 lbs.; 6 = over 1,000 lbs.

a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Mark an X if you want the information in Item D to remain confidential.
Confidentiality only to be requested if the reported information will divulge proprietary processes. ☐

a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 1 1 1 1 0 0 0

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
SUBSAILED

PR 4888-6 Page 27

4713

MEN03535

COMPLETED FORM TO
Michigan Department of Natural Resources
93 Reports
30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 295, P.A. 1972

DNR USE ONLY — ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

1985

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

FACILITY NUMBER → 0 3 0 2 1 9

CRITICAL MATERIAL NAME: NICKEL
(Pages 16 and 17)

CRITICAL MATERIAL PARAMETER NUMBER → C L A S S C 2 2
(Pages 16 and 17)

TABLE A1
0 = 0 lbs
1 = less than 1 lb.
2 = 1 - 10 lbs
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs.
6 = over 1,000 lbs.

a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Mark an X if you want the information in Item D to remain confidential
Confidentiality only to be requested if the reported information will divulge proprietary processes. ☐

a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	000	4	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoilen

PR 4688-5 Page 27

4714

MEN03536

SAMPLE ED FORM TO:
Michigan Department of Natural Resources
Water Quality Division
P.O. Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

1995

FACILITY NUMBER → 0 3 0 0 1 / 9 1

CRITICAL MATERIAL NAME: MERCURY
(Pages 16 and 17)

CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 1
(Pages 15 and 17)

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs.
6 = over 1,000 lbs.

A. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. C
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Mark an X if you want the information in Item D to remain confidential.
Confidentiality only to be requested if the reported information will divulge proprietary processes. ☐

a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

G. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

H. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Sulfsoilad

4715

MEN03537

Michigan Department of Natural Resources
Air Reports
30079
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 327, P.A. 1972

DNR USE ONLY — Action: Delete 1. ☐ New 2. ☐ Change 3. ☐

1985

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

FACILITY NUMBER → 0 3 0 0 1 1 9

CRITICAL MATERIAL NAME: ZINC
(Pages 16 and 17)

CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 7
(Pages 16 and 17)

TABLE A1: 0 = 0 lbs; 1 = less than 1 lb.; 2 = 1 - 10 lbs.; 3 = 11 - 100 lbs.; 4 = 101 - 500 lbs.; 5 = 500 - 1,000 lbs.; 6 = over 1,000 lbs.

a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Mark an X if you want the information in Item D to remain confidential ☐
Confidentiality only to be requested if the reported information will divulge proprietary processes.

a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
010	4	
011	3	
012	4	
014	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 5
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled

4716

MEN03538

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION
Delete 1. ☐ New 2. ☐ Change 3. ☐

1985

additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

ER → 0 3 0 0 1 9

ATERIAL NAME: TOTAL CHROMIUM
Pages 16 and 17)

AL MATERIAL
METER NUMBER → C L A S S 0 1 5
es 16 and 17)

A. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs.
6 = over 1,000 lbs.

Mark an X if you want the information in Item D to remain confidential.
Confidentiality only to be requested if the reported information will divulge proprietary processes. ☐

a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Outfall numbers on Form II which discharge this ritical material.
Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 0	4	
	0 0 1	3	
	0 0 2	2	
	0 0 4	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination W

Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). Choose up to 4) 3 7
Subsoiled

PR 4898-6 Page 27

4717

MEN03539

LOCATED FORM TO:
Michigan Department of Natural Resources
293 Records
P.O. 30024
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION
Delete 1 ☐ New 2 ☐ Change 3 ☐

If additional Form IIIs are needed (more than one Critical Material reported) please photocopy Form III or request additional forms

1985

A. FACILITY NUMBER → 0 3 0 0 1 7

CRITICAL MATERIAL NAME (Pages 16 and 17) di-n-butyl-phthalate

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16 and 17) → 0 0 9 1 4 2

D. a. Amount of Item B Used or Manufactured per year (See Table A1 for code) a 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs b

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 500 - 1,000 lbs
6 = over 1,000 lbs

E. Mark an X if you want the information in Item D to remain confidential
Confidentiality only to be requested if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code) a 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs b

G. a. Outfall numbers on Form II which discharge this critical material
b. Amount of Item B discharged out each outfall (See Table A1 for code number)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs

a	b	c
0 0 2	2	

H. a. Amount of Item B that was or may have been contained in residuals per year (See Table A1 for code) a
b. If over 1,000 lbs./yr. indicate amount to nearest 500 lbs b

I. Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination ☐

J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid ☐

K. Storage of Item H residual before removal 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right) (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual Type of disposal site 1=Public landfill 2=Private landfill 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right) (Choose up to 4) ☐☐☐☐

4718

MEN03540

MAIL COMPLETED FORM TO:
Michigan Department of Natural Resources
Water Reports
P.O. Box 30028
Lansing, Michigan 48909

FORM III
CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

1985

A. FACILITY NUMBER → 1 3 0 0 1 1 9

B. CRITICAL MATERIAL NAME: BIS (2-ethylhexyl) PHTHALATE
(Pages 16 and 17)

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 1 1 1 7 8 1 1 7
(Pages 16 and 17)

D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.) a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 = 500 - 1,000 lbs
6 = over 1,000 lbs.

E. Mark an X if you want the information in Item D to remain confidential.
Confidentiality only to be requested if the reported information will divulge proprietary processes ☐

F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this critical material.
b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
0 0 1	4	
0 0 2	3	
0 0 4	3	

H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination 4

J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 2

K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) 3 7
Subsoiled

PR 4888-6 Page 27

4719

MEN03503

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) TOLUENE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 0 8 8 8 3

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs
* = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination — P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 6

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03504

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION	
Delete	New
1. ☐	2. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 P.A. 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTI

SEE INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to repo photocopy.

A. FACILITY NUMBER → 0 3 0

B. CRITICAL MATERIAL NAME.
(Pages 21-29) XYLENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 1 3 3 0
(Pages 21-29)

D. a Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code
b If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.

TABLE A1 0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs.
6 = over 1,000 lbs

b. ☐☐☐☐☐☐

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form

F. a Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H
b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs. b. ☐☐☐☐☐☐

G. a Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.

a. ☐☐☐	b. ☐	c. ☐☐☐☐
a. ☐☐☐	b. ☐	c. ☐☐☐☐
a. ☐☐☐	b. ☐	c. ☐☐☐☐
a. ☐☐☐	b. ☐	c. ☐☐☐☐
a. ☐☐☐	b. ☐	c. ☐☐☐☐
a. ☐☐☐	b. ☐	c. ☐☐☐☐

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐☐☐☐☐☐

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRI

PR 4888-6

MEN03505

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1 ☐	2. ☐	3 ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, PA 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) NICKEL

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 2 2

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs.
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a. 0 0 3	b 3	c.
a.	b	c.
a.	b	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 6 7
Sub-Soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03506

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) CADMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → C L A S S 0 1 1 3

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 1 3	2	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03507

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) CHROMIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 5
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03508

PLEASE RETURN COMPLETED FORM(S) TO:
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) COPPER

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 1 7
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 0 0 0

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 1	2	
	0 0 3	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 1 0 0 0

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03509

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3 ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 PA 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME. (Pages 21-29) ARSENIC

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 1 1
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code. a. 0
b. If over 1,000 lbs /yr, indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs
1 = less than 1 lb
2 = 1-10 lbs
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1 000 lbs.
6 = over 1 000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs b.

G. a Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number)
c. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs

a.	0 0 1 3	b 3	c.
a.		b	c.
a		b.	c.
a.		b.	c.
a.		b.	c.
a.		b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) Sub-soiled on private land 1 6 7

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03510

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) SELENIUM

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 3
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03511

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) 1,4 DIOXANE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 1 2 3 9 1 1 1 (Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material. a. b. c.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) a. b. c.
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. b. c.
a. b. c.
a. b. c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ ☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ ☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ ☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03512

PLEASE RETURN COMPLETED FORM(S) TO
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SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3 ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 PA 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) LEAD

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 1 1 9
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31) See Table A1 for code — a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs
4 = 101-500 lbs
5 = 501-1,000 lbs.
6 = over 1,000 lbs

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. — a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0103	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. — a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. — b.

I. Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination — P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. — 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) — 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) — 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03513

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) ZINC

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 7
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

	a.	b.	c.
	0 0 1 3	4	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 6
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. 2 5 0 0 0

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P W

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 2 3 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 4 6 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1 6 7
Sub-soiled on private land

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03514

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) MERCURY

C. CRITICAL MATERIAL PARAMETER NUMBER → C L A S S 0 2 1
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ____

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03515

PLEASE RETURN COMPLETED FORM(S) TO
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SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
PO BOX 30273
LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) Asbestos

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 1 3 3 2 2 1 4

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 8
Double bagged and sealed plastic bags

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 2

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03516

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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) SILVER

C. CRITICAL MATERIAL PARAMETER NUMBER → CLASS024
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.
a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03517

PLEASE RETURN COMPLETED FORM(S) TO:
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) 1,2 - dichlorobenzene

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 0 9 5 5 0 1

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 1
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. 4

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03518

PLEASE RETURN COMPLETED FORM(S) TO:
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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
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1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) BENZENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 7 1 4 3 2
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 2
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03519

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MICHIGAN DEPARTMENT OF NATURAL RESOURCES DNR
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) VINYL CHLORIDE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 7 5 0 1 4
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a.
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐ P

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐ 3

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 7

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐ ☐ ☐ 1

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03520

PLEASE RETURN COMPLETED FORM(S) TO
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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY — ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972 "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME:
(Pages 21-29) NAPHTHALENE

C. CRITICAL MATERIAL PARAMETER NUMBER → 0 0 0 9 1 2 0 3
(Pages 21-29)

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

F. a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 3
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.
003	3	

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. ☐

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination ☐☐

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid. ☐☐

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) ☐☐☐☐

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4) ☐☐☐☐

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

MEN03521

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LANSING MI 48909-7773
PHONE (517) 373-4621

DNR USE ONLY – ACTION		
Delete	New	Change
1. ☐	2. ☐	3. ☐

FORM III
CRITICAL MATERIALS REPORT

1994

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.

A. FACILITY NUMBER → 0 3 0 0 1 9

B. CRITICAL MATERIAL NAME: (Pages 21-29) HYDROQUINONE

C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29) → 0 0 1 2 3 3 1 9

D. a. Amount of Item B **present on-site** during year (see definitions, pages 30-31). See Table A1 for code. a. 4
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

TABLE A1
0 = 0 lbs.
1 = less than 1 lb.
2 = 1-10 lbs.
3 = 11-100 lbs.
4 = 101-500 lbs.
5 = 501-1,000 lbs.
6 = over 1,000 lbs.

E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form. ☐

a. Total amount of Item B that was or may have been **discharged** in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

G. a. Outfall numbers on Form II which discharge this Critical Material.
b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)
c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.

a.	b.	c.

H. a. Amount of Item B that was or may have been **contained in residuals** during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. a. 0
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b.

I. Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination

J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.

K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)

L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

PR 4888-6 (Rev. 1/95)

memo / MENASHA CORPORATION

TO: DNR Phone Call File

DATE: 17 December 1980

SUBJECT: Phone discussion with the Water Quality Division on the 1980 NPDES Permit Application

FROM: John Blauwkamp

On 19 November 1980, I talked with Dale DeKraker of the Water Quality Division of the DNR in Grand Rapids. THe main topics of discussion were the Critical Materials that should be listed on the application and the water treatment chemical that should be listed.

My main question on the critical materials was whether or not the critical materials present in the SLI product should be listed as being present in the effluent. Because the critical materials present in the SLI product are a build up of materials present in the wood and are not present in the other materials coming the mill. Dale said these materials should not be listed as being present in the effluent. The intent of this part of the permit is to trace down critical materials which will come in as components in the chemicals we use such as scale inhibitors, biocides with the soda ash and these things then will be present in the effluence from the mill. The trace quantities of critical materials that may be in the wood are not of interest to the DNR.

The second question was on which of the chemicals used in the mill would have to be listed as being present in the effluence. Dale said there was primarily interested in those chemicals that would be still present in the effluent in their original form. Chemicals such as scale inhibitors used in the digester for process reasons were not applicable to the NPDES permit application. For cooling water outfalls the biocides added at the well headers and the scale inhibitors should be listed. Also the chemicals in the power plant that are present in outfall 004 should be listed. Basically anything that is present in an untreated effluent should be listed but those things that go through the main aeration pond or added in the mill for purely process reasons do not have to be listed on the NPDES permit.

cc: NPDES permit application file.

JB/kj

5033

MEN03541

STATE OF MICHIGAN
WATER RESOURCES COMMISSION
G. MENNEN WILLIAMS, GOVERNOR

LEGAL COUNSEL
Frank G. Millard,
ATTORNEY GENERAL

STAFF OFFICES
527 W. OTTAWA
LANSING 15, MICHIGAN

MILTON P. ADAMS
EXECUTIVE SECRETARY

LORING F. DEMING
CHIEF ENGINEER

P. O. BOX 67
TEL. 5-8140—EXT. 2252

COMMISSION
ALBERT E. CURTIS, M.D., CHAIRMAN
COMMISSIONER OF HEALTH
GLENN P. LANZ, LANSING, VICE-CHAIRMAN
MUNICIPAL GROUPS
P. J. HOFFMASTER,
DIRECTOR OF CONSERVATION
CHARLES J. ZIEGLER
STATE HIGHWAY COMMISSIONER
CHARLES FIGY
DIRECTOR OF AGRICULTURE
BURNETT J. ABBOTT, ALBION
INDUSTRIAL MANAGEMENT GROUP
VICTOR C. BERESFORD, ELDRIDGE
CONSERVATION GROUPS

January 24, 1951

Otsego Falls Paper Mills
Attention: L. H. Greene, President
Otsego, Michigan

Gentlemen:

Enclosed is a copy of the notice of determination to the Otsego Falls Paper Mills which was adopted by the commission at its meeting yesterday.

You will note that a hearing on the facts and proposed action is scheduled for 2:00 P.M., Wednesday, March 28, 1951, in the offices of the commission at 527 W. Ottawa Street, Lansing.

Very truly yours,

Milton P. Adams
Executive Secretary

Water Resources Commission

MPA:J
Enc.

5669

Order not complied with

OTSEGO FALLS PAPER MILLS
of Otsego

Before the

WATER RESOURCES COMMISSION

NOTICE OF DETERMINATION

Notice is given herewith of the decision of this Commission [illegible] reduction of pollution of the [illegible] River between [illegible] of [illegible] the City of Allegan, including Portage Creek at [illegible] present uses now made of the waters of the state for [illegible] such restrictions [illegible] pollution [illegible] practicable [illegible] necessary; (2) [illegible] excessive [illegible] (3) [illegible] (C) [illegible] (D) [illegible]

Notice is further given that the Otsego Falls Paper Mills is [illegible] the pollution [illegible] River [illegible] mills of [illegible] which [illegible] correct.

Notice is further given that the Commission [illegible] order.

(1) [illegible] of record the present daily use made of the waters of the state for sewage or waste disposal purposes by Otsego Falls Paper Mills expressed in [illegible] thousand, one hundred (1,100) pounds of 5-day biochemical oxygen demand and five thousand, two hundred (5,200) pounds of suspended solids; and

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(2) Requiring as an interim objective that all paper processing wastes discharged directly to the waters of the state shall be so treated by coagulation and sedimentation or other equivalent means as to produce an effluent containing not more than ten (10) pounds of suspended solids per ton of product, said restriction to be complied with on or before June 1, 1953, with the aid of facilities constructed from plans approved by the chief engineer of this Commission, provided that said plans be submitted to the office of the Commission for approval on or before April 1, 1952.

Hearing on the facts and proposed action involved will be provided by this Commission, meeting at its headquarters in Lansing on Wednesday, March 28, 1951, at 7:30 P.M., following which adoption of a final order will be considered.

Approval of this notice of hearing was authorized, following notice [illegible] Executive Order [illegible] 20, 1950.

The above notice was adopted at a regular meeting of the Commission held in Lansing on Tuesday, January 23, 1951, in accordance with the provisions of Act [illegible] of the Acts of 1929, as amended by Act 215, Public Acts of 1949, [illegible], supported by Mr. [illegible], [illegible] unanimously.

PRESENT AND VOTING:

Albert E. Demaris, [illegible] Commissioner of Health

Glen P. [illegible], Representing Municipalities

Stanley [illegible], Director of Conservation

Irving [illegible], Commissioner

George J. [illegible], Director of Agriculture

Victor C. Lenssford, Representing Conservation Groups

Attest:

Milton F. Adams
Executive Secretary

5601

PEPIC FALLS PAPER COMPANY
OGDENSBURG, MICHIGAN

Survey No. 1	1st Shift	July 18, 1950
Survey No. 2	2nd Shift	July 18, 1950
Survey No. 3	3rd Shift	July 18, 1950

Area: Board Mill + Pulp Mill (Neutral Sulphite)

Waste Measurement: (Sewers and weirs numbered from upstream to downstream).

Sewer No. 1 is a three inch pipe outlet from the south end of the cook liquor blow tank located between the pulp mill and the mill race. A weir box with a 1.0 foot rectangular metal edged weir (Weir No. 1) was built at this outlet.

Sewer No. 2 is a four inch pipe outlet from the north end of the same cook liquor blow tank as above. A weir box with a 1.0 foot rectangular metal edged weir (Weir No. 2) was built at this outlet.

Sewer No. 3 is a three foot concrete channel located at the south end of the machine room basement. A 2.0 foot rectangular metal edged wier (Weir No. 3) was built in this channel.

Sewer No. 4 is a 20 inch concrete channel located directly below the north line shaft from the old wheel house to the mill. A 1.0 foot rectangular metal edged weir (Weir No.4) was built in this channel.

Sewer No. 5 is a 6 inch overhead pipe that discharges over the mill race directly in front of Sewer No. 4. It was not reasonably possible to measure this flow. The flow was estimated at half hour intervals.

Mill Water Supply

Well water is used for process water except in the pulp mill where river water is used.

Plant Process

Sewers Nos. 1 and 2 discharge cook liquors from four ball type digesters in the pulp mill. This is a neutral sulfite pulping operation.

Sewers Nos. 3 and 4 discharge white water from the machine room.

Sewer No. 5 discharges white water overflow from a white water storage chest in the basement of the machine room.

Survey Procedure:

Recording head meters were installed at all weirs to obtain a continuous record of the flow during the three surveys. The flow from Sewer No. 5 was estimated at half hour intervals. A constant proportion sample was taken at weirs 1 and 2 each time a cooker was blown down and composited during each survey. Samples were taken proportional to the flow at weirs 3 and 4 and jointly composited during each survey. A constant proportion sample was taken at Sewer No. 5 and composited during each survey.

SURVEY NO. 1

July 18, 1950 — 1st Shift

Production: 46,825 lbs.

Flow:

0.0129 mg. No. 1 and 2 Weirs
0.2917 mg. No. 3 and 4 Weirs
0.083 mg. Sewer No. 5
0.3876 mg. Total

Sample Analysis

	Nos. 1 & 2 Weirs	Nos. 3 & 4 Weirs	Sewer No. 5	River Water
5-Day B.O.D.	29,250	950	327	8.4
Total Solids	149,800	4,468	1,666	376
Total Vol. Solids	87,800	2,830	998	167
Suspended Solids	1,100	864	302	11
Suspended Vol. Solids	1,040	740	258	9
pH	9.05	7.4	7.6	7.5

All values in p.p.m. except pH

B.O.D.

Nos. 1 and 2 Weirs (0.0129 x 8.34 x 1,100) = 119 lbs.

Nos. 3 and 4 Weirs (0.2917 x 8.34 x 950) = 2,310 lbs.

Sewer No. 5 (0.083 x 8.34 x 327) = 226 lbs.

River Water (0.0129 x 8.34 x 8.4) = _____ 1 lb.

Net Total to River 5,685

Pounds of B.O.D. Per Ton of Product

(5,685 ÷ 46,825) x 2000 = 243.0 lbs.

Suspended Solids

Nos. 1 and 2 Weirs (0.0129 x 8.34 x 1,100) = 119 lbs.

Nos. 3 and 4 Weirs (0.2917 x 8.34 x 864) = 2,100 lbs.

Sewer No. 5 (0.083 x 8.34 x 302) = 209 lbs.

River Water (0.0129 x 8.34 x 11) = _____ 1 lbs.

Net Total to River 2,427 lbs.

Pounds of Suspended Solids Per Ton of Product

(2,427 ÷ 46,825) x 2000 = 103.8 lbs.

Suspended Volatile Solids

Nos. 1 and 2 Weirs	(0.0129 x 8.34 x 1,040) =	112 lbs.
Nos. 3 and 4 Weirs	(0.2917 x 8.34 x 740) =	1,800 lbs.
Sewer No. 5	(0.083 x 8.34 x 258) =	179 lbs.
River Water	(0.0129 x 8.34 x 9) = ____	1 lb.
Net Total to River		2,090 lbs.

Pounds of Suspended Volatile Solids Per Ton of Product

(2,090 ÷ 46,825) x 2000 = 89.1 lbs.

Fiber Loss

[89.1 ÷ (2000 x 0.95)] x 100 = 4.69%

Population Equivalent

(2,585 ÷ 0.16,) = 14,100 people per 5 hours

Gallons Waste Per Ton of Product

(387,600 ÷ 46,825) x 2000 = 16,500 Gallons

SURVEY NO. 2

July 18, 1950 - 2nd Shift

Production: 47,215 lbs.

Flow:

0.0117 mg. Nos. 1 and 2 Weirs
0.2525 mg. Nos. 3 and 4 Weirs
0.0912 mg. Sewer No. 5
0.3554 mg. Total

Sample Analysis

	No. 1&2 Weirs	No. 3&4 Weirs	Settled Waste	% Red.	Sewer No.5	River Water
5-Day B.O.D.	41,000	1,050	870	17.1	340	8.4

Sample Analysis, Cont'd

	No. 1&2 Weirs	No. 3&4 Weirs	Settled Waste	% Red.	Sewer No. 5	River Water
Total Solids	177,000	4,644	4,446		1,860	376
Total Vol. Solids	111,200	2,960	2,650		1,114	167
Suspended Solids	840	500	140	72.0	362	11
Suspended Vol. Solids	800	[illegible]	122	69.3	308	9
pH	8.9	7.5			7.7	7.5
Settleable Solids		360				

[illegible]l values in p.p.m. except pH

B.O.D.

[illegible] 1 and 2 Weirs (0.0117 [illegible] 8.34 [illegible] [illegible]) = [illegible] lbs.

[illegible] 3 and 4 Weirs (0.2525 x 8.34 x [illegible]) = [illegible] lbs.

[illegible] No. 5 (0.0912 x 8.34 x [illegible]) = [illegible] lbs.

River Water (0.0117 x 8.34 x [illegible]) = _____ [illegible] lb.

Net Total to River 6,[illegible] lbs.

Pounds of B.O.D. Per Ton of Product

(6,[illegible] ÷ 47,815) x 2000 = 270.5 lbs.

Suspended Solids

No. 1 and 2 Weirs (0.0117 x 8.34 x 840) = 82 lbs.

No. 3 and 4 Weirs (0.2525 x 8.34 x 500) = 1,051 lbs.

Sewer No. 5 (0.0912 x 8.34 x 362) = 275 lbs.

River Water (0.0117 x 8.34 x 11) = _____ 1 lb.

Net Total to River: 1,407 lbs.

Pounds of Suspended Solids Per Ton of Product

(1,407 ÷ 47,815) x 2000 = 58.8 lbs.

Suspended Volatile Solids

No. 1 and 2 Weirs	(0.0117 x 8.34 x 800) =	78 lbs.
No. 3 and 4 Weirs	(0.2525 x 8.34 x 404) =	850 lbs.
Sewer No. 5	(0.0912 x 8.34 x 308) =	234 lbs.
River Water	(0.0117 x 8.34 x 9) =	1 lb.
Net Total to River		1,161 lbs.

Pounds of Suspended Volatile Solids Per Ton of Product

(1,151 ÷ 7,815) x 100 = 12.6 lbs.

Fibre Loss

[12.6 ÷ (2000 x 0.95)] x 100 = 0.5

Population Equivalent

(6,458 ÷ 0.167) = 38,000 people per 8 hours

Gallons Waste Per Ton Product

(355,000 ÷ 7,815) x 2000 = 91,000 Gallons

SURVEY No. 3

July 19, 1950 - 3rd Shift

Production: 59,470 lbs.

Flow:

0.0167 mg.	No. 1 and 2 Weirs
0.2485 mg.	No. 3 and 4 Weirs
0.0884 mg.	Sewer No. 5
0.3536 mg.	Total

Suspended Volatile Solids

No. 1 and 2 Weirs (0.0167 x 8.34 x 580) = 81 lbs.

No. 3 and 4 Weirs (0.2485 x 8.34 x 416) = 860 lbs.

Sewer No. 5 (0.0884 x 8.34 x 288) = 213 lbs.

River Water (0.0167 x 8.34 x 9) = ____ 1 lb.

Net Total to River 1,153 lbs.

Pounds of Suspended Volatile Solids Per Ton Product

(1,153 ÷ 59,470) x 2000 = 38.8 lbs.

Fibre Loss

[38.8 ÷ (2000 x 0.95)] x 100 = 2.04%

Population Equivalent

(6,981 ÷ 0.167) = 41,800 people per 8 hours

Gallons Waste Per Ton Product

(353,600 ÷ 59,470) x 2000 = 11,900 Gallons

Summary

	Survey No. 1	Survey No. 2	Survey No. 3	Total
Production-Tons	23.41	23.21	25.71	77.06
Flow-Million Gallons	0.2876	0.3554	0.3536	1.0966
Lbs. of B.O.D. (Net)	5,685	6,458	6,981	19.124
Lbs. of B.O.D. Per Ton Prod.	243.0	270.5	235.0	249.5*
Lbs. of Dry Solids (Net)	2,427	1,407	1,359	5,193
Lbs. of Dry Solids Per Ton Prod.	103.8	58.8	45.7	69.4*
Lbs. of Vol. Solids (Net)	2,090	1,161	1,153	4,404
Lbs. of Vol. Solids Per Ton Prod.	89.1	48.6	38.8	58.8*
Gals. Waste Per Ton Prod.	16,500	14,900	11,900	14,433*
Fibre Loss-Percent	4.69	2.56	2.04	3.10*
Population Equivalent	34,100	38,800	41,800	114,700

* Average of three surveys.

R. W. Purdy
W. S Pringer
W. H. Abbott
J. R Couchois

5/51-18

OTSEGO FALLS PAPER MILLS

Before the

WATER RESOURCES COMMISSION

FINAL ORDER OF DETERMINATION

WHEREAS, a notice of determination was adopted at the January 23, 1951 meeting of this commission, setting forth failure of the company to control its share of the pollution of the Kalamazoo River, which act, in combination with that of other mills of the area, has created the condition of acute stream pollution which this commission has the duty to correct; and

WHEREAS, the intention of this commission to consider the adoption of a two part order, details of which were set forth in the notice of determination, was conveyed to the company along with the date of March 28, 1951 for a hearing on the facts and proposed action involved; and

WHEREAS, said hearing was held at the appointed time and place with the company represented by D. H. Greene, President and R. J. Suess, Secretary, following which preparation of this form was authorized; now therefore

BE IT RESOLVED, by this commission, meeting at Haven Hill Lodge near Milford this sixteenth day of May, 1951, that it is our final order of determination that

(1) The present daily use made of the waters of the state for sewage and waste disposal purposes by the company be declared to be nineteen thousand, one hundred (19,100) pounds of 5-day biochemical oxygen demand and five thousand, two hundred (5,200) pounds of suspended solids, subject to such variations in the company's customary operations as may result from national defense or war emergency conditions, the company's method of pulping and number of machines remaining unchanged;

(2) Requiring that all paper processing wastes discharged directly to the waters of the state shall be so treated by coagulation and sedimentation or other equivalent means as to produce an effluent containing not more than ten (10) pounds of suspended solids per ton of product, this restriction to be complied with on or before June 1, 1954, with the aid of facilities constructed from plans approved by the chief engineer of this commission, provided that said plans be submitted to the office of the commission for approval on or before April 1, 1953.

Adopted by this commission under the provisions of Act 245, Public Acts of 1929, as amended by Act 117, Public Acts of 1949, upon motion by_____, supported by_____and_____carried.

MEN03554

STATE OF MICHIGAN
WATER RESOURCES COMMISSION
G. MENNEN WILLIAMS, GOVERNOR

LEGAL COUNSEL
FRANK G. MILLARD
ATTORNEY GENERAL

STAFF
MILTON P. ADAMS
EXECUTIVE SECRETARY
LOWING F. DEMING
CHIEF ENGINEER
NORMAN BILLINGS
CHIEF, BIOLOGY DIVISION

STAFF OFFICES
527 W. OTTAWA
TEL. 8-1437

P. O. BOX 87
LANSING 1, MICHIGAN

COMMISSION
ARTHUR A. HEUSTIS, M.D., CHAIRMAN
COMMISSIONER OF HEALTH
GLENN P. MANZ, LANSING, VICE-CHAIRMAN
MUNICIPAL GROUPS
GERALD E. EDDY
DIRECTOR OF CONSERVATION
CHARLES M. ZIEGLER
STATE HIGHWAY COMMISSIONER
CHARLES FIGY
DIRECTOR OF AGRICULTURE
BURNETT J. ABBOTT, ALBION
INDUSTRIAL MANAGEMENT GROUPS
LYNN F. BALDWIN, EATON RAPIDS
CONSERVATION GROUPS

October 25, 1951

Otsego Falls Paper Mills
Attention: Mr. D. H. Greene, President
Otsego, Michigan

Gentlemen:

Enclosed is a copy of the final order of determination to the Otsego Falls Paper Mills that was adopted by the commission at its meeting at Haven Hill Lodge yesterday.

No action was taken with respect to the dissolved BOD problem at this time. The commission did not indicate when this additional matter would be taken up with your company. You are aware of the significance of this additional loading, however, and every effort should be made to push the research now under way to a satisfactory conclusion. It is urged that any changes with respect to this part of your problem be cleared with our chief engineer, Mr. Deming, before any major changes or expenditures are made.

Very truly yours,

Milton P. Adams
Executive Secretary

WATER RESOURCES COMMISSION

MPA:J

5683

OTSEGO FALLS PAPER MILLS, INC.

Before the

WATER RESOURCES COMMISSION

FINAL ORDER OF DETERMINATION

WHEREAS, a notice of determination was adopted at the January 23, 1951 meeting of this commission, setting forth failure of the company to control its share of the pollution of the Kalamazoo River, which act, in combination with that of other mills of the area, has created the condition of acute steam pollution which this commission has the duty to correct; and

WHEREAS, the intention of this commission to consider the adoption of a two part order, details of which were set forth in the notice of determination, was conveyed to the company along with the date of March 28, 1951, for a hearing on the facts and proposed action involved; and

WHEREAS, said hearing was held at the appointed time and place with the company represented by D. H. Greene, President and R. J. Suess, Secretary, following which preparation of this form was authorized; now therefore

BE IT RESOLVED, by this commission, meeting at Raven Hill Lodge near Milford this 24th day of October, 1951, that it is our final order of determination with respect to the Otsego Falls Paper Mills, Inc., a Michigan corporation, owning and operating a pulp and paper mill located in the City of Otsego, that:

(1) The present daily use made of the waters of the state for sewage and waste disposal purposes by the company be declared to be nineteen thousand, one hundred (19,100) pounds of 5-day biochemical oxygen demand and five thousand, two hundred (5,200) pounds of suspended solids, subject to such variations in the company's customary operations as may result from national defense or war emergency conditions, the company's method of pulping and number of machines remaining unchanged; and

(2) Except as compliance may be delayed by failure to the applicant of the necessary equipment or materials by the controlling federal agency, all paper processing wastes discharged directly to the waters of the State shall be so treated by coagulation and sedimentation or other equivalent means as to produce an effluent containing not more than ten (10) pounds of suspended solids per ton of product, this restriction to be complied with on or before June 1, 1954, with the aid of facilities constructed from plans approved by the chief engineer of this commission, provided that said plans be submitted to the office of the commission for approval on or before April 1, 1953.

Adopted by this commission under the provisions of Act 245, Public Acts of 1929, as amended by Act 117, Public Acts of 1949, upon motion by Mr. McIntyre, supported by Mr. Baldwin and unanimously carried.

PRESENT AND VOTING:

Glenn P. Manz, for Municipal Groups, Vice Chairman
Acting Chairman
Gerald E. Eddy, Director of Conservation
Irving Ronk, for State Highway Commissioner
George S. McIntyre, Deputy Director of Agriculture
Willard F. Shephard, for Commissioner of Health
Lynn F. Baldwin, for Conservation Groups

Attest:

Executive Secretary

MEN03557

OTSEGO FALLS PAPER MILLS, INC.

OTSEGO MICHIGAN
PA. MILL

March 20, 1953

Water Resources Commission

State of Michigan

P. O. Box 57

Lansing, Michigan

Ref: Your Final Order of Determination of October 24, 1951

Gentlemen:

By re-piping our water and white water system, substituting use of paper processing waste water for fresh water, we have eliminated the direct discharge to the river of the paper processing waters containing suspended solids; therefore, we feel we have gone beyond the requirements of your present order requiring submission of plan only.

Enclosed is blue print #231 which shows how all paper process water was brought to a single sump, and print #232 showing where this water is now being used, replacing use of fresh water.

Yours very truly,

OTSEGO FALLS PAPER MILLS, INC.

President

DMCreene:kjm

5686

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

OFFICIAL CERTIFICATE

Lansing, Michigan December 3, 1953

I, Milton P. Adams, Executive Secretary of the Water Resources Commission, successor to the Stream Control Commission, DO HEREBY CERTIFY that annexed is a true copy of the Notice of Determination and Hearing to the Otsego Falls Paper Mills, Incorporated, Otsego, that was adopted by the Commission at its meeting on December 2, 1953, and that I have carefully compared the said copy with the original thereof now on file and of record in the office of said commissions, and that it is a correct transcript therefrom and of the whole thereof.

By _____
Executive Secretary
Water Resources Commission
Lansing, Michigan

5687

State of Michigan 11/53-4

WATER RESOURCES COMMISSION

Proceedings Against the OTSEGO FALLS PAPER MILLS, INC., OTSEGO, MICHIGAN, for Abatement of Pollution of the Kalamazoo River.

NOTICE OF DETERMINATION AND HEARING

To: THE OTSEGO FALLS PAPER MILLS INC.

YOU ARE HEREBY NOTIFIED that the Water Resources Commission after due consideration of complaints received and investigations made, and pursuant to its decision in 1951 to initiate a progressive reduction of pollution of the Kalamazoo River between the Village of Comstock and the City of Allegan, is of the opinion and has determined that the unrestricted discharge into the Kalamazoo River of wastes produced from the neutral sulphite semi-chemical pulping process at the Otsego Falls Paper Mills Inc., is a violation of the provisions of Act No. 245, Public Acts of 1929, as amended. The specific violation is as follows:

1. The neutral sulphite semi-chemical pulping operations conducted in conjunction with the manufacture of paper at the company's mill in Otsego, Michigan, produce wastes that are discharged without restriction to the Kalamazoo River, thereby polluting the waters of the Kalamazoo River with substances having oxygen-consuming and odor-producing properties.

2. The discharge of said substances from the pulping process in combination with waste discharges, having similar properties, from its paper manufacturing operations and from other industrial establishments, creates conditons of odor

nuisance and oxygen depletion in the Kalamazoo River downstream from Otsego and within the City of Allegan and in the impoundment formed by the Allegan municipal dam on the Kalamazoo River.

3. The said conditions are injurious to the conducting of lawful occupations and destroy or injuriously affect fish and aquatic life or prevent the growth or propagation thereof in the Kalamazoo River.

YOU ARE FURTHER NOTIFIED that the Commission has under consideration the [illegible] an order requiring you to restrict, until further order of the Commission, [illegible] to the Kalamazoo River, either directly or indirectly of neutral [illegible] semi-chemical pulping wastes during the period from May 1 to October 1 of [illegible] year to amounts so that the oxygen-consuming content of your total mill wastes [illegible] to the Kalamazoo River measured by Five-Day Biochemical Oxygen Demand test [illegible] not more than twenty-five (25) pounds of Five-Day Biochemical Oxygen Demand [illegible] finished paper produced and not more than a total of two thousand (2,000) [illegible] of Five-Day Biochemical Oxygen Demand per day; and further requiring you to [illegible] the discharge of said neutral sulphite semi-chemical pulping wastes during the remainder of the year to amounts so that the oxygen-consuming content of your total mill wastes discharged to the Kalamazoo River shall be not more than Fourteen thousand (14,000) pounds of Five-Day Biochemical Oxygen Demand per day.

The above restrictions are to become effective on and after May 1, 1954, and are to be accomplished with the aid of methods provided from plans approved by the chief engineer of the Commission. Said plans shall be submitted to the office of the Commission for approval on or before March 1, 1954.

YOU ARE FURTHER NOTIFIED that a hearing on the facts and the above proposed [illegible] will be provided you and held by the Commission at 10:00 a.m. January 28, 1954,

at Kalamazoo, Michigan, following which consideration will be given to the adoption of a Final Order of Determination for the abatement of the pollution above described. The aforesaid hearing provides you with the opportunity to present such evidence as you desire bearing upon the matter.

The files and records of the Department of Conservation and the Water Resources Commission pertaining to the aforesaid violation will be available for inspection prior to or at the hearing. Evidence of said violation will be presented at the statutory hearing.

This notice was adopted at the December 2, 1953 meeting of the Commission in accordance with the provisions of Act No. 245, Public Acts of 1929, as amended by Act No. 117, Public Acts of 1949, on motion by Mr. Rand, supported by Mr. Rand and unanimously, carried.

PRESENT AND VOTING:

Lynn F. Baldwin, for Conservation Groups, Chairman
Dale Bair, Deputy Director of Agriculture
Donald M. Pierce, for State Health Commissioner
Irving Rand, for State Highway Commissioner

Attest:

Anthony T. Adams
Executive Secretary

MEN03562

STATE OF MICHIGAN
WATER RESOURCES COMMISSION
G. MENNEN WILLIAMS, GOVERNOR

STAFF OFFICES
417 W. Michigan
TEL. 5-8144 Ext. 676

P. O. BOX 87
LANSING 1, MICHIGAN

December 14, 1953

Otsego Falls Paper Mills, Inc.
Attention: Mr. D. H. Greene
Otsego, Michigan

Gentlemen:

Following is an excerpt from the minutes of the meeting of the Commission on December 2, 1953, indicating the action taken following the conference relative to your problem:

> "Otsego Falls Paper Mills, Inc., Otsego: Commission discussed proposed Notice of Determination. Redraft of notice was prepared for consideration at the afternoon session. At the afternoon session, when the notice was presented for adoption, representatives of the company were present, at their request. (See record of conference.) At the conclusion, and following discussion of the company's statements, Mr. Ronk made a motion, supported by Mr. Pierce, that the Notice of Determination to the Otsego Falls Paper Mills, as revised at the morning session, be adopted. Motion unanimously carried."

A copy of the conference record will be forwarded to you as soon as it is ready for distribution.

Very truly yours

Milton P. Adams
Executive Secretary

WATER RESOURCES COMMISSION

MPA:J

5691

State of Michigan

WATER RESOURCES COMMISSION

Proceedings Against the OTSEGO FALLS PAPER MILLS, INC., OTSEGO, MICHIGAN, for Abatement of Pollution of the Kalamazoo River.

STIPULATION FOR ADJOURNMENT OF HEARING

IT IS HEREBY STIPULATED AND AGREED by and between the Otsego Falls Paper Mills, Inc., a Michigan Corporation, and the Water Resources Commission of the State of Michigan that the hearing on the facts and proposed action against the said company for abatement of pollution of the Kalamazoo River be adjourned from January 28, 1954, to the October 1955 Water Resources Commission meeting, for the purpose of permitting the Otsego Falls Paper Mills, Inc., to proceed with its proposed program of pollution abatement.

This stipulation is based upon the belief of the parties hereto that the action agreed to be taken by the said company is in the public interest as being reasonably calculated to give immediately a measure of control of pollution. However, it is recognized that additional knowledge gained by actual experience may demonstrate a need for changes or revisions in methods and procedures.

The said company agrees to control the discharge into the Kalamazoo River of wastes produced from the neutral sulphite semi-chemical process at

its Otsego, Michigan mill during the interim period in which said hearing is adjourned in the following manner:

I. During the period from June 1 to October 1 of each year of said period, the company will dispose of or cause to be disposed of for each day of production, an average of 20,000 gallons of neutral sulphite semi-chemical pulping wastes by hauling with tank trucks or by some other method and will not discharge same to the Kalamazoo River or other waters of the state directly or indirectly.

II. In addition, during the period from June 1 to October 1 of each year of said period, the company will, in a manner designed not to create a nuisance, store in a pond owned by it or in some other way keep out of the Kalamazoo River a total of 2,500,000 gallons of neutral sulphite semi-chemical pulping wastes produced by it. The said wastes so kept out of the Kalamazoo River may be discharged therein from February 1 to May 1 at such times and rates as may be approved by the chief engineer of the Water Resources Commission.

III. During the period from June 1 to October 1 of each year of said period, in any event, the company shall not discharge directly or indirectly into the Kalamazoo River in any 24-hour period more than 12,000 gallons of neutral sulphite semi-chemical pulping wastes.

IV. During the period from June 1 to October 1 of each year in said period wherever the flow in the Kalamazoo River, as measured at the United States Geological Survey gage at Comstock, Michigan, is below 400 c.f.s., the company shall not discharge any of its neutral sulphite semi-chemical pulping wastes into the Kalamazoo River.

V. The said company shall keep adequate records showing the amounts of neutral sulphite semi-chemical pulping wastes disposed of by it pursuant to the provisions of paragraphs I, II and III of this stipulation and shall make and file a report thereof at least once each month with the Water Resources Commission.

This stipulation is entered into by the parties hereto without prejudice and does not constitute an admission of facts or law by either party. Each party hereto reserves the right to terminate this agreement as of December 31, 1954, by giving written notice thereof to the opposite party on or before such date of termination, in which event the said adjourned hearing will be scheduled for January 1955, or a subsequent date on twenty (20) days notice thereof being given by the Water Resources Commission to the said company.

OTSEGO FALLS PAPER MILLS, INC.

By_____
Arthur Stratton, its Attorney

By_____
Roman J. Suess, President

WATER RESOURCES COMMISSION

By_____
Gerald E. Eddy, Chairman

By_____
Milton P. Adams, Executive Secretary

Dated: January ____, 1954
Kalamazoo, Michigan

5694

MEN03566

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

G. MENNEN WILLIAMS, GOVERNOR

STAFF OFFICES
417 W. Michigan
TEL. 5-8144, Ext. 676

P. O. BOX 87
LANSING 1, MICHIGAN

October 5, 1955

Otsego Falls Paper Mills, Inc.
Attention: Mr. G. A. McConnay, Secretary
Otsego, Michigan

Gentlemen:

Report was made by staff of your very excellent record of the last two years with respect to handling your pulp liquor. This was made at last week's meeting of the Commission, as indicated by the following paragraph from the minutes of the meeting:

> "Otsego Falls Paper Mills, Inc: Staff report of waste disposal operations, dated September 28, 1955, was presented and copies distributed to members. Company performance during 1954 and 1955 has been superior to that agreed to in the stipulation, under authority of which hearing was adjourned until October 1955. After discussion of possible courses of action, Mr. Ronk made a motion, supported by Mr. Baldwin, that a recommendation as to disposition of the matter be made at the October meeting, after conference between the company, Commission staff and counsel. Motion unanimously carried."

As a result of the action taken I am sure that Mr. Oeming and Florence Clement will be able, on a few days' notice, to arrange a conference with you. This should be held prior to the next meeting of the Commission, scheduled for October 26.

Very truly yours

Milton P. Adams
Executive Secretary

WATER RESOURCES COMMISSION

MPA:J

5695

MEN03567

STATE OF MICHIGAN
WATER RESOURCES COMMISSION
JOHN B. SWAINSON, GOVERNOR

STAFF OFFICES
900 Mill Street
TEL. IV-5-8144, Ext. 476

STATION B
LANSING 13, MICHIGAN

June 26, 1961

Otsego Falls Paper Mills
Otsego
Michigan

Attention: Mr. George A. McConney, Secretary

Gentlemen:

At its meeting in Lansing, June 22, 1961, the Water Resources Commission adopted the attached Notice of Determination and Hearing against the Otsego Falls Paper Mills, Division of Menasha Wooden Ware Corporation, Otsego, Michigan. The Notice will be found to contain the terms of the proposed Order on which hearing will be held at Lansing, Michigan on July 26, 1961. The proposed date, time and place as stated in the Order will stand unless you are otherwise notified

The Commission is prepared to rescind the Notice of Determination and cancel the hearing on the proposed Order if the stipulation discussed with you by our staff members is executed by your company in a form acceptable to the Commission, and filed with this office prior to the hearing date.

Very truly yours,

Milton P. Adams
Executive Secretary

LFO:S
enc.
cc--Mr. Ralph Purdy

5696

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

Proceedings Against the OTSEGO FALLS :
PAPER MILLS, DIVISION OF MENASHA WOODEN:
WARE CORPORATION, a Wisconsin Corpor- :
ation, OTSEGO, MICHIGAN for Abatement :
of Pollution of KALAMAZOO RIVER :

NOTICE OF DETERMINATION AND HEARING

TO: OTSEGO FALLS PAPER MILLS, DIVISION OF MENASHA WOODEN WARE CORPORATION, OTSEGO, MICHIGAN

YOU ARE HEREBY NOTIFIED that the Water Resources Commission, after due consideration of complaints received and of investigations made, is of the opinion and has determined that you are violating the provisions of Act 245, Public Acts of 1929, as amended, in that you have failed and are failing to control the polluting content of wastes discharged by you or permitted by you to be discharged to the Kalamazoo River from your pulp and paper mill located in the City of Otsego, Michigan, which act creates in Kalamazoo River conditions of public nuisance, conditions whereby fish or aquatic life may be destroyed or the growth or propagation thereof be prevented or injuriously affected and conditions which injuriously affect the conducting of lawful occupations involving the use of the said waters for industrial enterprises. The specific violations are as follows:

1. The Otsego Falls Paper Mills, Division of Menasha Wooden Ware Corporation discharges or permits to be discharged inadequately treated process wastes from its Otsego pulp and paper mill into the Kalamazoo River.

2. The said inadequately treated industrial process wastes contain organic oxygen consuming substances in solution and suspension which in combination with wastes of the same nature discharged from other sources cause depletion or exhaustion of oxygen dissolved in said river waters thereby creating conditions of gross nuisance offensive to sight and smell, conditions injurious to the conducting of the lawful occupation of paper making and conditions whereby fish or aquatic

life is destroyed or the growth or propagation thereof is prevented or injuriously affected.

YOU ARE FURTHER NOTIFIED that to abate the pollution of Kalamazoo River the Commission has under consideration the adoption of a Final Order of Determination requiring you to comply with the following conditions and restrictions:

1. Commencing October 1, 1964 and continuing thereafter:

   a. Restrict the content of oxygen consuming substances, as measured by the 5-day biochemical oxygen demand, in all wastes discharged to the Kalamazoo River from your Company's pulp and paper manufacturing operations to 7,375 pounds daily.

   b. Continue to meet the requirements of the Final Order of Determination adopted by the Commission on October 24, 1951.

2. All facilities necessary to meet the terms of paragraph 1 (a) hereof shall be designed constructed and operated in accordance with the following schedule:

   a. On or before February 1, 1962, if facilities are to be provided for treatment jointly with other companies or with a governmental unit, the Company shall certify to the Commission that an engineering firm acceptable to all parties to the joint venture has been engaged with authority to proceed with the preparation of complete construction plans and specifications for the project.

   b. On or before October 1, 1962, the Company shall certify to the Commission that approval of construction plans for facilities, by which it will, acting either independently, jointly with other companies, or with a governmental unit, restrict its waste loading to 7,375 pounds of 5-day biochemical oxygen demand per day, has been obtained from:

      (1) The State Health Commissioner for the necessary facilities to treat mill wastes in combination with municipal sewage; or

      (2) the Chief Engineer of the Commission for the necessary facilities to treat mill wastes independently or in combination with mill wastes of other companies.

   c. On or before March 1, 1963, the Company shall commence or cause to be commenced construction of the aforesaid facilities in accordance with the approved construction plans.

d. On or before September 1, 1964, the Company shall complete or cause to be completed the construction of facilities in accordance with plans previously approved by the State Health Commissioner or the Chief Engineer of the Commission and shall place said facilities in operation.

3. Failure to meet timely any requirement of the proposed Final Order shall constitute a default of the entire Order.

YOU ARE FURTHER NOTIFIED that a hearing on the facts and above proposed Order will be provided you and held by the Commission at 10:30 a.m., July 26, 1961, in Room 133, Stevens T. Mason Building at Lansing, Michigan, following which consideration will be given to the adoption of a Final Order of Determination for abatement of the pollution herein described. At the aforesaid hearing, evidence of said violation will be presented and you will be provided the opportunity to present such evidence as you desire bearing on the matter. The files and records of the Water Resources Commission pertaining to the aforesaid violation will be available to you for inspection prior to or at the hearing.

This Notice was adopted at the June 22, 1961 meeting of the Commission in accordance with the provisions of Act 245, Public Acts of 1929, as amended by Act 117, Public Acts of 1949, on motion by Mr. Ronk, supported by Mr. McIntyre, and unanimously carried.

PRESENT AND VOTING:

Albert E. Heustis, M.D., State Health Commissioner, Chairman
Gerald E. Eddy, Director of Conservation
George S. McIntyre, Director of Agriculture
Irving Ronk, for State Highway Commissioner

MEN03571

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

OTSEGO FALLS PAPER MILLS,
DIVISION OF MENASHA WOODEN WARE CORPORATION, STIPULATION

to

PROTECT OXYGEN RESOURCES

of the

KALAMAZOO RIVER

WHEREAS, the Water Resources Commission, by resolution adopted on April 27, 1961, has established the pro rata shares of allowable use of Kalamazoo River for disposal of organic oxygen consuming wastes by paper companies in the Kalamazoo, Parchment, Plainwell, and Otsego area and a time schedule for performance of steps to be taken by the several companies to attain their respective pro rata shares; and

WHEREAS, the prorata share of allowable use allocated to the Company and the performance time schedule sought by the Water Resources Commission are acceptable to the Otsego Falls Paper Mills, Division of Menasha Wooden Ware Corporation.

IT IS HEREBY STIPULATED AND AGREED by and between the Otsego Falls Paper Mill, Division of Menasha Wooden Ware Corporation, a Wisconsin Corporation, hereinafter referred to as the Company, and the Water Resources Commission of the State of Michigan, hereinafter referred to as the Commission, as follows:

The Company agrees that.

1. Commencing October 1, 1966 and continuing thereafter, it will:

   a. Restrict the content of oxygen consuming substances, as measured by the 5-day biochemical oxygen demand, in all wastes discharged to the Kalamazoo River from its paper manufacturing operations to 7375 pounds daily or to such larger amount at such times as may be prescribed by the Chief Engineer of the Commission.

   b. Continue to meet the requirements of the Final Order of Determination adopted by the Commission on October 24, 1951.

5700

2. All facilities necessary to [illegible] the terms of paragraph 1 (a) here[illegible] will be designed, constructed and operated in accordance with the following schedule:

a. On or before July 1, 1961, where facilities are to be provided for treatment jointly with other companies or with a governmental unit, the Company will certify to the Commission that an engineering firm acceptable to all parties to the joint venture has been engaged with authority to proceed with the development of design for the project.

b. On or before February 1, 1962, where facilities are to be provided for treatment jointly with other companies or with a governmental unit, the Company will certify to the Commission that an engineering firm acceptable to all parties to the joint venture has been engaged with authority to proceed with the preparation of complete construction plans and specifications for the project.

c. On or before October 1, 1962, the Company will certify to the Commission that approval of construction plans for facilities, by which it will, acting either independently, jointly with other companies, or with a governmental unit, restrict its waste leading to 7375 pounds of 5-day biochemical oxygen demand per day, has been obtained from:

(1) The State Health Commissioner for the necessary facilities to treat mill wastes in combination with municipal sewage; or

(2) The Chief Engineer of the Commission for the necessary facilities to treat mill wastes independently or in combination with mill wastes of other companies.

d. On or before March 1, 1963, the Company

will commence or cause to be commenced construction of the aforesaid facilities in accordance with the approved construction plans.

e. On or before September 1, 1964, the Company will complete or cause to be completed the construction of facilities in accordance with plans previously approved by the State Health Commissioner or the Chief Engineer of the Commission and will place said facilities in operation.

It is further mutually agreed that, in the event the Company fails to meet timely any provisions of this stipulation, the Commission may, following notice to the Company of such default, declare this stipulation to be terminated and may enter without further Notice or Hearing a Final Order of Determination requiring compliance with the uncompleted terms of the stipulation.

OTSEGO FALLS PAPER MILLS,
DIVISION OF NEKOOSA EDWARDS PAPER CORPORATION,
a Wisconsin Corporation

By _____
President

By _____
Secretary

WATER RESOURCES COMMISSION OF THE State of Michigan

By _____
Chairman

By _____
Executive Secretary

Signatures of the President and Secretary of the Otsego Falls Paper Mills, Division of Nekoosa Edwards Paper Corporation were authorized by action of the Board of Directors at a meeting held on _____

Signatures of the Chairman and Executive Secretary of the Water Resources Commission were authorized by action of the Commission at a meeting held on _____

MEN03574

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

OFFICIAL CERTIFICATE

Lansing, Michigan June 29, 1961

[illegible] Adams, Executive Secretary of the Water Resources Commission [illegible] the Stream Control Commission, DO HEREBY CERTIFY that annexed is a [illegible] the Notice of Determination and Hearing to the Otsego Falls Paper [illegible] of Menasha Wooden Ware Corporation, Otsego, Michigan, which was [illegible] the Water Resources Commission on June 22, 1961

[illegible] have carefully compared the said copy with the original thereof now [illegible] record in the office of said commission, and that it is a correct [illegible] thereof and of the whole thereof.

By [illegible]
Executive Secretary
Water Resources Commission
Lansing, Michigan

5703

MEN03575

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

Proceedings Against the OTSEGO FALLS :
PAPER MILLS, DIVISION OF MENASHA WOODEN:
WARE CORPORATION a Wisconsin Corpor- :
ation, OTSEGO MICHIGAN for Abatement :
of Pollution of KALAMAZOO RIVER :

NOTICE OF DETERMINATION AND HEARING

TO: OTSEGO FALLS PAPER MILLS, DIVISION OF MENASHA WOODEN WARE CORPORATION
OTSEGO, MICHIGAN

YOU ARE HEREBY NOTIFIED that the Water Resources Commission after due consideration of complaints received and of an investigation made by the Commission and has determined that you are violating the provisions of Act 245 Public Acts of 1929, as amended in that you have failed and are failing to control the pollution content of wastes discharged by you or permitted by you to be discharged to the Kalamazoo River from your pulp and paper mill located in the City of Otsego, Michigan which discharges in Kalamazoo River conditions of public nuisance, conditions whereby fish or aquatic life may be destroyed or the growth or propagation thereof be prevented or impaired and conditions which unreasonably affect the conducting of lawful occupations involving the use of the said waters for industrial purposes. The specific violations are as follows:

1. The Otsego Falls Paper Mills, Division of Menasha Wooden Ware Corporation discharges or permits to be discharged inadequately treated process wastes from its Otsego pulp and paper mill into the Kalamazoo River.

2. The said inadequately treated industrial process wastes contain dissolved oxygen consuming substances in solution or suspension which combined with wastes of the same nature discharged from other sources cause depletion or exhaustion of oxygen dissolved in said river waters thereby creating conditions of odors [illegible] sight and smell, conditions injurious to the conducting of the lawful occupation of paper making and conditions whereby fish or aquatic

life is destroyed or the growth or propagation thereof is prevented or injuriously affected

YOU ARE FURTHER NOTIFIED that to abate the pollution of Kalamazoo River the Commission has under consideration the adoption of a Final Order of Determination requiring you to comply with the following conditions and restrictions:

1. Commencing October 1, 1964 and continuing thereafter:

   a. Restrict the content of oxygen consuming substances as measured by the 5-day biochemical oxygen demand of all wastes discharged to the Kalamazoo River from your Company's pulp and paper manufacturing operations to 7,375 pounds daily.

   b. Continue to meet the requirements of the Final Order of Determination adopted by the Commission on October 24, 1965.

2. All facilities necessary to meet the terms of paragraph 1(a) hereof shall be designed, constructed and operated in accordance with the following schedule:

   a. On or before February 1, 1962, if facilities are to be provided for treatment jointly with other companies or with a governmental unit, the Company shall certify to the Commission that an arrangement in acceptable to all parties to the joint venture has been engaged with authority to proceed with the preparation of complete construction plans and specifications for the project.

   b. On or before October 1, 1962, the Company shall certify to the Commission that application of construction plans for facilities by itself or in cooperation with other companies or with a governmental unit either of which will lower the loading to 7,375 pounds of 5-day biochemical oxygen demand per day has been filed with

      (1) The State Health Commissioner for the necessary facilities to treat mill wastes in combination with municipal sewage;

      (2) the Chief Engineer of the Commission for the necessary facilities to treat mill wastes independently or in combination with mill wastes of other companies.

   c. On or before March 1, 1963, the Company shall commence or cause to be commenced construction of the aforesaid facilities in accordance with the approved construction plans.

d. On or before September 1, 1964, the Company shall complete or cause to be completed the construction of facilities in accordance with plans previously approved by the State Health Commissioner or the Chief Engineer of the Commission and shall place said facilities in operation

3. Failure to meet timely any requirement of the proposed Final Order shall constitute a default of the entire Order

YOU ARE FURTHER NOTIFIED that a hearing on the facts and above proposed Order will be provided you and held by the Commission at 10:30 a.m., July 26, 1961, in Room 133, Stevens T. Mason Building at Lansing, Michigan, following which consideration will be given to the adoption of a Final Order of Determination for abatement of the pollution herein described. At the aforesaid hearing, evidence of said pollution will be presented and you will be provided the opportunity to present such evidence as you desire bearing on the matter. The files and records of the Water Resources Commission pertaining to the aforesaid pollution will be available to you for inspection prior to or at the hearing.

This Notice was adopted at the June 22, 1961 meeting of the Commission in accordance with the provisions of Act 245, Public Acts of 1929, as amended by Act 117, Public Acts of 1949, on motion by Mr. Rork, supported by Mr. McIntyre, and unanimously carried.

PRESENT AND VOTING.

Albert E. Heustis, M.D., State Health Commissioner, Chairman
Gerald E. Eddy, Director of Conservation
George S. McIntyre, Director of Agriculture
Irving Rork, for State Highway Commissioner

MEN03578

State of Michigan

Water Resources Commission

In the matter of

Statement of OTSEGO PAPERBOARD DIVISION, MENASHA CORPORATION, regarding a new use of GROUND WATERS of the State of Michigan for waste disposal purposes

Hearing Commissioner's
Report and Recommendations for
a Final Order of Determination

The Otsego Paperboard Division of Menasha Corporation, at Otsego, Michigan, filed a written statement dated April 10, 1963, with the Water Resources Commission describing a prospective use of the waters of the state for disposal of spent pulp mill wastes to the underground waters of the state located in the E ½ of SE ¼ of Sec. 14, T. 1 N., R. 12 W., Otsego Township, Allegan County, Michigan.

The Water Resources Commission, at its regular meeting on May 23, 1963, adopted a resolution appointing the Hearings Commissioner, appointed by the Commission, to schedule a public hearing with the Menasha Corporation as soon as possible and present his recommendations for the Commission's consideration at its July meeting.

A time and date for the public hearing were fixed by the Hearings Commissioner and notice given to all of the interested parties, and published in appropriate publications.

The hearing was conducted June 24, 1963 beginning at 10:00 a.m. in Room 303 of the Allegan County Building, Allegan, Michigan. At the hearing, appearances were made by the following, all of whom were afforded the opportunity to make statements or offer testimony on the subject matter of the hearing:

Michigan Water Resources Commission
Michigan Department of Health
Michigan Department of Conservation
Menasha Corporation
City of Otsego
Eugene H. Baker, Otsego, Michigan
David L. Nichols, Otsego, Michigan
Laverne Van Auken, Otsego, Michigan

At the beginning of the hearing, it was noted that the hearing was being conducted as the result of a resolution adopted by the Water Resources Commission on May 23, 1963, in which the Hearings Commissioner was appointed to take evidence and hear testimony in this matter. Certain proofs of publication, reflecting the fact that notice of the hearing had been published in the newspapers of general circulation in Kalamazoo and Allegan Counties, were introduced in evidence and marked as Exhibit #1, and are on file, together with all other exhibits, at the offices of the Commission.

Robert Courchaine was sworn as a witness for the Water Resources Commission and testified that he was a Sanitary Engineer, was employed as a Regional Engineer for the Water Resources Commission and that in that capacity, he was responsible for the pollution abatement field work of the Commission in the upper peninsula and a twenty-six county area located in the lower peninsula, which included Allegan County. He stated that he was generally familiar with the operations of the Otsego Paperboard Division of Menasha Corporation at Otsego, Michigan, had conducted a waste survey at the mill in 1956 and had observed the waste treatment facilities and waste discharges from the Company on a number of occasions since that time. He stated that he was generally familiar with the physical characteristics of the plant and the surrounding area. He also stated that the operations of the Menasha Corporation at Otsego are currently being conducted subject to an Order of the Water Resources Commission relating to the disposal of waste substances.

It should be noted here that this proceeding involves the Otsego Paperboard Division of

Menasha Corporation. It will be shown in the record that this Company and its [illegible] predecessors, has been a party to several proceedings before the Water Resources Commission over a period of several years. During this period the corporate structure has been changed several times, and prior proceedings have involved Otsego Falls Paper Mills, Inc., Otsego Falls Paper Mills, Division of Menasha Woodenware Corporation, and now Otsego Paperboard Division of Menasha Corporation. In this report no distinction is made between these various corporate entities and no attempt is made to relate any particular Order or Stipulation entered by the Commission to any particular corporate entity. Throughout this report, the corporation and its predecessor corporate entities, will be referred to as the Company.

Mr. Courchaine testified that in 1951, the Commission adopted an Order setting restrictions on the suspended solids in the waste discharges from the Company which are [illegible] to the [illegible] of paper produced. He stated further that in 1954, the Company entered into a Stipulation with the Commission, setting forth certain methods of handling the pulp mill wastes, and that in 1961 another Stipulation was entered into, setting restrictions on the amount of substances discharged by the entire mill.

Mr. Courchaine also stated that the 1961 Stipulation was effective not only at the present time but also set limits on the five day B.O.D. into the future. He stated that the Stipulation required that by June 1, 1966, the five day B.O.D. from the entire mill would be limited to 375 lbs. of five day B.O.D. per day.

The Final Order of Determination adopted by the Water Resources Commission on October [illegible] together with the Stipulation dated January 28, 1954 and the Stipulation dated June 20, [illegible] were marked as Hearings Exhibit #2 and were offered in evidence. They are on file at the office of the Commission. Reference will be made to the subject matter of the Order and Stipulations subsequently.

Mr. Courchaine stated that he was also familiar with the statement of new uses and release of waters of the state for waste disposal purposes recently filed by the Company with the Commission. That statement, in the form of a letter dated [illegible] 1961 relating to a new use of waters of the state for waste disposal purposes signed by [illegible] Administrative Assistant for the Company, together with the attached sheet of data [illegible] pulp mill [illegible] and the engineering report prepared for the Company by [illegible] and Associates were marked as Hearings Exhibit #3 and offered in evidence. They are on file at the offices of the Commission. Attached to the statement of new uses was a sheet showing certain data which indicated generally speaking, that the volume of [illegible] 300 operating days a year, would be 10,000 gallons per operating day of [illegible] wastes.

Mr. Courchaine then explained that, on the basis of the statement of new uses of waters and other data submitted, it was apparent that the Company intended to add two paper machines with a new machine of greater capacity and also proposed to dispose of pulp mill wastes by spray irrigation on an eighty acre parcel of land located north and east of the paper mill property. He stated that the proposal for waste disposal did not include merely the increased waste which would result from the expansion of the Company's productive capacity, but instead would be for the disposal of all of the wastes from the pulp mill. The waste disposal is presently subject to control by the Commission through the Order and Stipulations previously entered in this matter. This would mean that other present methods of waste disposal would be completely discontinued, except for the portion of the wastes which are presently disposed of commercially. He stated that at present the waste which is not disposed of commercially by the Company as road binder, is disposed of by discharge to the Kalamazoo River under controlled conditions at certain times of the year. These conditions are set forth in the 1954 Stipulation referred to above.

Mr. Courchaine testified that it would not be feasible for the Company to expand its facilities and dispose of its increased waste materials by the methods presently being employed and still remain within the limitations of the Order and Stipulations now in force. He stated that if the productive capacity is expanded, it would be necessary to find some other method of disposal of the pulp mill wastes.

A map of the Otsego area showing the location of the proposed disposal site and its relationship to the Company's facilities, the boundaries of the City of Otsego, the water wells used by the City of Otsego, and other locations of importance in this matter, was marked as Exhibit #4, offered in evidence, and is on file at the offices of the Commission.

Mr. Courchaine stated that this map had been prepared in the Commission's office in Lansing by a member of the Commission's staff under his general supervision. [illegible] reference to the map, he pointed out the Otsego city limits, the location of the paper mill, the location of the Company's water well, the location of several city water wells, and the eighty acre site which the Company proposed to use for spray disposal purposes. He also pointed out that there were approximately eighteen private dwellings with individual private water wells located to the south of the eighty acre parcel of land. These wells varied in depth from eighteen to forty-two feet, with the exception of one well which had a depth of 128 feet. He pointed out that the Kalamazoo River flowed through the city in a westerly direction and that one of the Otsego city water wells, number 3, was located south of the Kalamazoo River and wells 1 and 2 were located north of the River. He noted that city wells numbers 1 and 2 were located between the proposed eighty acre disposal site and the Company property, and also between the disposal site and the Company well. At this point, the Hearings Commissioner pointed out that on the exhibit the property referred to as the paper mill property was not specifically shown, but that it was north of the Kalamazoo River and south of the New York Central Railroad Tracks and west of Farmer Street. Most of the other locations referred to by Mr. Courchaine were specifically labeled and marked on the map with the exception of the private residences south of the disposal area, which were merely shown on the map as small black squares.

(Subsequently, Mr. McConney pointed out that the map of the Otsego area, exhibit #[illegible] had a slight error in that it indicated there was a substantial distance between the eastern city boundary of the City of Otsego and the western boundary of the eighty acre parcel proposed as the disposal site. Mr. McConney stated that the easterly boundary of the City of Otsego and the westerly boundary of the eighty acre site were exactly the same.

Mr. Courchaine stated that the company's proposal to dispose of its wastes on the eighty acre tract had caused certain problems to arise between the Company and the City of Otsego. He stated that the former city manager of Otsego, at the time the Company's proposal was first made, had expressed concern to the Water Resources Commission for the safety and preservation of the water quality of city wells number 1 and 2. Mr. Courchaine also stated that Mr. Jan Z. Sherman, Sanitarian for the Allegan County Health Department, had also expressed concern for the safety of the city wells, and the Michigan Department of Health had also indicated concern for the safety of the city's water supply.

Mr. Courchaine testified further that it was generally his feeling that the flow of ground waters in this area would be to the south, except as it might be affected by the operation of the Company and city wells, and there was at least some possibility of contamination of the wells at the private dwellings on the south. He stated that as far as he knew, none of these home owners had expressed their concern as yet.

Mr. Courchaine stated that city wells number 1 and 2 are approximately 100 feet deep and are not operated regularly but only on a standby basis to provide water during periods of peak demand. He could not testify concerning the times the wells were operated or how often.

He testified that since the filing of the new use statement by the Company, there had been some discussion between the Company and the City of Otsego. It was his understanding that the Company and the city had considered the possibility of abandoning the wells number 1 and 2, and procuring a new source of water for the city, south of the [illegible] at the new [illegible] and the proposal had been made for the installation of an interceptor or intercepting well between the disposal site and the city wells. He stated that as far as he knew, the Company and the city, presumably for financial reasons, could not agree on the proposal for abandoning city wells number 1 and 2 and providing a new source of supply for the city. With respect to the proposal for an interceptor well or wells, he stated that he did not know where these would be constructed and he assumed that a study would have to be made. He thought possibly the wells might be located on the eighty acre disposal site or outside of that location. He did state that it was his understanding that the interceptor well or wells would definitely be located between the eighty acre disposal site and the city wells.

Mr. Courchaine testified further that he was familiar with the report submitted to the Company by W. G. Keck & Associates, and also that copies of the Keck report had been supplied to Mr. Johnson, Water Resources Geologist with the Geological Survey Division of the Conservation Department, and to the Michigan Department of Health, and that both were familiar with its contents.

[illegible] Report

[illegible]

[illegible] McConney, Administrative Superintendent of Otsego Paperboard [illegible] was sworn as a witness on behalf of the Company, and testified that [illegible] proposing the spray disposal arrangement was based on their desire [illegible] capacity. He testified that they had two extremely old paper making machines [illegible] was built in the 1880's. That these machines were inefficient and needed rebuilding [illegible] replacement, preferably replacement. If the machines are replaced, they should be replaced with a modern machine which will make the Company competitive in the current market [illegible] expand their productive capacity and force them to find a method for disposal of waste products. Mr. McConney testified that even if the Company does not expand [illegible] they will have an extremely serious problem after the 1961 Stipulation [illegible] become effective in 1966. He stated that at the present time [illegible] the Commission, the Company disposes of a large part of its waste [illegible] Allegan County and others. During certain periods of the year, when the [illegible] and it is cold, they are permitted to discharge [illegible] however, effective in 1966, there will be some question whether they [illegible] discharge any part of their wastes into the river. At least on the face of the [illegible] would have to dispose of 100% of their wastes elsewhere than the river. [illegible] known means of accomplishing this, there [illegible] process had been carried out in similar [illegible] other areas [illegible] and had been done with complete success [illegible]

[illegible] testified further that when the Company decided [illegible] they approached [illegible] Commission [illegible] the land to see whether it would take the wastes [illegible] the question came up as to whether disposal [illegible] any other party. To investigate this [illegible] make a report [illegible] and a copy of that report [illegible] evidence at this hearing. Mr. McConney stated [illegible] be a large degree of dilution of the [illegible] with the Commission staff, however, [illegible] felt this dilution was a sufficient safeguard [illegible] Company, therefore, had further discussions [illegible] studies with regard to the construction [illegible] the city wells to provide complete [illegible]

[illegible] pointed out that the disposal area which the Company has referred [illegible] the eighty acre disposal site shown [illegible] that eighty acre area was presently [illegible] suitable for the storage of pulpwood.

[illegible] stated that the Company proposed to continue the program [illegible] of their wastes as road binder. He stated that at present approximately [illegible] liquor is disposed of as road binder [illegible] paper making machine [illegible] would result from the installation [illegible] be able to dispose of about 50% of their wastes as road binder [illegible] by spray irrigation or other methods. The amount [illegible] remain approximately the same, but the percentage of the wastes disposed [illegible] increased production.

[illegible] also testified that if the Company's proposal was approved [illegible] wastes that are disposed of as road binder, would be disposed [illegible] and the amount of disposal into the Kalamazoo River would be completely eliminated. He did [illegible] that the Company would hope that if some of the wastes could be disposed of to [illegible] adverse effect to the river, they would still hope to be permitted to do this.

Mr. McConney testified further that the Company had negotiated with the city concerning the [illegible] of operation of city wells number 1 and 2. He stated that the Company had [illegible] perhaps the city had in mind eventual replacement of these wells, which were [illegible] the Company was going to be involved in making substantial improvements to [illegible] interceptor wells, which might conceivably produce nothing of value to anyone, other [illegible] type of protection, the Company felt perhaps the money could be put to better [illegible] to the city, which might enable the city to improve the [illegible] In their discussions, however, the Company concluded that the city was not [illegible] interested in making a change as the Company had been led to believe, and the price quoted to

the Company by the city for the replacement of the wells appeared [illegible] Company to be [illegible] siderably beyond the value of the wells and prohibitive from the [illegible] view of the Company

Mr. McConney stated that since the filing of the new use statement [illegible] the Commis[illegible] Dr. Keck and his associates had performed further studies for the Company relating [illegible] the construction of interceptor wells, but he would prefer to have Dr. Keck explain that [illegible]

Dr. William G. Keck was sworn as a witness on behalf of the Company and testified [illegible] he was a Geophysicist, was self-employed as a ground water consultant and [illegible] W. G. Keck & Associates. Dr. Keck stated that he had been [illegible] the Company [illegible] certain studies for them, and that a copy of his report had [illegible] evidence. He stated that when the Company came [illegible] suggestion he had made earlier that in matters [illegible] provide protection from the migration of [illegible] by the use of [illegible] that his report, in effect, called attention to the fact that the [illegible] fact acting in the capacity of intercepting wells in relation [illegible] the Company. For this reason, it was his conclusion that the wastes that [illegible] be caught by the city wells, and would, in fact, be pulled [illegible] the Company well. He stated that he had [illegible] some typical drawdown di[illegible] ceptor well. For purposes of this [illegible] the Company property. Dr. Keck had some [illegible] the interceptor well and [illegible] Hearing Commissioner, a small area [illegible] proposed interceptor well as well [illegible] the assumption of varying rate [illegible] were marked as Company Exh[illegible] the Commission. The purpose [illegible] been [illegible] but only to reflect [illegible] Keck [illegible] the graphical results of their proposal.

Dr. Keck testified that in [illegible] he had [illegible] for the interceptor wells in [illegible] has [illegible] red [illegible] are the [illegible] of test wells [illegible] was pumped at 75 [illegible] the [illegible] curves of that [illegible] Next he [illegible] and [illegible] the drawdown [illegible] the test well [illegible] 75 [illegible] curves on that [illegible] The purpose [illegible] the pumping rate of the interceptor [illegible] would be [illegible] the cone of depression.

Dr. Keck testified that [illegible] well [illegible] the [illegible] stated that the pumping well [illegible] which [illegible] finishes as well away [illegible] called a cone of depression which surrounds every [illegible] this cone of depression would be there only because of [illegible] the ease with which water flows through the ground. He stated that [illegible] variations were very severe, because of the [illegible] prevent the wastes from being transmitted to the city well [illegible] the cone of depression is perfectly circular, then the [illegible] drawdown are circles on the land surface, and from these circles we are able to draw [illegible] circular to the lines of equal drawdown, which is a standard method [illegible] ground water [illegible] It is based upon the fact that the water must [illegible] gradient [illegible] that the effects of any two wells is going to be perfectly [illegible] from the wells, and that if you approach closer to the [illegible] of two cones of influence which were shown by the [illegible] Exhibit #1. He pointed out that on the map in the immediate [illegible] each well [illegible] drawdown lines were almost circular, but that [illegible] the intervening space [illegible] departed [illegible] from being circular. From all of this information, he was able [illegible] compute what the drawdowns would be for the [illegible] wells. From this [illegible] what portion of the area would drain to one well and what portion to another well.

Dr. Keck testified, by reference to Company Exhibit #1, that if [illegible] in an area within the influence of one well, and trace the flow line, it finds itself [illegible] terminating at that well. Starting from another portion of the map, the flow line would terminate at the interceptor well. From this, it is possible to construct the ground water divide between the two wells. Water on one side of the divide would find its way to one well and on the other side of the divide would find its way to the other well. Dr. Keck also testified that it was possible, by varying the rate of flow of the two wells, to move the location of the ground water divide between the two wells. Company Exhibit #1 showed how this had been done mathematically for three different cases: one in which the interceptor well pumped at the rate of 25% of the pumpage of the city well, the second at 50% the rate of the city well, and the third at 75% of the rate. From these computations, it was possible to determine at what rate it would be necessary to pump the interceptor well to move the ground water divide far enough to be certain of drawing all water from a given area into the interceptor well. Dr. Keck stated that all of this information had been essentially summarized on the final sheet of Company Exhibit #1. From his computations, he therefore concluded that it would be necessary to pump an interceptor well located at the theoretical position fixed on Company Exhibit #1, at somewhere between the rate of 25% and 50% of the city well pumpage, to insure that water which started out on the Company property (the eighty acre spray disposal site) would find its way to the interceptor well. Dr. Keck stated that all of these computations were based on theoretical considerations, of course but that engineers rely upon theory very heavily. He stated further that engineers also like to see actual examples where some of these practices have been put to use, and he therefore had brought with him maps and plates setting forth observations that he had made at two separate installations, one of them in Indianapolis, Indiana at a facility operated by the Allison Division of General Motors Corporation, and the other located at Pensacola, Florida where the Chemstrand Corporation had a similar problem. These maps and plates were marked as Company Exhibit #2, were introduced in evidence, and are on file at the offices of the Commission. The maps and other exhibits, marked as Company Exhibit #2, contained information relating to pollution problems at property of the Allison Corporation at Indianapolis and the Chemstrand Corporation at Pensacola, Florida. Without going into detail with respect to either problem it is enough to say that in both cases, wells operated by these companies developed serious problems of pollution. The problems were resolved in each case by using one of the existing wells as an interceptor well and pumping it to waste, which resulted in the well being pumped to waste drawing all of the polluted substances to it, thereby protecting the quality of water at the other wells located on the same property.

On cross-examination, Dr. Keck testified that, in his opinion, the construction of one interceptor well on the disposal site or in the vicinity of the site, would be sufficient to control the pollution problem. He stated that the closer the interceptor well could be located to the wells which were to be protected, the more positive this protection would be. Dr. Keck stated that in talking about geological problems, it was impossible to state anything would be 100% effective, since no one knows completely the variations which occur underground. He did state that the probability was very high that the interceptor well, if properly engineered and constructed, would provide adequate protection for city wells number 1 and 2, at least to the extent that these wells could continue to deliver the kind of water they are presently delivering.

Dr. Keck testified further that if the interceptor well is constructed it would have some effect on the pumping capacity of city wells number 1 and 2, because there would be interference between the two wells. He stated that it was his opinion there would be a slightly increased drawdown at the city wells. He stated that the aquifer's potential had not been evaluated accurately, but that he had seen enough to know that the potential is very, very high. He said he did not visualize any serious reduction in the production potential of city wells number 1 and 2, but there would be added drawdown on the order of two or three feet. He pointed out that if the screens in the city wells become encrusted (which they normally do with age) to where they were just able to deliver the present city demands on them, then adding another two feet of lift would appear to cause some problems. He felt the probability of this was very slight, however, because the aquifer, in his opinion, was a very good one.

In response to questions, Dr. Keck stated that if the proposed use of the eighty acre site was approved, that he would recommend that the interceptor well be put in immediately, and that observation wells be used to make sure that the contamination was not by-passing the interceptor wells.

In response to questions concerning the privately owned wells in the residential area

[illegible] of the disposal [illegible], Dr. Keck testified that there were several possibilities as to the [illegible] to them, depending on the amount of usage of city wells 1 and 2 and the [illegible] well. [illegible] under conditions of substantial use of the Company well and city wells 1 and 2, he felt that [illegible] of the contamination would be drawn to those wells. If, however, city wells 1 and 2 and the Company well were not pumped to a substantial degree, there was no question whatever that the contamination would move downgradient and would pass right through under the locations of the private wells. Finally, if an interceptor well was constructed and was used when the city wells were in operation, it would draw the contamination to it. If, however, the interceptor well were shut down at times when the city wells were not in use, the contamination would tend to migrate to the south toward the private wells.

Dr. Keck also testified that if the interceptor well was constructed and the results not favorable as hoped for, the only alternative would be to pump the interceptor well at a higher rate, which he felt sure would do the job, since in his experience, at other locations, especially the Allison job and the Chemstrand job, this solution had worked under much more difficult circumstances.

In response to questions from the hearings Commissioner, Dr. Keck stated that the interceptor well would be pumped to waste into the Kalamazoo River and that this would not contaminate the river because the contaminating substances would have already been diluted to a very great [illegible] and would be further diluted in the river itself. He pointed out that the worst features of the contamination, the suspended solids, would have been retained within the first few feet on the property on which it is spread.

Dr. Keck stated that the protection of the private wells south of the disposal area during [illegible] time was basically a question of economics. That they could be protected by continuously pump the interceptor well continuously on a year round basis, but if this proved to be too expensive, and other methods of protecting the private wells were to be much cheaper, [illegible] the actual furnishing of city water to those homes, that this would be more feasible [illegible] accomplishing this protection.

Dr. Keck also stated that the effect of the interceptor well on the private wells to the south would be approximately the same as its effect on city wells 1 and 2, [illegible] that it would increase the drawdown on the order of two or three feet. He stated that the biggest impact on those private wells is already in existence when the city uses its wells. He felt that if the private wells had experienced no difficulty under the existing rates of pumpage by the city and the Company wells, they should not have difficulty because of the increased pumping of the interceptor well.

In response to a question from Mr. Olivier of the Health Department, Dr. Keck stated that in the times when the city wells are not pumped and the Company well is pumped, there would be a tendency for the ground water to flow toward the Company well. Mr. Olivier pointed out that it was his understanding that city wells number 1 and 2 are only used on a standby basis, during [illegible] or when there is a breakdown in city well number 3, or to meet peak demands during the [illegible] months. He then asked whether, during the winter, if the interceptor well was not pumped [illegible] the city wells were not pumped, would it not be possible for some of the waste to migrate [illegible] the city wells and reach the Company well. Dr. Keck responded by saying that a tendency [illegible] this certainly existed, but that the movement of ground waters is so very slow that he [illegible] whether in that period of time the waste materials in the ground water would have moved [illegible] enough to be of any concern. He also pointed out that the monitor wells would be used to warn everyone of the migration of the waste substances, and that if anything was spotted [illegible] the monitor wells, it would simply be necessary to begin the interceptor well pumping again.

Mr. Dale Granger of the Water Resources Commission staff, asked a question concerning the effect of the interceptor well pumping on a year round basis in relation to the water table of the private wells to the south. Dr. Keck's answer was to the effect that the increase of pumpage by the interceptor well over what the city well was already pumping would be very slight because the impact of the city well, which pumps a great deal more, is already very slight. Dr. Keck reiterated that he did not see any great problem with respect to the water table elevation at the private wells.

In response to another question, Dr. Keck stated that the possibility of contamination of city well number 3, south of the Kalamazoo River, was exceedingly remote. He stated that the river stands between the two sites and that any extraction of water from well number 3 would be

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[illegible] the river [illegible] and that the cone of influence [illegible] not reach across the river since it is so far away from the river. He [illegible] could not take a positive statement along those lines simply because there [illegible] aquifer tests and that he was taking simply as a matter of experience [illegible] where he had measured transmissibilities as high as this under conditions [illegible] far to [illegible]

[illegible] was recalled to the stand and under cross-examination, stated that if the [illegible] of the eighty acre area as a disposal site was denied there was no other alternate [illegible] the exempt waste. He stated that this would mean future expansion plans would have to be set aside. Mr. McConney also stated that if permission [illegible] the eighty acre site as a spray disposal area, that the company would definitely construct an interceptor well and the necessary observation wells, and that, in [illegible] of the test wells drilled in the course of Dr. Beck's work would be retained as well. He stated that these observation wells would remain for the purpose intended.

[illegible] stated further that if the private wells located to the south of the proposed [illegible] would become unusable due to contamination, [illegible] that the Company would undertake [illegible] necessary drawdown of the interceptor well to prevent their pollution [illegible] the water [illegible] source. He stated, [illegible] the Company [illegible] into a program of this nature with the [illegible] undesirable result did occur, the company [illegible] would [illegible] pump the interceptor well to whatever extent [illegible] other wells.

[illegible] from the Otsego City Clerk [illegible] marked as Exhibit [illegible] the offices of the Commission. Mr. McConney [illegible] were read into the hearing record. In [illegible] the Otsego City Commission approved the use of the proposed site for [illegible] waste [illegible] an interceptor well was constructed by the Company.

[illegible] question for the Kalamazoo Commissioner, Mr. McConney reiterated that if [illegible] of the exempt materials was denied their future expansion plans [illegible] after 1966 when their waste disposal [illegible] the Kalamazoo [illegible] it would be [illegible] that the Company might have to periodically [illegible] because [illegible] disposal [illegible] waste products. He pointed out [illegible] would have the [illegible] to permit them even after 1966 to dispose of [illegible] the Kalamazoo River but that this would be entirely a matter of [illegible] the Commission.

[illegible] was sworn as a witness and testified that he was a City Commissioner of Otsego. He stated that the principal question had already been answered in the [illegible] the question of the possibility of contamination of city well number 3 [illegible] question from Mr. Beck. He stated that the City of Otsego has a definite and [illegible] respect to the extension of municipal services outside the corporate limits [illegible] that the City will not extend municipal services outside the corporate limits [illegible] would include water services. This would mean that the homes south of the disposal [illegible] are outside the corporate limits of the city, could not be extended city water [illegible] political annexation. He also stated that he thought it extremely unlikely [illegible] the city would be changed without a complete change of City Commission.

David Johnson was sworn as a witness for the Commission and testified that he was a [illegible] the Geological Survey Division of the Department of Conservation, and that his [illegible] the collection of geologic and hydrologic data pertaining to the water resources [illegible] state, dispensing this information to the public, and assisting them in interpreting the [illegible] He stated that he also worked in an advisory capacity with other state agencies in [illegible] of ground water problems.

[illegible] stated that he was generally familiar with the proposal made by the Company to [illegible] certain of its wastes on the eighty acre site under discussion. He stated he had [illegible] the proposed disposal site on July [illegible] 1962 and again on June 21, 1963, to inspect the [illegible] of the earth material on the site and the relation of the disposal site to city wells [illegible] and 2, and to the domestic wells located south of the disposal site.

[illegible] stated, that based upon a visual examination of the surface material on the disposal site, [illegible] of the test wells that were drilled by the Company, he concluded that the materials in the area are predominantly sand and gravels, which means that the [illegible] and that any liquid spread on the ground surface would percolate down to the water [illegible] migrate from there.

[illegible] person stated that he was familiar with the study made by Dr. Keck and his associates, [illegible] there were two principle conclusions reached in that report. The first was that the [illegible] which the city wells obtain their water, is exceptionally good and capable of [illegible] several million gallons per day. Secondly, that report concludes that while the [illegible] and the city wells are pumping heavily, any water or liquid wastes that reach the [illegible] would migrate toward the city wells and eventually be intercepted by them.

[illegible] testified further that based upon his observations in the area, the direction [illegible] water flow appeared to him to depend, to a large extent, upon the usage of city [illegible] 1 and 2. It was his opinion that when the Company well and the city wells are [illegible], the ground water flow appears to be to the southwest towards the city wells [illegible] that it has not been definitely determined that when the city wells are idle for [illegible] time or operated only intermittently for a short period of time, that the [illegible] established by the mill well extends beneath the entire limits of the disposal [illegible] it might therefore be possible that part of the ground water flow, particularly on [illegible] the disposal site, may migrate toward the south, past the domestic wells, and [illegible] the river.

[illegible] testified further that the Diseg municipal water supply is entirely dependent [illegible] waters, and that if for any reason the standby or intermittent operation of city [illegible] 1 and 2 were to be permanently discontinued, it would be highly desirable for the [illegible] site for a standby well.

[illegible] stated that if interceptor wells were properly engineered and constructed by [illegible] the eighty acre disposal site, that the effect on the water level on city wells [illegible] would depend upon the location and the distance of the interceptor wells from [illegible] the rate at which the interceptor well was pumped. He stated that, based on [illegible] given in the report by Dr. Keck and associates, he would expect interference on [illegible] be very slight or as Dr. Keck indicated, in the neighborhood of two or three [illegible] stated further that in his opinion, the effects on the private wells' water supply [illegible] be very similar to the effect on the city wells, but this too would depend on [illegible] the domestic wells were located from the interceptor well and at what rate the [illegible] was pumped. Mr. Johnson stated also that, generally speaking, he did agree [illegible] the broad outline of Dr. Keck's testimony, and although he did not have any [illegible] disagreement with Dr. Keck, he had not had a prior opportunity to study the [illegible] by Dr. Keck. Based on Dr. Keck's explanation, however, he had no disa[illegible]

[illegible] was sworn as a witness for the Commission and testified that he was [illegible] engineer with the Division of Engineering of the Michigan Department of Health, and [illegible] the Water Supply Section which has to do with the supervision, control and [illegible] Michigan's water supplies.

[illegible] testified that he was familiar with the proposal of the Company to dispose of [illegible] wastes on the eighty acre site described at this hearing and that he had visited [illegible] inspected the proposed disposal site on the 23rd of April of this year. He stated [illegible] the area, looked at the city wells and observed some of the test wells and [illegible] had been put down in this general area. He stated he had also discussed this [illegible] Johnson of the Health Department on April 15 at a meeting at the Water Resources [illegible] Division. He stated that he was also familiar with the report prepared by Dr. Keck [illegible] Company.

[illegible] testified that if the Company's wastes were disposed of by spray disposal on [illegible] eighty acre site, in the absence of any type of interceptor wells, those wastes [illegible] carried to city wells number 1 and 2 and to the privately owned wells, and that from a [illegible] standpoint, the water supplies in those wells would become unfit for use as potable [illegible] supplies. This opinion was based on Dr. Keck's report, under assumed conditions of [illegible] the municipal well and the Company well at a combined rate of 1,400,000 gallons a day,

[illegible] would be a favorable condition from the standpoint of dilution. Even under [illegible] conditions, the wastes from the Company property would constitute approximately [illegible] water [illegible] from the city wells. This would amount to 10,000 parts per million, and [illegible] Mr. Olivier's opinion, this was an extremely large amount. Mr. Olivier stated that this observation applied to the privately owned wells as well as to the city wells. He stated further that it would be the recommendation of the State Health Department to the City of Otsego, in these circumstances, that in the absence of an interceptor system, the City of Otsego consider this matter very carefully because a high degree of the wastes would migrate to the city wells, and this could not be tolerated. He testified that, in these circumstances, the recommendation of the Department of Health to the city would be to either protect the city wells, or plan to make arrangements for the city wells. He stated that, in his opinion, without an interceptor there could be no compromise, and that in the absence of an interceptor system, the State Health Department would oppose the municipality using the wells for drinking water.

Mr. Olivier testified further that there appeared to be a possibility of constructing and [illegible] an interceptor well or wells in such a manner that protection would be given to the wells and that if this could be done, there would be no problem in the city wells. Mr. [illegible] stated, however, that if the construction of an interceptor wells was undertaken but did not [illegible] fully or to the extent considered necessary, from the public health standpoint to [illegible] the water supplies, the Department of Health would oppose the use of the water from the wells as drinking water and would not consider itself bound by anything [illegible] taken [illegible] City.

[illegible] pointed out to Mr. Olivier that at some time there had been discussion concerning [illegible] of the Company and the city exchanging their wells, and of the present Company [illegible] used by the city for their supplies. This was considered because, in fact, the city [illegible] at the present time serve an interceptor well between the [illegible] the Company well. Mr. Olivier stated that he was not fully acquainted with [illegible] the Company well, but that it was his understanding that the Company well [illegible] the [illegible], and as such would receive a great deal of river water which [illegible] drinking purposes. He stated that he doubted very much that the Company well [illegible] the city [illegible] doubtful that it would meet the basic requirements of the [illegible] concerning [illegible], elevation, construction, etc.

[illegible] then directed certain questions to Mr. Olivier concerning the substances which [illegible] the ground water after they passed through the water and reached the [illegible] pointed out that the dilution of the waste substances themselves would be very [illegible] of the [illegible] with the ground waters. He also pointed out that he had an attempt to analyze the chemical constituents of the wastes, and he stated that [illegible] what the objectionable constituents of the wastes were and what concentration [illegible] in the ground waters. Mr. Olivier responded by pointing out that sulphite [illegible] would be [illegible] as waste waters resulting from the pulping of wood with calcium [illegible] sulphite [illegible] with steam under pressure. He stated that these wastes would [illegible] finely divided suspension, approximately half of the weight of the [illegible] pulping and comprise finer binding substances such as lignin, pectin, hemi-[illegible] sulphur dioxide, sulphite [illegible] and inorganic substances. [illegible] then asked whether any analysis of the particular wastes had been made and whether, in [illegible] what specifically was in them and how much objectionable materials there was. [illegible] answered that he could not answer Dr. Keck's specific question, but that the main [illegible] of this nature would be the taste and odor producing substances, and that [illegible] concentrations envisioned here, any consideration of toxicity would be secondary and the [illegible] would be the taste and odors of water containing these wastes.

[illegible] to a specific question, Mr. Olivier stated that these wastes could be filtered [illegible] to a proper degree to see whether they had a particular taste and odor, and that he [illegible] to look over any data on such experiments.

There was then some discussion between the Hearings Commissioner, Dr. Keck, and Mr. Olivier [illegible] the [illegible] concentration of the objectionable substances which would appear in the city [illegible] the assumed [illegible] of sewage. This question was not actually resolved, but it [illegible] these substances would be between 100 parts per million and 10,000 parts per [illegible] the city well. Mr. Olivier then pointed out by reference to experience in other [illegible] that approximately [illegible] parts per million is probably the maximum which should be [illegible] of this nature to prevent offensive tastes and odors from developing in water

Mr. Ralph W. Purdy was sworn as a witness for the Commission and testif[illegible] he was Chief Engineer of the Water Resources Commission, that he was a registered pr[illegible]al engineer, and that he possessed a degree in chemical engineering.

Mr. Purdy commented on the testimony of Mr. Olivier and Dr. Keck, concerning the waste [illegible]nes which would appear in the city water under assumed conditions, and stated he felt they [illegible] both correct, but were talking about different things, one of them was talking about the [illegible]l amount of wastes in the city water, while the other was talking about the concentration [illegible]nd individual substances within the waste. Mr. Purdy stated that it was rather difficult to [illegible] a comparison between this situation and the experience in Pennsylvania referred to by Mr. Olivier, because there will undoubtedly be a change in character by their passage through [illegible] waters. He pointed out that studies have been made by various paper mill companies to indicate the quantity of spent black liquor that can be discharged to the ground in a [illegible]ay and irrigation manner and have stabilization of the biological oxygen consuming materials in the wastes, and that it was his understanding that very low volumes of waste would be discharged at this proposed site so that we could expect stabilization of the oxygen consuming [illegible]rials. Experiences in other situations, however, has been somewhat incomplete and there is a possibility that over a long period of time there may be a break through of certain chemical [illegible]nents into the ground water. He stated that in some studies run on soil columns, there [illegible] a break through after a long period of time of the lignins and that there have shown [illegible] water that has percolated through a column of soil of from ten to twelve feet. Since this [illegible] and it is known that taste and odor producing compounds can be p[illegible] through the waste as discharged from the paper mill, there is a possibility that the taste and odor [illegible] plus possibly the lignins may show up in wells in the area. Since [illegible] possible [illegible] his opinion that this must be considered in the use of this area [illegible] must be [illegible] to protect the waters in the area if this should occur. He also [illegible] that if this [illegible]ed for waste disposal, it should be used in such a fashion that it can be determined [illegible] there has been a break through of undesirable contaminants [illegible] ground water [illegible] can be taken to prevent the migration of these substances to wells and supplies. He [illegible] that observation wells and routine testing of wells would be necessary to provide [illegible] degree of protection and the number of these monitor wells which would be needed [illegible] determined by the judgment of the Company's consultant and the people in the [illegible] Division of Water Conservation Department with whom the Commission staff works closely.

Mr. Eugene H. Baker [illegible] Michigan was present in the hearing room and was offered [illegible] to make a statement. Mr. Baker declined the opportunity other than to say his [illegible] have been answered by the testimony that has been given. Mr. Baker did identify himself [illegible] 6 Hill Road which is in the area directly south of the disposal site.

Mr. Lawrence Van Auken was sworn as a witness and testified that he was one of the [illegible] in the area [illegible] the disposal site and that his property was just east of the ea[illegible] [illegible] the City of Oshkosh and north of River Street. The address is Route 1, Box #4. Mr. Van Auken [illegible] that in view of the fact that the city would not go beyond the city limits [illegible], he wanted to know what recourse he would have as a property owner if his well [illegible] contaminated. He stated that [illegible] at this point contemplated now, but that it was possible it might be contaminated as the result of the proposed waste disposal. He stated that he did not have any particular reason for believing that the measures talked about at the hearing would not prevent contamination of his well, but that he was not an engineer and simply did not know whether an interceptor well would do the job and wanted to know what protection he did have.

The Hearings Commissioner pointed out to Mr. Van Auken that there had been testimony concerning the construction of interceptor wells, and expert opinions expressed that these would do the job. It was also pointed out that observation wells could be maintained to alert both the [illegible] and owners including the Commission, if there were indications of contamination moving in the direction of the city wells or the private wells. It was pointed out also that there had been testimony that if there was contamination in the residential wells, that the Company would [illegible] obligation to take measures to either correct it or to provide a new water supply.

Mr. Van Auken [illegible] to contradict any of this testimony but merely pointed out he was not an engineer and relying on other people's words, and that if his water was contaminated [illegible] would be impossible to sell his property. It was pointed out by the Hearings Commissioner that if his well was contaminated and the Company failed to take measures to correct the condition or provide an alternate water supply, that he would have a remedy against

The Company

Mr. J. L. Nichols, also described as a property owner in the area, was in the hearing room and was offered the opportunity to make a statement, but stated only that he had listened to the testimony and had talked to the officials of the Company on several occasions concerning this problem, and felt sure that as a property owner he would be protected.

Finally, it was pointed out that if there was a migration of the contaminating substances and these substances got into the residential wells and the Company was unable or unwilling to take measures to correct it which were satisfactory to the property owners, that this matter could be reopened for further hearing at that time and appropriate steps taken by the Commission. It was further pointed out that if a permit for the use of ground water should be granted, as requested by the Company, that this would not prevent any state agency from taking action in the future if it should develop that corrective action was necessary to alleviate any problem that arises in the future. In effect, by giving permission for the disposal of such wastes at this time, neither the state nor any state agency was foreclosed from reopening the matter in the future if the preventive measures are not effective or if damage which is not now contemplated is caused by the action of the Company.

This hearing, on a statement of new use of waters of the state for waste disposal purposes, filed by the Otsego Paperboard Division, Menasha Corporation, was held on [illegible] 1963 [illegible] the statement itself was filed on Apr[illegible], 1963.

There is an extensive history of proceedings involving this Company, and its predecessor corporate entities, before the Water Resources Commission dating back more than twelve years.

On October 24, 1951, the Water Resources Commission entered a Final Order of Determination in which it found that the Company was failing to control its share of the pollution of the Kalamazoo River and that this failure, in combination with that of other mills in the area had created conditions of acute stream pollution. The Final Order entered by the Commission, ordered the Company to construct facilities for treatment, by coagulation and sedimentation or other equivalent means, of all paper processing wastes discharged directly to the waters of the state. These treatment facilities were ordered to be in operation by June 1, 1954.

The matter of pollution of the waters of the state by this Company was again considered by the Commission late in 1953 and early in 1954, and at the Commission meeting of January 28, 1954, a Stipulation was entered into by the Company and the Commission, which provided that proceedings then pending against the Company for abatement of pollution of the Kalamazoo River be adjourned from January 1954 to October of 1955 for the purpose of permitting the Company to proceed with its proposed program of pollution abatement. The Stipulation further provided that the Company agreed to control the discharge into the Kalamazoo River, of wastes produced from the neutral sulphite semi-chemical process at its Otsego, Michigan mill, during the interim period in which the hearing was adjourned, by disposing of part of its wastes by hauling such wastes with tank trucks to unspecified destinations, by storing in a pond owned by it or in some other way, keeping out of the Kalamazoo River a total of 2 [illegible] million gallons of wastes produced by it during the period from June 1 to October 1 of each year, and by restricting its discharge directly or indirectly into the Kalamazoo River between June 1 and October 1 of each year to a limited amount of wastes. There were also other provisions in that Stipulation.

Another hearing was conducted before the Commission in 1961 and another Stipulation was entered into by the Company and the Commission which, as subsequently amended, provided that commencing June 1, 1966 and continuing thereafter, the Company would restrict the content of oxygen consuming substances in all wastes discharged to the Kalamazoo River to a certain amount of such substances per day and would continue to meet the requirements of the Final Order of Determination adopted by the Commission on October 24, 1951. The Stipulation further provided for the design, construction, and operation of waste treatment facilities, for its waste discharges, according to a schedule set forth therein.

During the hearing no evidence was entered into the record either by the Company or the Commission as to whether the Company had complied with the prior Stipulations of the Commission, nor was any evidence offered as to whether the treatment facilities referred to in these Orders and Stipulations have been constructed. It is not the intention of the Hearings Commissioner to go into those matters at this time. The Orders and Stipulations are only referred to for the purpose of showing that this Company, and presumably other paper mills within the State of Michigan, have experienced severe problems for many years in controlling the discharge of waste substances into the waters of the State of Michigan. It is obvious on the basis of the evidence introduced at the hearing, including the prior Orders and Stipulations of the Commission, that much amounts of the time and energy of both the Commission and the Company have been expended in the effort to solve this problem of water pollution. It appears obvious to the Hearings Commissioner that if a method is proposed which appears to offer some hope of finally and permanently solving this problem of waste disposal by the Company, that it should be grasped eagerly.

The Company has been involved in hearings with the Commission for more than twelve years. The prior Orders and Stipulations entered into have, quite obviously, not provided a final solution to the problem of pollution caused by the waste products discharged by the Company. The Company is faced with a need to replace obsolete facilities and at the same time desires to expand productive capacity. The testimony makes it clear that neither of these goals is feasible unless an alternate method of disposing of their waste products is developed.

At the hearing employees of the Commission testified as to the prior history in this matter, much of which has been summarized above.

After the background of this problem was set forth, Mr. McConney testified as to the desire and needs of the Company to replace obsolete facilities, to increase production, and of

[illegible] of [illegible] of [illegible] waste product [illegible] to achieve both of these goals.

The report of Dr. Keck concerning the hydrology of the area, makes it clear that the soils in the area are highly permeable and there appears to be no question whatever that liquid waste substances deposited into the ground will percolate down to the water table and migrate from there. Dr. Keck's testimony and the testimony of Mr. Johnson of the Department of Conservation, supported this opinion. There appears to be no question whatever that the soil in the area in question are highly permeable, and provide no barrier to prevent the liquid waste substances from migrating to the water wells in the area.

It appears clear from the testimony that the normal course of migration, in the absence of any pumping action by any of the wells referred to in the hearing, would be toward the south and the wells located at the private residences south of the disposal site. The testimony established that the action of the city wells number 1 and 2 and the Company well, when they are pumping, is sufficient to draw the waste substances in a southwesterly direction toward those wells. There was also general agreement that in the absence of an interceptor well, the waste substances would be drawn toward city wells number 1 and 2 and discharged from those wells. In fact, city wells number 1 and 2 would serve as an interceptor well for the Company well.

There is substantial testimony in the record that the constituents of the waste substances were such that if they were permitted to reach the city wells, they would cause taste and odor problems in the city well water, making it unfit for use. There appears then to be no question that if the eighty acre site is used for waste disposal purposes, the liquid wastes will percolate down to the water table and will migrate south and southwesterly from there. In all probability, all of the wastes would migrate toward city wells number 1 and 2 and toward the Company well, because there would be sufficient pumpage by those wells to draw the wastes in those directions. There would, however, be a substantial possibility of migration of the waste substances toward the private wells south of the area. This is particularly true because of the lack of testimony as to the frequency and duration of the pumping of city wells number 1 and 2 and the Company well.

There is substantial testimony both by Dr. Keck and the witnesses for the Commission that an interceptor well would be essential in these circumstances to draw the waste substances to an interceptor well which would pump them to waste in the Kalamazoo River. There appears to be general agreement that an interceptor well properly located and constructed would adequately serve the function of intercepting the migrating waste substances. There is no absolute certainty as to how soon, if ever, or at what rate this interceptor well would have to be pumped in order to be certain to provide protection not only to city wells number 1 and 2, but to the private wells south of the eighty acre site. The Company officials, however, in effect, guaranteed that the interceptor well would be pumped to whatever degree was necessary to provide this complete protection. In addition, the Company agreed to maintain whatever observation wells or monitor wells are necessary to keep a continuous check on the movement of migrating waste substances so that they would know when and to what degree it was necessary to pump the interceptor well to provide the necessary protection.

The Company also indicated its willingness to acknowledge its obligation particularly to those owners south of the disposal site to provide them an alternate source of water if the interceptor well program did not provide the degree of protection necessary for them.

In the light of the testimony, and evidence offered at the hearing, I find as follows:

(1) The Company wishes to dispose of waste products on an eighty acre disposal site which they own. It is highly probable that most of the suspended solids in their waste products would be stabilized in the soil on the disposal site within the first few feet below the surface.

(2) It is possible that some of the suspended solids might eventually break through the soil column and percolate down to the water table and migrate from there.

(3) It is clear that the liquid wastes would percolate down to the water table and would migrate from that location, since there is no obstacle to the free

movement of liquid in the ground in this area

(4) In the absence of an interceptor well, the migrating liquid wastes would eventually reach city wells number 1 and 2 and quite possibly the private wells south of the disposal site.

(5) Although no detailed analysis of the chemical constituents of the liquid wastes was introduced in evidence, it is clear that there are a number of substances contained in those wastes, and there was no disagreement that such wastes would contain a number of taste and odor producing compounds which, if they reached the city wells in the volumes referred to in the testimony, would make that city water unfit for human consumption.

(6) The contaminating substances would clearly be present in adequate amounts in the liquid wastes to make the water in city wells number 1 and 2 unfit for human consumption if those liquid wastes should reach city wells number 1 and 2.

(7) The only method advanced to provide protection for the city wells and the private dwelling wells would be the construction of an interceptor well located between the disposal site and city wells number 1 and 2.

(8) The construction of such an interceptor well and its proper operation appear to offer adequate protection to city wells number 1 and 2 and private wells from the migrating waste substances.

(9) [illegible] the degree of protection [illegible] any, would be [illegible] maintain, and [illegible] monitor wells [illegible] maintain [illegible] migrating waste substances.

The Pollution Act 245 of the Public Acts of 1929 as amended by Act 147 of the Public Acts [illegible] provides that any person proposing to [illegible] new or substantially increased use of the waters of the state as waste disposal purposes [illegible] the Water Resources Commission a [illegible] statement setting forth the nature of the enterprise or development contemplated and [illegible] the Commission is authorized and required to enter an order [illegible] such waste disposal as in the judgment of the Commission may be necessary to guarantee adequate [illegible] against such unlawful uses of the waters of the state as are set forth in Section 6 of Act 245 of the Public Acts of 1929, [illegible]

Section 6 of Act 245 provides, among other things, that it shall be unlawful for any person [illegible] to be discharged into any of the lakes, rivers, streams or other waters of this state, any substance which is injurious to the public health.

From all of the foregoing I conclude that permitting Otsego Paperboard Division of Menasha Corporation to deposit the [illegible] waste products into the ground at the disposal site proposed by the Company, without the construction of the interceptor well in the wells referred to in the testimony at this hearing, would cause contaminating substances injurious to the public health to be deposited in the ground and such substances would eventually be deposited in the City of Otsego water wells number 1 and 2 and possibly in the private water wells of the residences located directly to the south of the disposal site. I conclude that the contamination of such waters which would occur, would be injurious to the public health.

I conclude further that if an interceptor well and appropriate monitor wells are properly considered and constructed as outlined in the testimony at the hearing, that the quality of the water supplies at city wells number 1 and 2 and the private wells located at the residences south of the disposal site can be protected.

Recommendations

I therefore recommend that a Final Order of Determination be entered in this matter, requiring the Company to use the proposed eighty acre site for spray disposal purposes

[illegible]vided that the Company construct an appropriate interceptor well, at a locat[illegible] [illegible]by the Water Re[illegible]rces Commission, and provided further that the Com[illegible] also [illegible]nstruct and maintain such "monitor" or "observation" wells as in the judgment of the Water [illegible]Resources Commission are necessary and appropriate. I recommend that the Final Order of [illegible]termination contain such other and further conditions as in the judgment of the Water Resources [illegible]ssion appear necessary.

A proposed Final Order of Determination, incorporating these findings and recommendations, [illegible]ttached herewith.

Respectfully submitted

Patrick J. Foley

[illegible], 1983

MEN03594

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

In the matter of:

Statement of OTSEGO PAPERBOARD DIVISION, MENASHA CORPORATION, regarding a new use of GROUND WATERS of the State of Michigan for waste disposal purposes

Proposed Final Order of Determination

WHEREAS, Otsego Paperboard Division of Menasha Corporation, at Otsego, Michigan, has filed with the Water Resources Commission, a written statement, dated April 10, 1963, for a prospective use of the waters of the state for disposal of spent pulp mill wastes to the underground waters of the state located in the E. ½ of S.E. ¼ of Sec. 14, T. 1 N, R. 12 W., Otsego Township, Allegan County, Michigan, and

WHEREAS, the said written statement sets forth that Otsego Paperboard Division, Menasha Corporation, proposes to dispose of approximately 10,000 gallons per day of spent pulp mill wastes by means of spray disposal on an eighty acre site described above, for disposal by percolation into the ground, and

WHEREAS, the Commission, at its meeting on May 23, 1963, adopted a Resolution, directing the Hearings Commissioner appointed by the Commission, to schedule a public hearing with the Menasha Corporation on the above mentioned statement for a new use of the waters of the state, and

WHEREAS, the said hearing was conducted by the Hearings Commissioner on June 24, 1963, beginning at 2:00 a.m. in Room 203 of the Allegan County Building, Allegan, Michigan; and

WHEREAS, the said Hearings Commissioner filed his report and recommendations with the Water Resources Commission on August 19, 1963 and that said report recommended that a Final Order of Determination be entered, containing certain conditions and restrictions on the disposal of spent pulp mill wastes as proposed by Menasha Corporation, and

WHEREAS, the Commission, at its meeting on August _____, 1963, after giving due consideration to the statement filed by Menasha Corporation, to investigations by its staff of the factors involved, and after reviewing the hearing conducted by the Hearings Commissioner and his report and recommendations for a Final Order of Determination, is of the opinion and has determined that the restrictions and conditions, as hereinafter set forth, are necessary to protect the waters of the state against unlawful pollution

NOW THEREFORE BE IT RESOLVED, that it is the Final Order of the Water Resources Commission that Otsego Paperboard Division, Menasha Corporation, its agents, successors or assigns be permitted to dispose of spent pulp mill wastes to the underground waters of the state located in the E. ½ of S.E. ¼ of Sec. 14, T. 1 N., R. 12 W., Otsego Township, Allegan County, Michigan, provided that the said Company, its agents, successors or assigns complies with the following restrictions and conditions:

1. The Company shall construct an appropriate interceptor well, at a location to be approved of by the Water Resources Commission staff, and shall agree to pump the interceptor well with sufficient frequency and at a sufficient rate, to guarantee, that all of the liquid waste and other waste substances which are deposited on the ground at the disposal site and which percolate into the ground waters from the disposal site referred to above, will migrate to the interceptor well, and will be discharged from there to the waters of the Kalamazoo River.

2. The Company shall construct and maintain "monitor" wells or "observation" wells in sufficient number and located where, in the judgment of the Water Resources Commission, such wells are necessary to be located, for the purpose of maintaining a continuing check on the migration of liquid waste

substances from the disposal site.

3 The Company shall make such observations at such "monitor" wells, and maintain such records of such observations, as are required by the Water Resources Commission.

BE IT FURTHER RESOLVED, that the aforesaid restrictions and conditions set forth in this Order shall become effective at and from the time this Order becomes final as provided herein and shall remain in effect until further order of the Commission.

BE IT FURTHER RESOLVED, that this instrument does not obviate the necessity of obtaining such permits as may be required by law from other units of government.

This Order made _____, 1963 by the Commission in accordance with Act 245, P.A. of 1929, as amended by Act 117, P.A. 1949, and shall be final in the absence of request for public hearing filed within 15 days after receipt hereof, on motion by _____, supported by _____, and unanimously carried.

PRESENT AND VOTING:

MEN03596

STATE OF MICHIGAN
WATER RESOURCES COMMISSION
GEORGE W. ROMNEY, GOVERNOR

STAFF OFFICES
200 Mill Street
TEL. 373-3543
STATION 8
LANSING, MICHIGAN 48913

November 4, 1963

REGISTERED MAIL

Menasha Corporation
Otsego Paperboard Division
Otsego, Michigan

Attention: Mr. George A. McConney
Administrative Superintendent

Gentlemen:

Enclosed is a copy of the Order of Determination to Otsego Paperboard Division, Menasha Corporation, Otsego, Michigan, made by the Water Resources Commission at its October 31, 1963 meeting.

Very truly yours,

Loring F. Deming

Loring F. Deming
Executive Secretary

LFD:S
enc.
cc--William G. Keck
Joseph Cutro
City of Otsego
Richard W. Hartman
Abbott B. Mitchell, M.D.
Ralph Purdy
Robert Courchaine
Chester Harvey
Gordon Olivier
L. D. Johnson
Eugene H. Baker
David L. Nichols
LaVern Van Auken

5723

MEN03597

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

OFFICIAL CERTIFICATE

Lansing, Michigan November 4, 1963

I, Loring F. Deming, Executive Secretary of the Water Resources Commission, DO HEREBY CERTIFY that annexed is a true copy of the Order of Determination to Otsego Paperboard Division, Menasha Corporation, Otsego, Michigan, made by the Water Resources Commission on October 31, 1963

and that I have carefully compared the said copy with the original thereof now on file and of record in the office of said commission, and that it is a correct transcript therefrom and of the whole thereof

By Loring F. Deming
Executive Secretary
Water Resources Commission
Lansing, Michigan

5724

MEN03598

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

10/63-4c

Order No. 579

Statement of OTSEGO PAPERBOARD DIVISION, :
MENASHA CORPORATION, a Wisconsin Corporation:
Regarding a New Use of GROUND WATERS of the :
State at OTSEGO, MICHIGAN :

ORDER OF DETERMINATION

WHEREAS, Otsego Paperboard Division of Menasha Corporation, a Wisconsin Corporation at Otsego, Michigan, has filed with the Water Resources Commission, a written statement, dated April 10, 1963, for a prospective use of the waters of the state for disposal of spent pulp mill wastes to the underground waters of the state located in the E. ½ of S.E. ¼ of Sec. 14, T. 1 N., R. 12 W., Otsego Township, Allegan County, Michigan; and

WHEREAS, the said written statement sets forth that Otsego Paperboard Division, Menasha Corporation, proposes to dispose of approximately ten thousand (10,000) gallons per day of spent pulp mill wastes by means of spray disposal on an eighty acre site described above, for disposal by percolation into the ground; and

WHEREAS, the Commission, at its meeting on May 23, 1963, adopted a Resolution, directing the Hearings Commissioner appointed by the Commission, to schedule a public hearing with the Menasha Corporation on the above mentioned statement for a new use of the waters of the state; and

5725

WHEREAS, the said hearing was conducted by the Hearings Commissioner on June 24, 1963, beginning at 10:00 a.m. in Room 303 of the Allegan County Building, Allegan, Michigan; and

WHEREAS, the said Hearings Commissioner filed his report and recommendations with the Water Resources Commission on August 19, 1963, and that said report recommended that an Order of Determination be entered, containing certain conditions and restrictions on the disposal of spent pulp mill wastes as proposed by Menasha Corporation; and

WHEREAS, the Commission, at its meeting on October 31, 1963, after giving due consideration to the statement filed by Mehasha Corporation; to investigations by its staff of the factors involved; and after reviewing the hearing conducted by the Hearings Commissioner and his report and recommendations for an Order of Determination, is of the opinion and has determined that the restrictions and conditions, as hereinafter set forth, are necessary to protect the waters of the state against unlawful pollution:

NOW THEREFORE BE IT RESOLVED, that it is the order of the Water Resources Commission that Otsego Paperboard Division, Menasha Corporation, its agents, successors, or assigns in disposing of spent pulp mill wastes to the underground waters of the state in the E. $\frac{1}{2}$ of S.E. $\frac{1}{4}$ of Sec. 14, T. 1 N., R. 12 W., Otsego Township, Allegan County, Michigan, shall comply with the following restrictions and conditions:

1. The Company shall construct an appropriate interceptor well or wells at a location(s) to be recommended by a consulting geophysicist acceptable to the Commission, such location to be approved by the Chief Engineer of the Water Resources Commission and shall pump the interceptor well(s) with sufficient frequency and at sufficient rates to effectively intercept the wastes which are deposited on the ground and which percolate into the ground at the spray disposal site referred to above, to prevent pollution of the private well water supplies south of the disposal site and the City of Otsego well water supplies west of the disposal site; the interceptor well or wells shall be pumped to discharge directly to the Kalamazoo River.

2. The Company shall construct and maintain monitor wells or observation wells at locations recommended by a consulting geophysicist acceptable to the Commission, such locations to be approved by the Chief Engineer of the Water Resources Commission, for the purpose of maintaining a continuing check on the migration of liquid waste substances from the disposal site.

3. The Company shall make such observations at such "monitor" wells, and maintain such records of such observations, and submit reports of such observations as are required by the Water Resources Commission.

4. The wastes shall be uniformly distributed over a 40 acre area on a schedule of plot spraying within that area to be approved by the Chief Engineer.

BE IT FURTHER RESOLVED, that the aforesaid restrictions and conditions set forth in this Order shall become effective at and from the time this Order becomes final as provided herein and shall remain in effect until further order of the Commission.

BE IT FURTHER RESOLVED, that this instrument does not obviate the necessity of obtaining such permits as may be required by law from other units of government.

This Order made October 31, 1963 by the Commission in accordance with Act 245, P. A. 1929, as amended by Act 117, P. A. 1949,

and shall be final in the absence of request for public hearing filed within 15 days after receipt hereof, on motion by Dr. Heustis, supported by Mr. Gilmore, and unanimously carried.

PRESENT AND VOTING:

Irving H. Ronk, for State Highway Commissioner, Chairman
Gerald E. Eddy, Director of Conservation
Albert E. Heustis, M.D., State Health Commissioner
Stanley Quackenbush, for Director of Agriculture
James S. Gilmore, Jr., for Industrial Management Groups

MEN03602

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

G. MENNEN WILLIAMS, GOVERNOR

STAFF OFFICES
417 W. Michigan
TEL. 5-8144, Ext. 676

P. O. BOX 87
LANSING 1, MICHIGAN

January 13, 1956

Otsego Falls Paper Mills, Inc.
Attention: Mr. A. J. Suess, President
Otsego, Michigan

Gentlemen:

Enclosed is a copy of the agenda for the meeting of the Commission on January 26, 27, 1956.

You will note that the conference with the Kalamazoo paper mills is scheduled for 1:30 p.m., Thursday, January 26.

Very truly yours

Milton P. Adams

Milton P. Adams
Executive Secretary
WATER RESOURCES COMMISSION

M :J

OTSEGO FALLS PAPER MILLS, INC.

DISPOSAL OF NEUTRAL SULPHITE PULP LIQUORS - 1954-55

VOLUME PRODUCED (Gal.)	DAYS OPERATION	DAILY VOLUME (Gal./day)	HAULED TO ROADS	STORED IN POND	ACCUMULATIVE TOTAL IN POND	TO RIVER
441,650	16	27,600	441,650	None	None	- - -
1,207,900	23	52,500	901,420	306,480	306,480	None
935,300	18	51,800	1,099,900	- - -	141,880	None
1,101,500	22	50,000	891,000	210,500	352,380	None
1,127,200	20	56,200	617,300	509,900	862,280	None
4,813,550	99	48,500	3,951,270	1,026,880	862,280(2)	None
- - -	- -		692,000	153,600	153,600	- - -
1,737,000	28	62,000	1,120,000	617,000	770,600	None
985,500	19-2/3	50,000	887,800	97,700	868,300	None
1,032,000	26	39,700	733,000	299,000	1,167,300	None

rted May 10.
volume in storage disposed of to roads during October 1954.

Prepared September 28, 1955
L. F. Oeming

Performance of Otsego Falls Paper Mills, Inc.
under terms of
Stipulation for Adjournment of Hearing

Item 1. Requires hauling of an average of 20,000 gallons for each day of production - June 1 to October 1.

1954	- 83 days @ 20,000	=	1,660,000 gallons	required
			4,371,900 gallons	hauled
1955	- 73-2/3 days @ 20,000	=	1,473,000 gallons	required (June thru Aug.)
			2,740,800 gallons	hauled (June thru Aug.)

Item 2. Requires (a) storage in pond of up to 2,500,000 gallons before any discharge to river.
(b) release of accumulated storage to river between February 1 and May 1.

1954 -	(a) Accumulated storage at end of September	862,280 gallons
	(b) Stored waste released to river	None
1955 -	(a) Accumulated storage at end of August	1,167,300 gallons
	(b) Stored waste released to river	None to September 27

Item 3. Restricts discharge to Kalamazoo River to 12,000 gallons in any 24-hour period.

1954	Discharges to River - - - - -	None
1955	Discharges to River - - - - -	None (June thru August)

Item 4. Requires no discharges to be made to River when flow is below 400 c.f.s.

1954	Discharges to River - - - - -	None
1955	Discharges to River - - - - -	None (June thru August)

Item 5. Requires monthly reports to be filed with Water Resources Commission.

1954	Reports received timely
1955	Reports received timely (June thru August)

Note - all requirements above apply to period June 1 to October 1.

Prepared September 28, 1955
L. F. Oeming

MEN03605

STATE OF MICHIGAN

WATER RESOURCES COMMISSION

G. MENNEN WILLIAMS, GOVERNOR

STAFF OFFICES
417 W. Michigan
TEL. 5-8144, Ext. 676

P. O. BOX 27
LANSING 1, MICHIGAN

October [illegible], 1955

Mr. Rex Orton
Tripp Building
Alpena, Michigan

Dear Sir:

Enclosed herewith is a draft of [illegible] agreement for [illegible] Notice of Determination and Finding [illegible] the proceedings involving [illegible] Falls Paper Mills, Inc.

You will note that this is a modification of the proposal to enter for consignment of the notice of determination [illegible] discussed during our conference on Friday of last week. It is [illegible] that this revised approach represents the position that the [illegible] taken in this problem of disposal of the waste liquors [illegible] only that qualifies the case of stipulation [illegible] were entered covering only the portion of the original Notice of Determination [illegible] applicable to a particular waste.

[illegible] receiving your views on this matter [illegible] Detroit if possible by Thursday [illegible] know, the stipulation will be in [illegible] at the Water [illegible] Board for consideration on Wednesday.

Very very truly,

Loring F. Coning
Chief Engineer

WATER RESOURCES COMMISSION

LFC:br
Enc.

cc: [illegible]

STATE [illegible]

WATER RESOURCES [illegible]

[illegible] the OSWEGO FALLS PAPER

[illegible], OSWEGO, [illegible], for Al[illegible]

[illegible] Relator [illegible]

AGREEMENT FOR DISMISSAL OF NOTICE [illegible] DETERMINATION [illegible] HEARING

IT IS HEREBY AGREED by and [illegible]

[illegible] Decembe[illegible]

[illegible] Paper [illegible]

[illegible] Determ[illegible]

[illegible] agrees to [illegible]

[illegible] sulphite semi-chemic[illegible] cooking [illegible]

[illegible] will not dis[illegible] come to [illegible] River or other waters [illegible] the state [illegible] rectly or indirectly.

II. In addition, during the period from [illegible] to October [illegible], or, [illegible] nuisance, [illegible]

MEN03607

MEN03609

State of Michigan

WATER RESOURCES COMMISSION

Proceedings Against the OTSEGO FALLS PAPER MILLS, INC., OTSEGO, MICHIGAN, for Abatement of Pollution of the Kalamazoo River.

STIPULATION FOR ADJOURNMENT OF HEARING

IT IS HEREBY STIPULATED AND AGREED by and between the Otsego Falls Paper Mills, Inc., a Michigan Corporation, and the Water Resources Commission of the State of Michigan that the hearing on the facts and proposed action against the said company for abatement of pollution of the Kalamazoo River be adjourned from January 28, 1954, to the October 1955 Water Resources Commission meeting, for the purpose of permitting the Otsego Falls Paper Mills, Inc., to proceed with its proposed program of pollution abatement.

This stipulation is based upon the belief of the parties hereto that the action agreed to be taken by the said company is in the public interest as being reasonably calculated to give immediately a measure of control of pollution. However, it is recognized that additional knowledge gained by actual experience may demonstrate a need for changes or revisions in methods and procedures.

The said company agrees to control the discharge into the Kalamazoo River of wastes produced from the neutral sulphite semi-chemical process at

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[illegible] Michigan and during the [illegible] period in which said hearing [illegible] in the following manner:

[illegible] During the period from June 1 to October 1 of each year of said period, the company will dispose of or cause to be disposed of the [illegible] of production, an average of [illegible] gallons of neutral sulphite [illegible] pulping wastes by hauling with tank trucks or by some other [illegible] and will not discharge same to the Kalamazoo River or other waters of the state directly or indirectly.

II. In addition, during the period from June 1 to October 1 of each year of said period, the company will, in a manner designed not to create a nuisance, store in a pond owned by it or in some other way keep out of the Kalamazoo River a total of 2,500,000 gallons of neutral sulphite semi-chemical pulping wastes produced by it. The said wastes so kept out of the Kalamazoo River may be discharged therein from February 1 to May 1 at such times and rates as may be approved by the chief engineer of the Water Resources Commission.

III. During the period from June 1 to October 1 of each year of said period, in any event, the company shall not discharge directly or indirectly into the Kalamazoo River in any 24-hour period more than 12,000 gallons of neutral sulphite semi-chemical pulping wastes.

IV. During the period from June 1 to October 1 of each year in said period whenever the flow in the Kalamazoo River, as measured at the United States Geological Survey gage at Comstock, Michigan, is below 400 c.f.s., the company shall not discharge any of its neutral sulphite semi-chemical pulping wastes into the Kalamazoo River.

V. The said company shall keep adequate records showing the amounts of neutral sulphite semi-chemical pulping waters disposed of by it pursuant to the provisions of paragraphs I, II and III of this stipulation and shall make and file a report thereof at least once each month with the Water Resources Commission.

This stipulation is entered into by the parties hereto without prejudice and does not constitute an admission of facts or law by either party. Each party hereto reserves the right to terminate this agreement as of December 31, 1954, by giving written notice thereof to the opposite party on or before such date of termination, in which event the said adjourned hearing will be scheduled for January 1955, or a subsequent date on twenty (20) days notice thereof being given by the Water Resources Commission to the said company.

CEDRO FALLS PAPER MILLS, INC.

By_____
Arthur Stratton, Its Attorney

By_____
Ruben J. Rees, President

WATER RESOURCES COMMISSION

By_____
Gerald E. Eddy, Chairman

By_____
Milton P. Adams, Executive Secretary

Dated: January ____, 1954
Kalamazoo, Michigan

5742

MEN03612

memo / MENASHA CORPORATION

TO: Notes for File

DATE: 30 January, 1980

SUBJECT: Oil and Grease Reading for Weir 004

FROM: John Blaukamp

On January 30th, I called Marge Spruit of the Water Quality Division of DNR and asked her whether the oil and grease reading for weir 004 should be taken on the weir box or on the receiving waters. I told Marge that the permit said the outfall was to cause no visible oil sheen on the receiving waters and she agreed that the reading should be taken on the Kalamazoo River downstream from the outfall and not on the weir box. I told her as of January 31, 1980 we would be changing and taking the readings on the river instead of on the weir box. Marge didn't anticipate that the past practice of taking the reading on the weir box and the resulting values of greater than 0 on the Monthly Operating reports would not cause any problems.

cc: Bruce Buchanan
Art Brindley
M.O.R File
NPDES Permit File

JB/kj

6153

MEN03613

cc: W. A. Schenck, J. Adams, A. Brandley and D. C. Shepard

MENASHA CORPORATION

9 July 1979

Robert J. Courchaine
Executive Secretary, DNR
Water Resources Commission
Stevens T. Mason Building
Lansing, MI 48926

Dear Mr. Courchaine:

The NPDES permit renewal proposal for the Otsego Paperboard Division of Menasha Corporation has been reviewed. Questionable limits will be discussed in the order they are presented in the permit.

On page 3, the flow limit for outfall 002 has been set at [illegible] gallons per day. As further segregation efforts continue, we plan to [illegible] stormwater to outfall 002 [illegible] reduce the hydraulic load on the main waste treatment system. In anticipation of these efforts, I would like to see that flow limit increased to 900,000 gallons per day. On the same page, the [illegible] microgram per liter phenol concentration limit will require refined analytical methodology in testing to insure that interferences do not contribute positively to the test results. Extensive work was conducted at Vulcan, Hydro-Research Labs. in Pontiac, Michigan and also at Frein and New [illegible] Labs. in Grand Rapids. Both laboratories independently agreed that gas chromatographic analysis is the only method of achieving interference free results. I will be contacting the state Lab. in Lansing to advise them of the specific procedural detail.

On page 4, the turbine condenser cooling water flow limit has been set at 7 million gallons per day. This flow should be increased to 7.5 million gallons per day to allow for maximum discharge values. Regarding temperature, we have no control of river water temperatures outside the mixing zone. If temperatures were to exceed or very closely approach the monthly values specified in paragraph 2, we would have no actionable responses. Rather than propose regulations which lend themselves to potential conflict, it would seem reasonable to delete the maximum monthly temperature values and specify only the delta T at the edge of the mixing zone.

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OTSEGO PAPERBOARD MILL FARMER STREET • OTSEGO, MICHIGAN 49078 • PHONE 616-692 6141

[illegible] ally, item 7 at the b[illegible] of [illegible] 1 [illegible] the pH range of 6.0 to [illegible].0. [illegible] range certainly should [illegible] normal variations in river pH, however we [illegible] that [illegible] [illegible] should not be listed. [illegible] point of clarifi[illegible] Since outfall 003 receives two waste streams, power b[illegible] cooling water entering 003 should be listed as "prior t[illegible] mixing".

[illegible] limits maximum discharge from outfall 001 to 80,000 [illegible] per day. Occasionally, flows approach 200,000 [illegible] per day for short periods of time. These values should be re[illegible]ized [illegible] the "no visible film" limitation on outfall [illegible] for oil [illegible] grease, presumably referenced item C listed at the bottom of the page. That is, no visible film or sheen will be created on the receiving water. Occasionally, very small amounts of oil from floor washing enters the pond and although a visible sheen is present on the pond, an oil skimmer baffle on the weir does prevent its discharge to the receiving water. I would appreciate a clarification of this point for our records.

[illegible] limitation [illegible] per day for [illegible] outfall [illegible] should be increased to [illegible] million per day [illegible] will accommodate our actual, [illegible] flow conditions which may be precipitated by [illegible] pond to river [illegible] other [illegible] [illegible].

[illegible] 001 [illegible] 1.6 [illegible] per day. [illegible] limit is 200,000 [illegible] the maximum limit for the combined [illegible] values. The combined values [illegible] 1.7 million gallons per day. The [illegible] for daily average winter [illegible] per day or [illegible] lbs. per [illegible] value is lower than the summer daily average B.O.D. value [illegible] per day. Presumably, this is a typographical [illegible] there can be little justification for reduced [illegible] limitations during winter operation. If anything, pollution activity is not as good during the winter and this [illegible] greater than average daily maximum.

I [illegible] glad to [illegible] any of these items at your convenience. If any additional information is required, please advise.

Best regards,
Otsego Paperboard Division
Menasha Corporation

Bruce Buchanan
Mgr. Technical & Utilities

cc: Chet Harvey,

6166

kj

MEN03615

Date April 27, 1979

PUBLIC NOTICE

Michigan Water Resources Commission
Stevens T. Mason Building
Lansing, Michigan 48909
517-373-8088

Permit Number:
MI 0003824

NOTICE: Application for National Pollutant Discharge Elimination System (Public Law 92-500) Permit by Kensha Corporation Otsego Michigan, to discharge treated process and cooling water

[illegible] Corporation has applied for reissuance of its National Pollutant Discharge Elimination System (NPDES) Permit to discharge treated process and cooling water into the waters of the State of Michigan. The permit will be issued by the Michigan Water Resources Commission.

The applicant is engaged in the manufacture of semichemical corrugating [illegible]. The applicant discharges its effluent to the Kalamazoo River.

On the basis of preliminary staff review and application of applicable standards and regulations, the Michigan Water Resources Commission proposes to issue a permit for the discharge subject to certain effluent limitations and special conditions. The permit expiration date is March 31, 1981.

The proposed determination to issue an NPDES Permit is tentative. Persons wishing to comment upon, or object to, the proposed determination are invited to submit the same in writing to

Engineering & Technical Services Section
Water Quality Division
Dept. of Natural Resources
Box 30028
Lansing, Michigan 48909

The permit application number should appear next to the above address on the envelope and the first page of any submitted comments. All comments received within thirty (30) days of the date of issuance of this public notice will be considered in the formulation of the final determinations. If no written objections are received, the Michigan Water Resources Commission will issue its final determinations no later than sixty (60) days following the date of this notice.

The application, proposed permit including proposed effluent limitations and special conditions, comments received, and other information, are on file and may be inspected at the Water Quality Division Offices, 8th Floor, Stevens T. Mason Building, Lansing, Michigan and at the District Office located at The State Office Building, 350 Ottawa Ave. [illegible], Michigan 49507 Phone 616-456-6231 at any time between 8:30 a.m. and 5:30 p.m., Monday through Friday. Copies of the Public Notice and corresponding Fact Sheet summarizing application information and proposed permit conditions are available at no charge. Copies of all other information are available at a cost of 5c per page.

Please bring the foregoing to the attention of persons whom you know would be interested in this matter.

Permit Number
MI 0003824

FACT SHEET

The Kalamazoo River is classified for Recreation - partial body contact, Fish, Wildlife, and Aquatic life - intolerant fish, warm-water species; Agriculture; Commercial, Water Supply - industrial; and other uses. A more complete description of the discharges and a sketch of their location follows below:

Description of Existing Discharge*

OUTFALL 001: Noncontact cooling water CONSTITUENTS	MINIMUM	AVERAGE	MAXIMUM
Flow (MGD)		0.111	0.225
pH S.U.	7.3		7.9
Temperature (°F)			
BOD_5 mg/l		6.0	10.0
Suspended Solids mg/l		0	1
OUTFALL 002 Dilute Process Waste Water			
Flow MGD		0.428	0.540
BOD_5 mg/l		15.0	99.0
Suspended Solids mg/l		6.0	43.0
Settleable Solids mg/l		5.33	143.0
pH S.U.	7.5		8.4
Phenols ug/l		232	890
Total Phosphorus mg/l		0.76	2.3
OUTFALL 003 & 004: Noncontact Cooling Water			
Flow MGD		6.8	7.1
BOD_5 mg/l		6.	6.
Oil & Grease O-G		0	0
pH S.U.	7.6		8.1

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[illegible] Noncontact Cooling Water and Yard Drainage

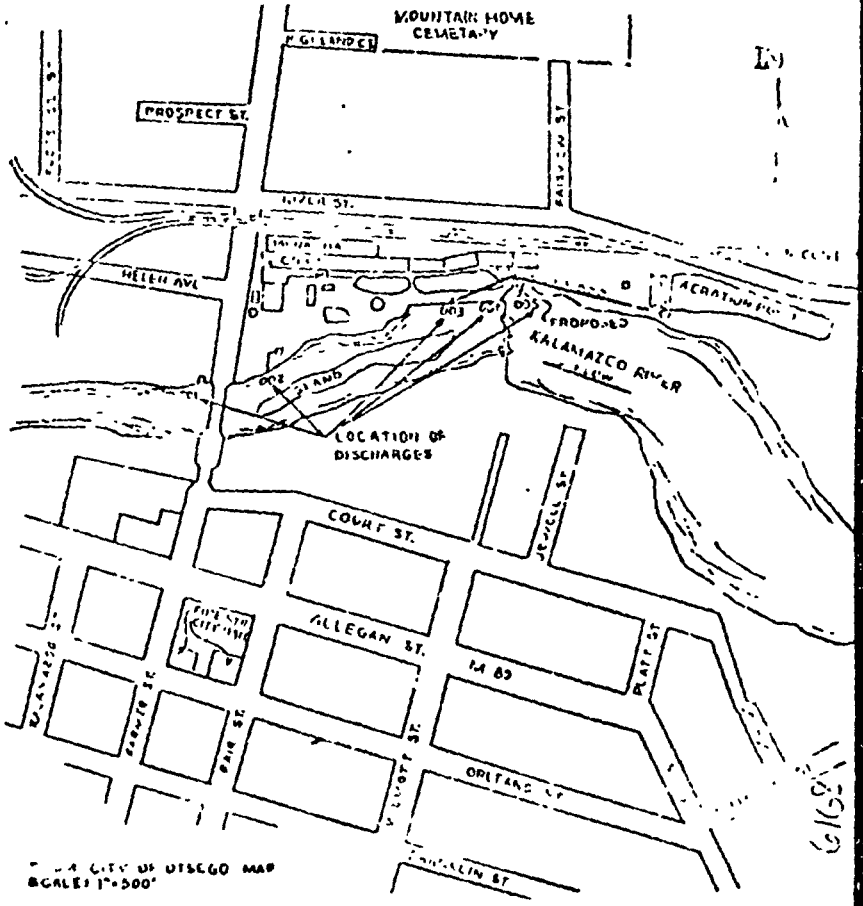
[illegible]	MINIMUM	AVERAGE	MAXIMUM
[illegible]		0.07	0.436
[illegible] Suspended Solids mg/l		5.0	41
[illegible] Suspended Solids lbs/day		3.0	45
[illegible]	7.4		9.1
[illegible]		62	94

[illegible] Treated Process Wastewater Prior to Mixing with the Noncontact Cooling Water Discharged Through Outfall 003

[illegible]		0.62	0.836
[illegible] mg/l		335.0	823.
[illegible] Dissolved Solids mg/l		420.6	930
Settleable Solids mg/l		31	290
[illegible] mg/l		64	239
[illegible] mg/l		2.09	3.5
[illegible] Combined			
[illegible] day		1731	3670
[illegible] lbs/day		2191	5530

[illegible] calculated from company's September, October and November monthly [illegible] reports

[illegible] sanitary waste is discharged to the City of Otsego Wastewater Treatment Plant



LOCATION OF DISCHARGES IN KALAMAZOO RIVER AT OTSEGO, COUNTY OF ALLEGAN, STATE OF MICHIGAN
APPLICATION BY MENASHA CORP
SHEET 1 OF 7
DATE: 8-78

Permit Number:
MI 0003824

FACT SHEET

[illegible] Determinations

[illegible] Water Quality Division has examined the above application. The effluent [illegible] contained in the proposed permit are based upon application of [illegible] materials reflecting "best practicable control technology currently [illegible] and the State of Michigan Water Quality Standards, whichever is [illegible] restrictive. The Michigan Water Resources Commission proposes to issue [illegible] a permit to discharge subject to effluent limitations and certain [illegible] conditions. The following is a brief description of the proposed effluent [illegible] and special conditions:

Proposed Limitations

CONSTITUENTS	MINIMUM	AVERAGE	MAXIMUM
[illegible]			
[illegible]			
pH [illegible]	6.0		9.0
[illegible]			
[illegible] mg/l		300	
[illegible]	6.0		9.0
[illegible] 1 & 001			
[illegible]	No visible film		
[illegible]	6.0		9.0
[illegible]			
[illegible]	No visible film		
[illegible] Suspended Solids (lbs/day)		(20) 30 mg/l	(67) 100 mg/l
[illegible]	6.0		9.0

[illegible] FOLLOWING PAGE

CONSTITUENTS	MINIMUM	AVERAGE	MAXIMUM
OUTFALL 000			
Soluble ortho Phosphorus			1 mg/l 5.8 lbs
Phenol ug/l		300	
pH S.U.	6.0		9.0
OUTFALLS 002 & 000 COMBINED			
June 1 - October 31			
BOD_5 kg/day (lbs/day)			1695 (3725)
Total Suspended Solids kg/day (lbs/day)			1455 (3200)
November 1 - May 31			
BOD_5 kg/day (lbs/day)	1695 (3725)		2540 (5590)
Total Suspended Solids kg/day (lbs/day)	1455 (3200)		2182 (4800)

The total discharge from outfalls 005-001 shall not increase the temperature of the Kalamazoo River at the edge of the mixing zone, described as the right 1/4 of the river from Farmer Street Bridge downstream to a point 600 feet downstream from outfall 001, by more than 5 degrees fahrenheit nor greater than the following monthly temperature.

JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
41	40	50	63	76	84	85	85	79	68	55	43

6-16-9

2. Proposed Special Conditions

The company shall continue to meet the limitations of the permit. Monitoring of essential parameters with monthly reporting are specified in the permit. The permit expiration date is March 31, 1981.

Register of Interested Persons

Any person interested in a particular application or group of applications, may leave his name, address, and phone number as part of the file for an application. The list of names will be maintained as a means for persons with an interest in an application to contact others with similar interests.

Public Hearing

If submitted comments indicate a significant public interest in the application or if useful information may be produced thereby, the Michigan Water Resources Commission at its discretion, may hold a public hearing on the application. Any person may request the Michigan Water Resources Commission to hold a public hearing on the application.

Public notice of a hearing will be circulated at least thirty (30) days in advance of hearings. The hearing will be held in the vicinity of the discharge. Thereafter, the Michigan Water Resources Commission will formulate its final determinations within sixty (60) days. Further information regarding the conduct and nature of public hearings concerning discharge permits may be obtained by writing or visiting the address shown on the Public Notice.

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MEN03619

Permit No. MI 0003824

MICHIGAN WATER RESOURCES COMMISSION

AUTHORIZATION TO DISCHARGE UNDER THE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et seq; the "Act"), and the Michigan Water Resources Commission Act, as amended, (Act 245, Public Acts of 1929, as amended, the "Michigan Act"),

Menasha Corporation

is authorized to discharge from a facility located at

320 North Farmer Street
Otsego, Michigan 49078

to receiving waters named Kalamazoo River

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I and II hereof

This permit shall become effective on the date of issuance.

This permit and the authorization to discharge shall expire at midnight, _____, 19 81. In order to receive authorization to discharge beyond the date of expiration, the permittee shall submit such information and forms as are required by the Michigan Water Resources Commission no later than [illegible] days prior to the date of expiration.

This permit is based on the company's application [illegible] 1979, and shall supersede any and all Orders of [illegible], Stipulation, or Final Orders of Determination previously adopted by the Michigan Water Resources Commission.

[illegible] this _____ day of _____, for the Michigan Water Resources Commission, superseding NPDES Permit No. MI 0003824 [illegible] January 11, 1979.

PROPOSED
DATE: [illegible] 31, 1979
SUBJECT TO
REVISION

Robert J. Courchaine
Executive Secretary

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. Final Effluent Limitations During the period beginning on the effective date of this permit and lasting until the expiration date of this permit the permittee is authorized to discharge three hundred thousand (300,000) gallons per day of noncontact cooling water from outfall 001 to the Kalamazoo River. Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations kg/day (lbs/day) Daily Average	Daily Maximum	Other Limitations Daily Average	Daily Maximum	Monitoring Requirements Measurement Frequency	Sample Type
Flow M^3/day (MGD)					Daily	Grab

The term noncontact cooling water shall mean water used for cooling which does not come into direct contact with any raw material, intermediate product, by-product, waste product, or finished product.

a. The pH shall not be less than 6.0 nor greater than 9.0. The pH shall be monitored as follows: weekly - grab

b. The discharge shall not cause excessive foam in the receiving waters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall be taken prior to discharging to the city storm sewer.

e. In the event the permittee shall require the use of water treatment additives, the permittee shall notify the Michigan Water Resources Commission in accordance with the requirements of Part II, Section A-1.

6171

2. Final Effluent Limitations During the period beginning on the effective date of this permit and lasting until the expiration date of this permit the permittee is authorized to discharge six hundred thousand (600,000) gallons per day of process wastewater from outfall 002 to the Kalamazoo River. Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations kg/day (lbs/day) Daily Average	Daily Maximum	Other Limitations Daily Average	Daily Maximum	Monitoring Requirements Measurement Frequency	Sample Type
Flow M^3/day (MGD)					Daily	Continuous
BOD5 mg/l					Daily	24 hr.composite
Total Suspended Solids mg/l					Daily	24 hr.composite
Settleable Solids mg/l					Daily	Grab
Phenol ug/l			300 ug/l		Weekly	24 hr.composite

a. The pH shall not be less than 6.0 nor greater than 9.0. The pH shall be monitored as follows: Daily grab.

b. The discharge shall not cause excessive foam in the receiving waters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall be taken prior to discharging to the Kalamazoo River.

3. Final Effluent Limitations During the period beginning on the effective date of this permit and lasting until the expiration date of this permit. The permittee is authorized to discharge seven million (7,000,000) gallons per day of condenser noncontact cooling water through outfalls 001 and 003 to the Kalamazoo River. Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations kg/day (lbs/day) Daily Average	Daily Maximum	Other Limitations Daily Average	Daily Maximum	Monitoring Requirements Measurement Frequency	Sample Type
Flow M^3/day (MGD)					Daily	Calculation
Oil & Grease		No visible film			Weekly	Visual Observation
Temperature F					Weekly	Reading

The total discharge from outfalls DCS-001 shall not increase the temperature of the Kalamazoo River at the edge of the mixing zone, described as the right 1/4 of the river from Farmer Street Bridge downstream to a point 600 feet downstream from outfall 001, by more than 5 degrees fahrenheit nor greater than the following monthly temperature.

JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG.	SEPT	OCT	NOV	DEC
41	40	50	63	76	84	85	85	79	68	55	43

The term noncontact cooling water shall mean water used for cooling which does not come into direct contact with any raw material, intermediate product, by-product, waste product, or finished product.

a. The pH shall not be less than 6.0 nor greater than 9.0. The pH shall be monitored as follows: Weekly; grab.

b. The discharge shall not cause excessive foam in the receiving waters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall be taken at the splitter box prior to discharging through outfalls 001 and 003.

e. In the event the permittee shall require the use of water treatment additives, the permittee shall notify the Michigan Water Resources Commission in accordance with the requirements of Part II, Section A-1.

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4. Final Effluent Limitations During the period beginning upon issuance of this permit and lasting until expiration of this permit, the permittee is authorized to discharge eighty thousand (80,000) gallons per day of boiler blowdown, seal water [illegible] floor drainage and an undetermined amount of roof drainage from [illegible] to the Kalamazoo River. Such discharge shall be limited and monitored [illegible] permittee as specified below:

Effluent Characteristic	Discharge Limitations kg/day (lbs/day) Daily Average	Daily Maximum	Other Limitations Daily Average	Daily Maximum	Monitoring Requirements Measurement Frequency	Sample Type
Flow M^3/day (MGD)					Daily	
Total Suspended Solids	9.0 (20)	30 (67)	30 mg/l	100 mg/l	Weekly	Grab
Temperature F					Weekly	Grab
Oil and Grease			no visible film		Daily	Visual Observation

a. The pH shall not be less than 6.0 nor greater than 9.0. The pH shall be monitored as follows: weekly, grab.

b. The discharge shall not cause excessive foam in the receiving waters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall be taken prior to discharging to the Kalamazoo River

5. Final Effluent Limitations During the period beginning on the effective date of this permit and lasting until the expiration date of this permit the permittee is authorized to discharge seven hundred thousand (700,000) gallons per day of treated process wastewater from outfall 000 through outfall 003. Such discharge shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations kg/day (lbs/day) Daily Average	Daily Maximum	Other Limitations Daily Average	Daily Maximum	Monitoring Requirements Measurement Frequency	Sample Type
Flow M^3/day (MGD)					Daily	Continuous
BOD_5 mg/l					Daily	24 hr composite
Total Suspended Solids mg/l					Daily	24 hr composite
Settleable Solids mg/l					Daily	Grab
Phenol ug/l			300		Weekly	24 hr composite
Soluble ortho phosphorus	2.6(5.8)			1.0 mg/l	Weekly	24 hr composite

a. The pH shall not be less than 6.0 nor greater than 9.0. The pH shall be monitored as follows: daily grab.

b. The discharge shall not cause excessive foam in the receiving waters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall be taken of outfall 000 prior to mixing with noncontact cooling and discharged through outfall 001

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6. Final Effluent Limitations During the period beginning on the effective date of this permit and lasting until the expiration date of this permit, the permitee is authorized to discharge one million six hundred thousand (1,600,000) gallons per day of treated process wastewaters from outfall 002 and outfall 000. Such discharge shall be limited by the permittee as specified below:

Effluent Characteristic	Discharge Limitations kg/day (lbs/day) Daily Average	Daily Maximum	Other Limitations Daily Average	Daily Maximum	Monitoring Requirements Measurement Frequency	Sample Type
June 1 - October 31						
BOD5 lbs/day		3695(8125)			Daily	Calculation
Total Suspended Solids lbs/day		1455(3200)			Daily	Calculation
November 1 - May 31						
BOD5 lbs/day	1182(2600)	2540(5590)			Daily	Calculation
Total Suspended Solids lbs/day	1455(3200)	2182(4800)			Daily	Calculation

The limits specified above are based upon the combined loading of process wastes discharged from outfall 002 and outfall 000. Limitations apply to each treated process stream prior to mixing with noncontact cooling water.

a. The discharge shall not cause excessive foam in the receiving waters The discharge shall be essentially free of floating and settleable solids.

b. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

c. Samples taken in compliance with the monitoring requirements above shall be taken of outfall 002 prior to discharging to the Kalamazoo River; outfall 000 shall be sampled prior to mixing with the noncontact cooling water and discharged through outfall 002.

7. Special Conditions

"This permit may be modified, or, alternatively, revoked and reissued, to comply with any applicable effluent limitation issued pursuant to the order the United States District Court for the District of Columbia issued on June 8, 1976, in Natural Resources Defense Council, Inc. et. al. v. Russell E. Train, 8 ERC 2120 (D.D.C. 1976). If the effluent limitations so issued:

(1) is different in conditions or more stringent than any effluent limitation in the permit; or

(2) controls any pollutant not limited in the permit."

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PART I

B. MONITORING AND REPORTING

1. Representative Sampling

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge.

2. Reporting

The permittee shall submit monitoring reports containing results obtained during the previous month and shall be postmarked no later than the 10th day of the month following each completed report period. The first report shall be submitted within 90 days of the date of issuance of this permit.

3. Definitions

a. The daily average discharge is defined as the total discharge by weight, or concentration if specified, during a calendar month divided by the number of days in the month that the production or commercial facility was operating. When less than daily sampling is required, the daily average discharge shall be determined by the summation of the measured daily discharges by weight divided by the number of days during the calendar month when the measurements were made.

b. The daily maximum discharge means the total discharge by weight, or concentration if specified, during any calendar day.

c. The Regional Administrator is defined as the Region V Administrator, U.S. EPA, located at 230 South Dearborn, 13th Floor, Chicago, Illinois 60604.

d. The Michigan Water Resources Commission is located in the Stevens T. Mason Building. The mailing address is Box 30028, Lansing, Michigan 48909.

4. Test Procedures

Test procedures for the analysis of pollutants shall conform to regulations published pursuant to Section 304(h) of the Act, under which such procedures may be required.

5. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

a. The exact place, date, and time of sampling;

b. The dates the analyses were performed;

c. The person(s) who performed the analyses;

d. the analytical techniques or methods used; and

e. The results of all required analyses.

6. Additional Monitoring by Permittee

If the permittee monitors any pollutant at the location(s) designated herein more frequently than required by this permit, using approved analytical methods as specified above, the results of such monitoring shall be included in the calculation and reporting of the values required in the Monthly Operating Report. Such increased frequency shall also be indicated.

7. Records Retention

All records and information resulting from the monitoring activities required by this permit including all records of analyses performed and calibration and maintenance of instrumentation and recordings from continuous monitoring instrumentation shall be retained for a minimum of three (3) years, or longer if requested by the Regional Administrator or the Michigan Water Resources Commission.

C. SCHEDULE OF COMPLIANCE

1. The permittee shall continue to operate the installed facilities to achieve the effluent limitations specified for outfall(s) 000 - 005.

2. The permittee shall comply with the requirements of Section 1C, Part II-A in accordance with the following:

a. Submit plans for approval to the Chief of the Water Quality Division necessary to comply with the primary power provision of Section 10 in Part II on or before N/A.

b. The permittee shall comply with the requirements of items 10a or 10b contained in Part II on or before N/A. Not withstanding the preceding sentence the permittee shall at all times halt, reduce, or otherwise control production in order to protect the waters of the State of Michigan upon the reduction or loss of the primary source of power.

3. No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

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PART II

MANAGEMENT REQUIREMENTS

1. Change in Discharge

All discharges authorized herein shall be consistent with the terms and conditions of this permit. The discharge of any pollutant identified in this permit more frequently than or at a level in excess of that authorized shall constitute a violation of the permit. Any anticipated facility expansions, production increases, or process modifications which will result in new, different, or increased discharges of pollutants must be reported by submission of a new application or application supplement, if such changes will not violate the effluent limitations specified in this permit, by notice to the permit issuing authority of such changes. Following such notice, the permit may be modified to specify and limit any pollutants not previously limited.

2. Containment Facilities

The permittee shall provide approved facilities for containment of any accidental losses of concentrated solutions, acids, alkalies, salts, oils, or other polluting materials in accordance with the requirements of the Michigan Water Resources Commission Rules, Part 5.

3. Operator Certification

The permittee shall have the waste treatment facilities under the direct supervision of an operator certified by the Michigan Water Resources Commission, in accordance with the provisions of the Michigan Act.

4. Noncompliance Notification

If, for any reason, the permittee does not comply with or will be unable to comply with any daily maximum effluent limitation specified in this permit, the permittee shall provide the Regional Administrator and the State with the following information, in writing, within five (5) days of becoming aware of such condition:

a. A description of the discharge and cause of noncompliance, and

b. The period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to secure, eliminate and prevent recurrence of the noncomplying discharge.

5. Spill Notification

The permittee shall immediately report any spill or loss of any product, by-product, intermediate product, oils, solvents, waste material, or any other pollutant which occurs to the surface or groundwaters of the state by calling the Department of Natural Resources 24 hour Emergency Response telephone number (517) 373-8603, and, the permittee shall within ten (10) days of the spill or loss provide the State with a full written explanation as to the cause and extent of the spill or loss, clean up and recovery measures taken, preventative measures to be taken, and schedule of implementation.

6. Facilities Operation

The permittee shall at all times maintain in good working order and operate as efficiently as possible, all treatment or control facilities or systems installed or used by the permittee to achieve compliance with the terms and conditions of this permit.

7. Adverse Impact

The permittee shall take all reasonable steps to minimize any adverse impact to navigable waters resulting from noncompliance with any effluent limitations specified in this permit, including such accelerated or additional monitoring as necessary to determine the nature and impact of the noncomplying discharge.

8. By-passing

Any diversion from or by-pass of facilities necessary to maintain compliance with the terms and conditions of this permit is prohibited, except (i) where unavoidable to prevent loss of life or severe property damage, or (ii) where excessive storm drainage or runoff would damage any facilities necessary for compliance with the effluent limitations and prohibitions of this permit. The permittee shall promptly notify the Michigan Water Resources Commission and the Regional Administrator, in writing, of such diversion or by-pass.

9. Removed Substances

Solids, sludges, filter backwash, or other pollutants removed from or resulting from treatment or control of wastewaters shall be disposed of in a manner such as to prevent any pollutant from such materials from entering navigable waters, or the entry of toxic or harmful contaminants thereof onto the groundwaters in concentrations or amounts detrimental to the groundwater resource.

10. Power Failures

In order to maintain compliance with the effluent limitations and prohibitions of this permit, the permittee shall either:

a. Provide an alternative power source sufficient to operate facilities utilized by permittee to maintain compliance with the effluent limitations and conditions of this permit which provision shall be indicated in this permit by inclusion of a specific compliance date in each appropriate "Schedule of Compliance for Effluent Limitations",
or

b. Upon the reduction, loss, or failure of one or more of the primary sources of power to facilities utilized by the permittee to maintain compliance with the effluent limitations and conditions of this permit, the permittee shall halt, reduce or otherwise control production and/or all discharge in order to maintain compliance with the effluent limitations and conditions of this permit.

B. RESPONSIBILITIES

1. Right of Entry

The permittee shall allow the Executive Secretary of the Michigan Water Resources Commission, the Regional Administrator and/or their authorized representatives, upon the presentation of the credentials:

a. To enter upon the permittee's premises where an effluent source is located or in which any records are required to be kept under the terms and conditions of this permit; and

b. At reasonable times to have access to and copy any records required to be kept under the terms and conditions of this permit; to inspect any monitoring equipment or monitoring method required in this permit; and to sample any discharge of pollutants.

2. Transfer of Ownership or Control

In the event of any change in control or ownership of facilities from which the authorized discharge emanate, the permittee shall notify the succeeding owner or controller of the existence of this permit by letter, a copy of which will be forwarded to the Michigan Water Resources Commission and the Regional Administrator.

3. Availability of Reports

Except for data determined to be confidential under Section 308 of the Act and Rule 213b of the Water Resources Commission Rules, Part 21, all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the State Water Pollution Control Agency and the Regional Administrator. As required by the Act, effluent data shall not be considered confidential. Knowingly making any false statement on any such report may result in the imposition of criminal penalties as provided for in Section 309 of the Act and Sections 7 and 10 of the Michigan Act.

4. Permit Modification

After notice and opportunity for a hearing, this permit may be modified, suspended, or revoked in whole or in part during its term for cause including, but not limited to, the following:

a. Violation of any terms or conditions of this permit;

b. Obtaining this permit by misrepresentation or failure to disclose fully, all relevant facts; or

c. A change in any condition that requires either a temporary or permanent reduction or elimination of the authorized discharge.

5. Toxic Pollutants

Notwithstanding Part II, B-4 above, if a toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the Act for a toxic pollutant which is present in the discharge and such standard or prohibition is more stringent than any limitation for such pollutant in this permit, this permit shall be revised or modified in accordance with the toxic effluent standard or prohibition and the permittee so notified.

6. Civil and Criminal Liability

Except as provided in permit conditions on "By-passing" (Part II, A-8) and Power Failures" (Part II, A-10), nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance, whether or not such noncompliance is due to factors beyond his control, such as accidents, equipment breakdowns, or labor disputes.

7. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee may be subject under Section 311 of the Act.

8. State Law

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties established pursuant to any applicable State law or regulation under authority preserved by Section 510 of the Act.

9. Property Rights

The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor infringement of Federal, State or local laws or regulations, nor does it obviate the necessity of obtaining such permits or approvals from other units of government as may be required by law.

10. Severability

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstances, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

11. Notice to Public Utilities

It is further made a condition of this permit that the applicant give notice to public utilities in accordance with Act 53 of the Public Acts of 1974, being sections 460.701 to 460.718 of the Michigan Compiled Laws, and comply with each of the requirements of that Act.

6177

MEN03626

Date. ________________

PUBLIC NOTICE

Michigan Water Resources Commission
Stevens T. Mason Building
Lansing, Mich[illegible] 909
[illegible]

[illegible]

[illegible] and other information are available at a cost of [illegible] per page.

[illegible] the foregoing to the attention of persons whom you know would be interested

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Michigan Department of Natural Resources
Water Quality Division
[illegible] Fact Sheet
Permit No. [illegible]
[illegible]ember [illegible] 82

APPLICANT:

[illegible]
120 North [illegible] Street
[illegible] Michigan [illegible]

[illegible]

[illegible] gallons day of treated [illegible]
The agency [illegible] ed to [illegible]
groundwater permit [illegible]
the disposal [illegible] installation of 1[illegible],753,000 gallons year
of treated [illegible] sanitary [illegible] to the groundwater [illegible]
[illegible]

[illegible]

[illegible] non-contact cooling water
pH

[illegible] treated [illegible]
Flow [illegible]
BOD
Suspended Solids mg/l
Phosphorus mg/l
pH

[illegible]
Flow (MGD)
Temperature (°F)
Oil & Grease [illegible] Visual
pH

6178

MEN03629

Permit No. MI 0003878

Permit No. MI 0003878

PART I

001

DRAFT PERMIT

6181

OC2

CC3+C05

? high enough?

6382

MEN03631

004

Page 5 of 15

Permit No. M1 0003974

000

Page 6 of

Final Effluent Limitation

(923,000) gallons per day of

Changed

May need to change?

6183

MEN03632

Combined 001 & 002 [illegible]

[illegible] issuance of this permit and [illegible] application [illegible] authorized to discharge to [illegible] million five hundred [illegible] (1,5[illegible],000) gallons [illegible] of treated process wastewater from [illegible] outfall 001 to the Kalamazoo River. Such discharge shall be limited and [illegible] as follows:

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	Daily	[illegible]	[illegible]
Average	Max	Average	Maximum	[illegible]	[illegible]
[illegible]					
[illegible]					
[illegible]					

[illegible] receiving waters. The [illegible] be [illegible] d.

[illegible] sources [illegible] amounts sufficient [illegible]

[illegible] requirements [illegible]

Permit No. MI 0003324

Opened 27,000,000 or more.

7. Final Effluent Limitations

During the period beginning upon issuance of this permit and [illegible] of this permit, the permittee is authorized to discharge [illegible] hundred [illegible]-eight thousand (14,[illegible],000) gallons [illegible] sludge to the groundwaters at [illegible] with the approved land application and [illegible] shall be limited [illegible]

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible] APPLICATION RATE

Discharge (gallons)	Daily [illegible]
[illegible] Area (acres)	[illegible]

[illegible] utilization [illegible] application [illegible] that [illegible] odors. The [illegible] A, cation and [illegible] utilization site or no [illegible]

[illegible] A, [illegible]

[illegible] quality [illegible] application rate [illegible] it is determined that changes in the [illegible] be submitted in the form of the [illegible] and disposal method and [illegible] application

[illegible]

[illegible] shall maintain a [illegible] sludge utilization and disposal location [illegible] application and date of [illegible] readily available for a [illegible] period of [illegible] years [illegible] of at least five (5) years. The permittee shall [illegible] District Engineer of the Surface Water Quality Division [illegible] upon request.

1984

1 ed 27 M. 1.1

9. Ground Water Monitoring

[illegible]

6185

I. Ground Water Monitoring (continued)

[illegible] shall be collected, stored, and transported to the laboratory in a [illegible] consistent with the references specified below [illegible]

[illegible] Standard Methods, [illegible]

[illegible]

[illegible]

[illegible] Residual Management Plan [illegible] Residuals Management Plan shall [illegible] and receive the approval of the Chief of the Groundwater Quality [illegible]

[illegible] characteristics of residuals or sludge [illegible] methods [illegible] shall not result in [illegible] of the [illegible] waters [illegible] groundwaters of the state [illegible] nuisance [illegible]

If the permittee desires to make any substantial changes in the plan, such proposed changes shall be submitted to and approved by the Chief of the Ground Water Quality Division prior to implementation.

II. Special Condition

This permit may be modified, or, alternatively revoked and reissued, to comply with any applicable standard(s) or limitation(s) promulgated under Sections 307 (b)(2)(C), (D), 304 (b)(2) and 307 (a)(2), if the effluent standard(s) or limitation(s) so promulgated:

(a) is (are) either stringent than or not contained in the conditions or limitations in any effluent limitation in the permit, or

(b) control(s) any pollutant not limited in the permit

6186

3. Definitions

4. Reporting

5. Recordkeeping

6187

[illegible] Monitoring by Permittee

[illegible] at the location(s) designated [illegible] frequently than required by this permit, using approved analytical [illegible] the results of such monitoring shall be included [illegible] reporting of the values required in the Monthly Operating [illegible] shall also be indicated.

[illegible] for a minimum of three [illegible] as requested by the [illegible] Administrator or the Michigan [illegible] Commission.

[illegible]

[illegible] the effluent [illegible]

[illegible] the latter [illegible] Federal [illegible] pursue a further [illegible] Part II [illegible]

[illegible] certification requirements for Self Monitoring shall be submitted [illegible] of each year.

PART II

A. [illegible] REQUIREMENTS

1. Duty to Comply

[illegible]

[illegible]

[illegible]

[illegible]

2. A description of [illegible] discharge [illegible]

6188

[illegible] of noncompliance, including exact dates and times, or if not corrected, the anticipated time the noncompliance is expected to continue, and the steps being taken to reduce, eliminate and prevent recurrence of the noncomplying discharge.

6. [illegible] Notification

[illegible] report any spill or loss of any product [illegible] waste material [illegible] surface or groundwaters [illegible] 24-hour Emergency Response [illegible], or [illegible] shall within [illegible] an explanation [illegible] as the [illegible] requirements of the Water Resources Commission Act, [illegible] as amended.

[illegible]

b. Upon the reduction, loss, or failure of one or more of the sources of power to facilities installed by the permittee [illegible] compliance with the effluent limitations and conditions [illegible], the permittee shall halt, reduce or otherwise control [illegible] all discharges in order to maintain compliance with the effluent limitations and conditions of this permit.

11. [illegible]

[illegible]

12. [illegible] Collection

If a process "upset" [illegible] limitations because of factors beyond the reasonable control of the permittee [illegible] shall notify [illegible] in writing, that:

a. that an upset occurred and that the [illegible] cause(s) of the upset;

b. that the permitted wastewater treatment facility [illegible] properly operated;

c. that the permittee has specifically [illegible]

If a [illegible] the burden of [illegible]

13. Any [illegible] 12 [illegible]

6159

MEN03637

6190

MEN03639

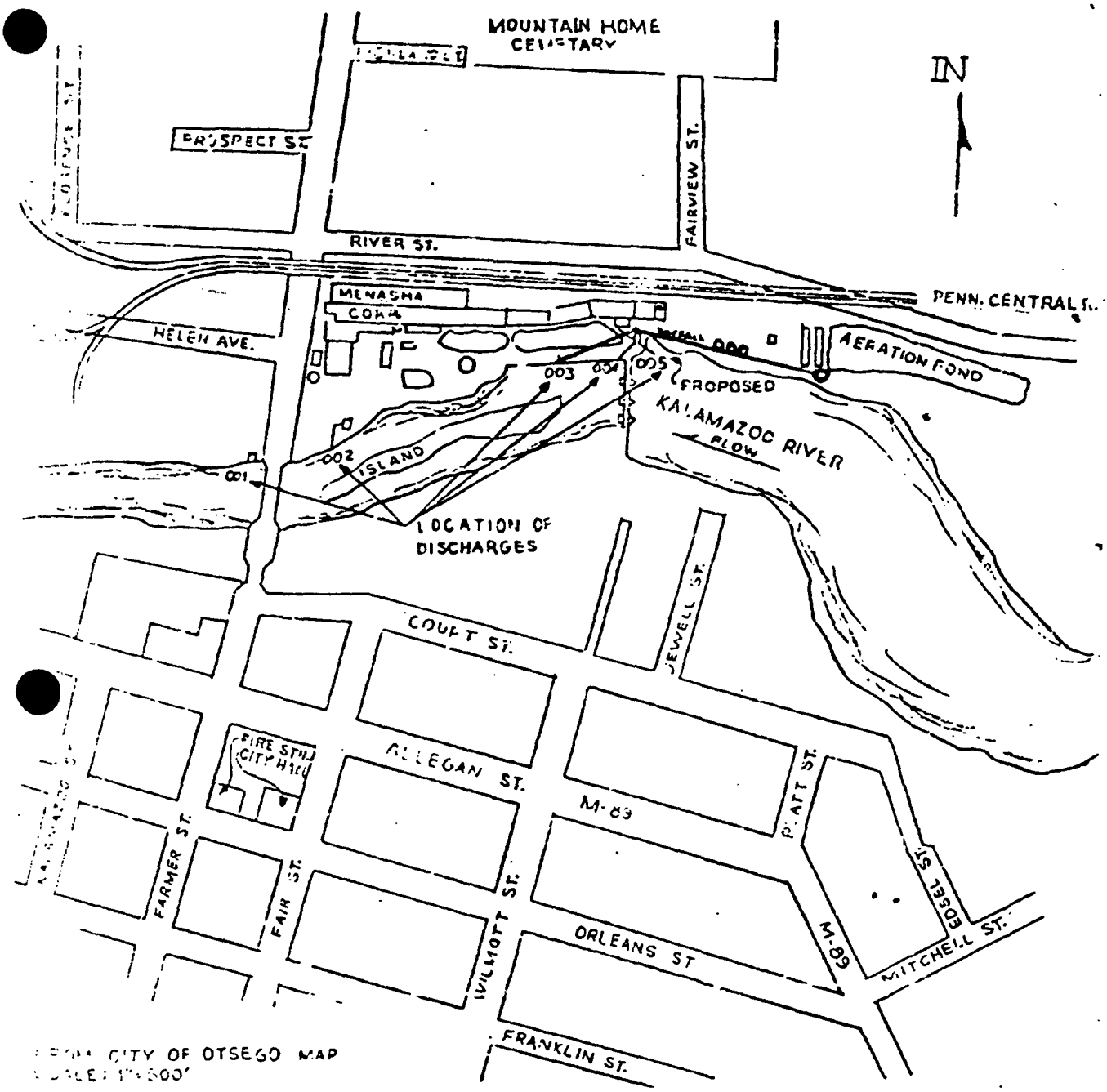
[illegible] Corporation
[illegible] Farmer St.
Otsego, Michigan 49078

[illegible]

[illegible]

6191

MEN03640

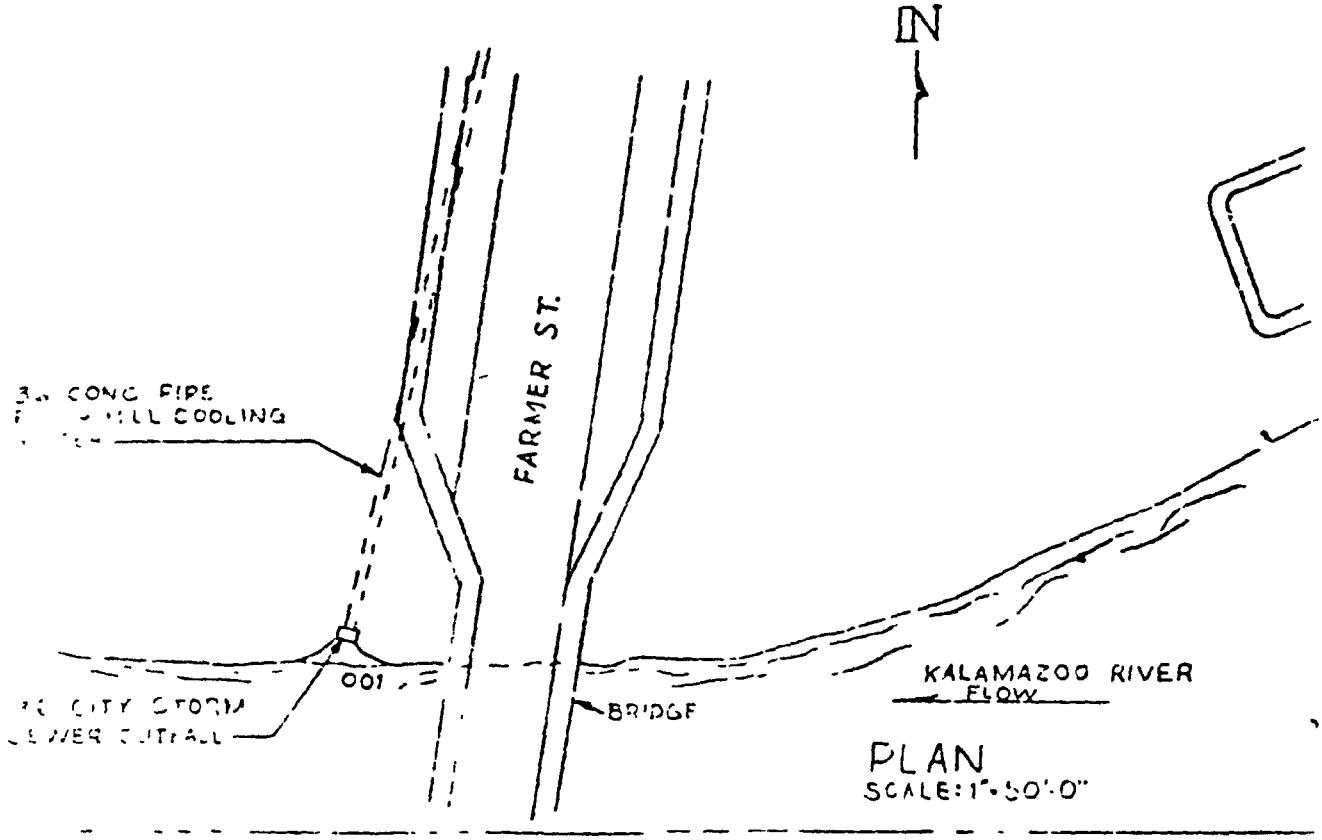


FROM CITY OF OTSEGO MAP
SCALE: 1"=500'

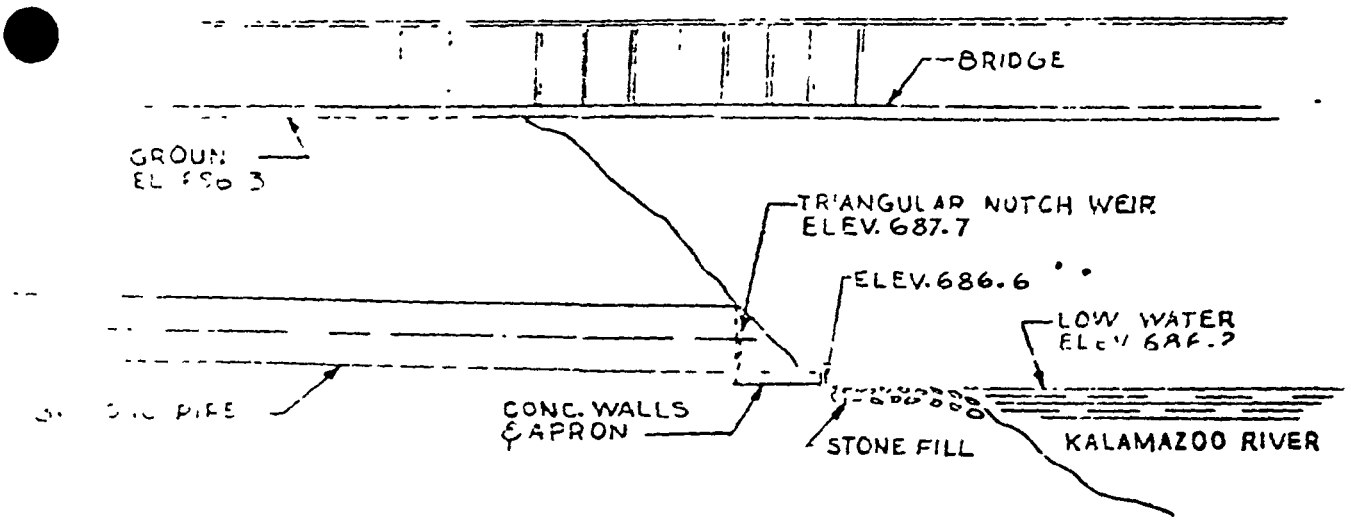
LOCATION OF DISCHARGES IN KALAMAZOO RIVER
AT OTSEGO, COUNTY OF ALLEGAN, STATE OF
MICHIGAN
APPLICATION BY MENASHA CORP.
SHEET 1 OF 7
DATE: 8-78

6192

MEN03641



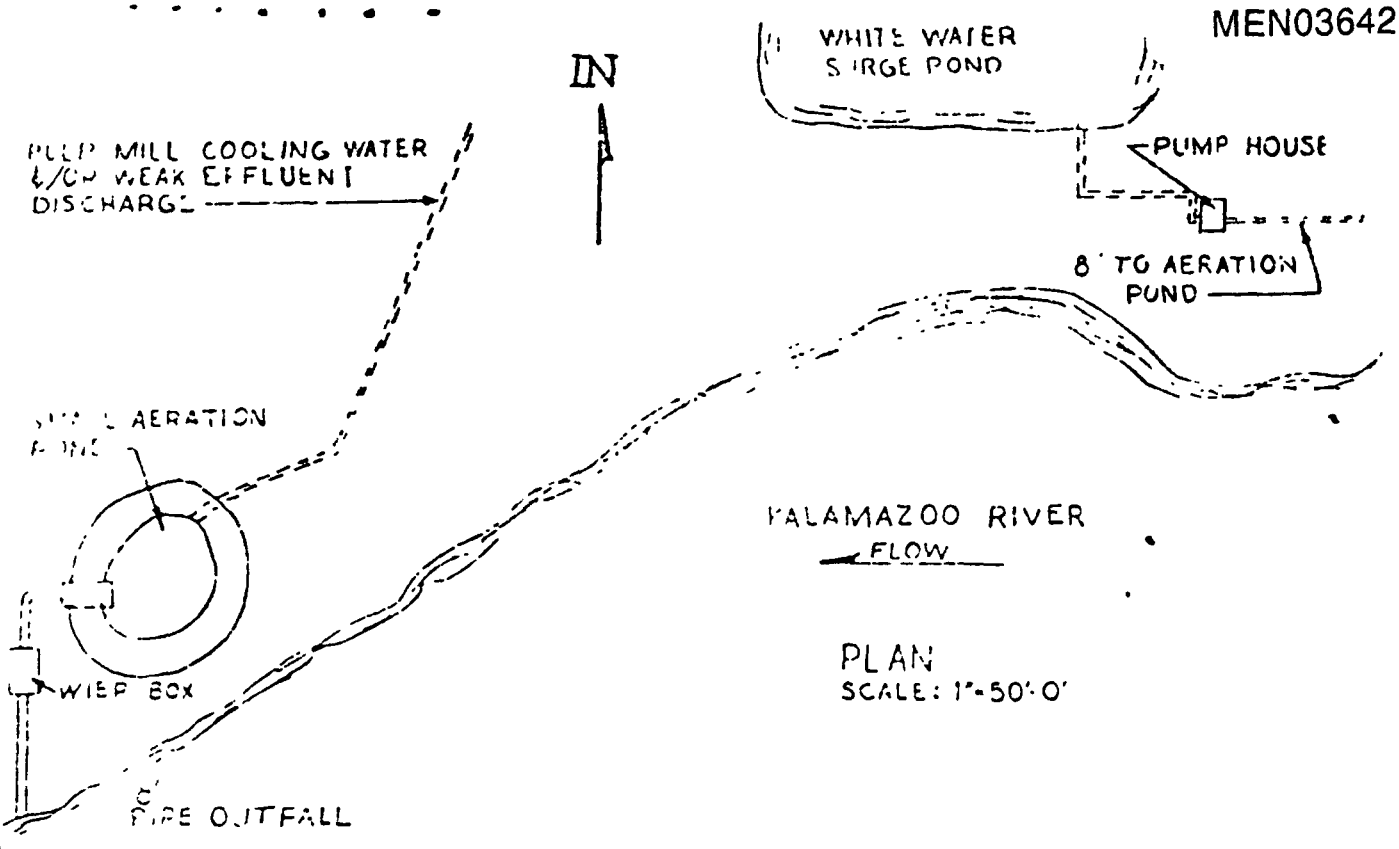
PLAN
SCALE: 1" = 50'-0"



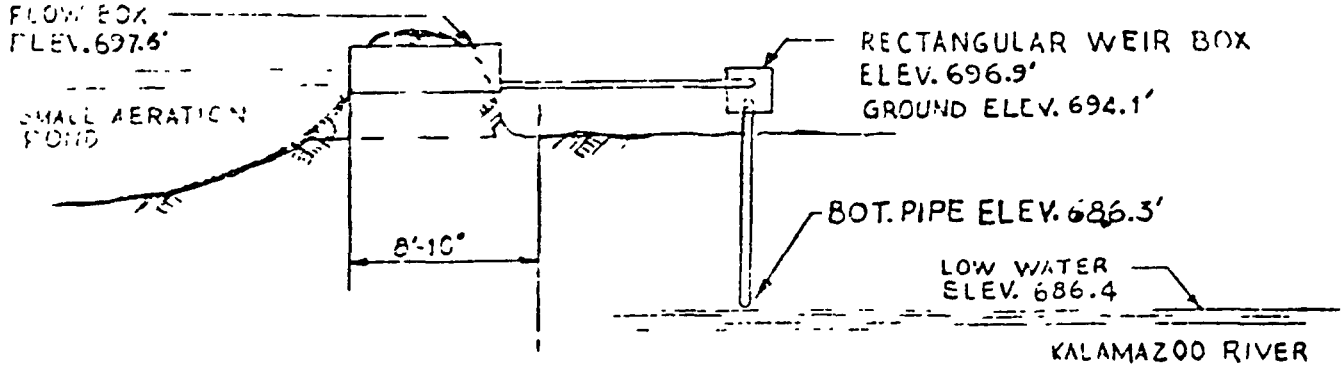
PROFILE 001
SCALE: 1/8" = 1'-0"

OUTFALL & DISCHARGE IN
KALAMAZOO RIVER AT OTSEGO
COUNTY OF ALLEGAN, STATE OF
MICHIGAN
APPICATION BY McNASHA CORP.
DATE: 8-78
SHEET 2 OF 7

MEN03642



PLAN
SCALE: 1"=50'-0"

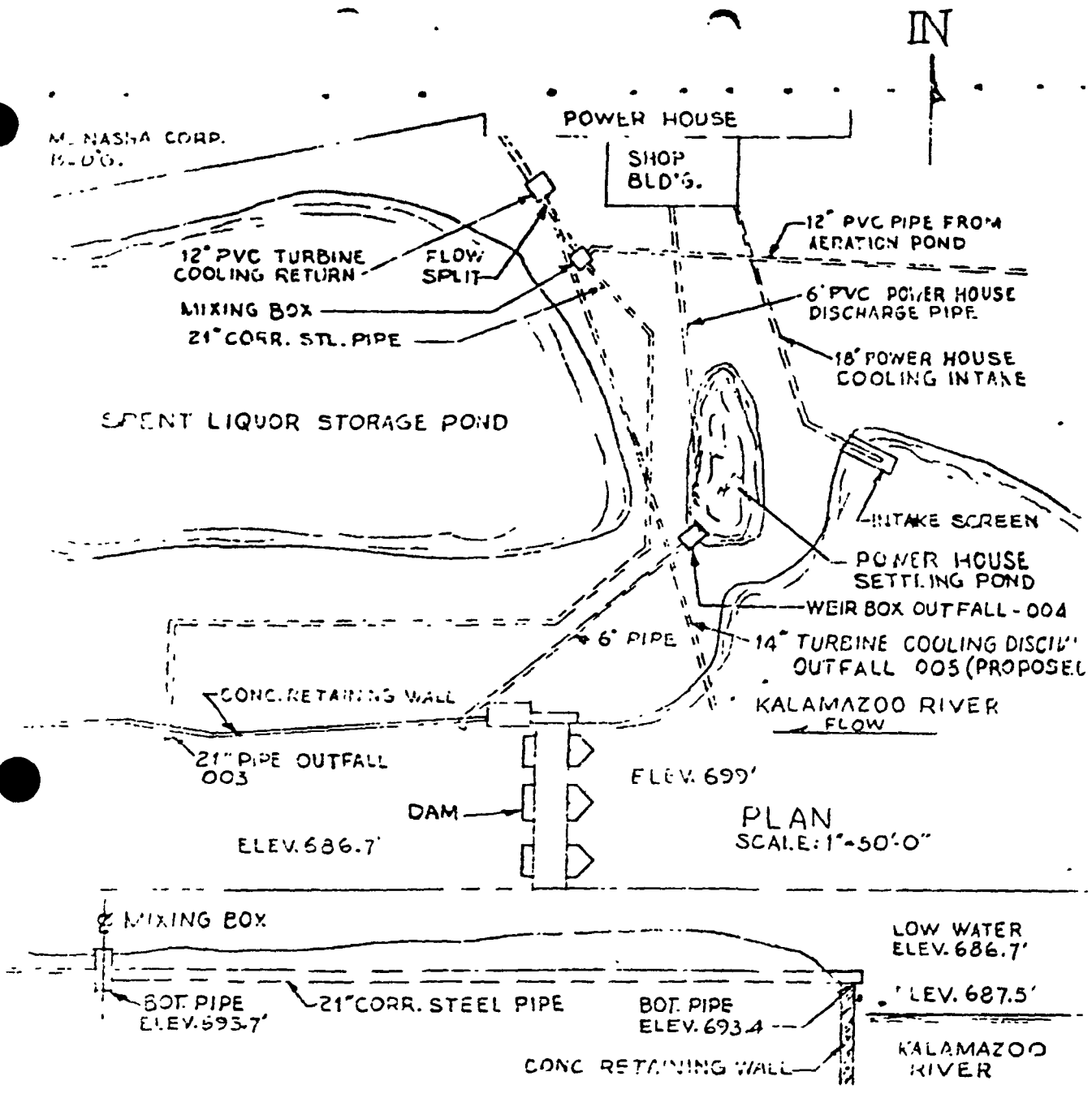


PROFILE 002
SCALE: 1/8"=1'-0"

OUTFALL & DISCHARGE IN
KALAMAZOO RIVER AT OTSEGO
COUNTY OF ALLEGAN, STATE OF
MICHIGAN
APPLICATION BY MENASHA CORP.
DATE: 8-78
SHEET 3 OF 1

6194

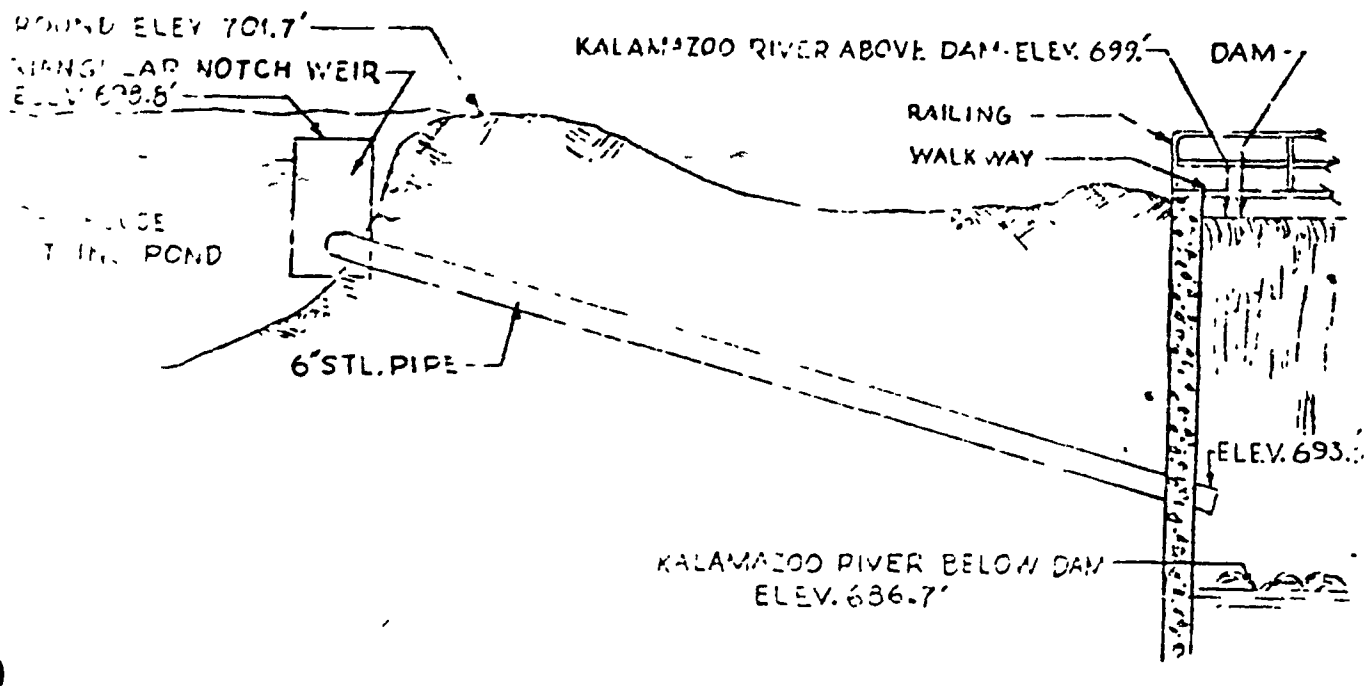
MEN03643



PROFILE
SCALE: 1"=30'-0"

OUTFALL & DISCHARGE IN KALAMAZOO RIVER AT OTSEGO, COUNTY OF ALLEGAN, STATE OF MICHIGAN
APPLICATION BY MENASHA CORP.
DATE: 8-73
SHEET 4 OF 7

MEN03644

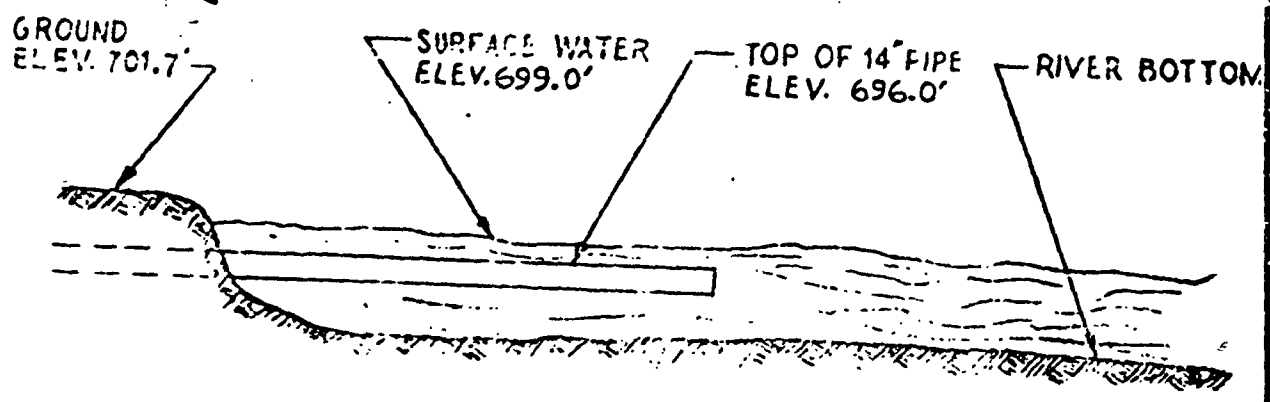


PROFILE 004
SCALE: 1/2" = 1'-0"

OUTFALL & DISCHARGE
IN KALAMAZOO RIVER AT OTSEGO,
COUNTY OF ALLEGAN, STATE OF
MICHIGAN
APPLICATION BY MENASHA CORP.
DATE: 8-78
SHEET 5 OF 7

61 96

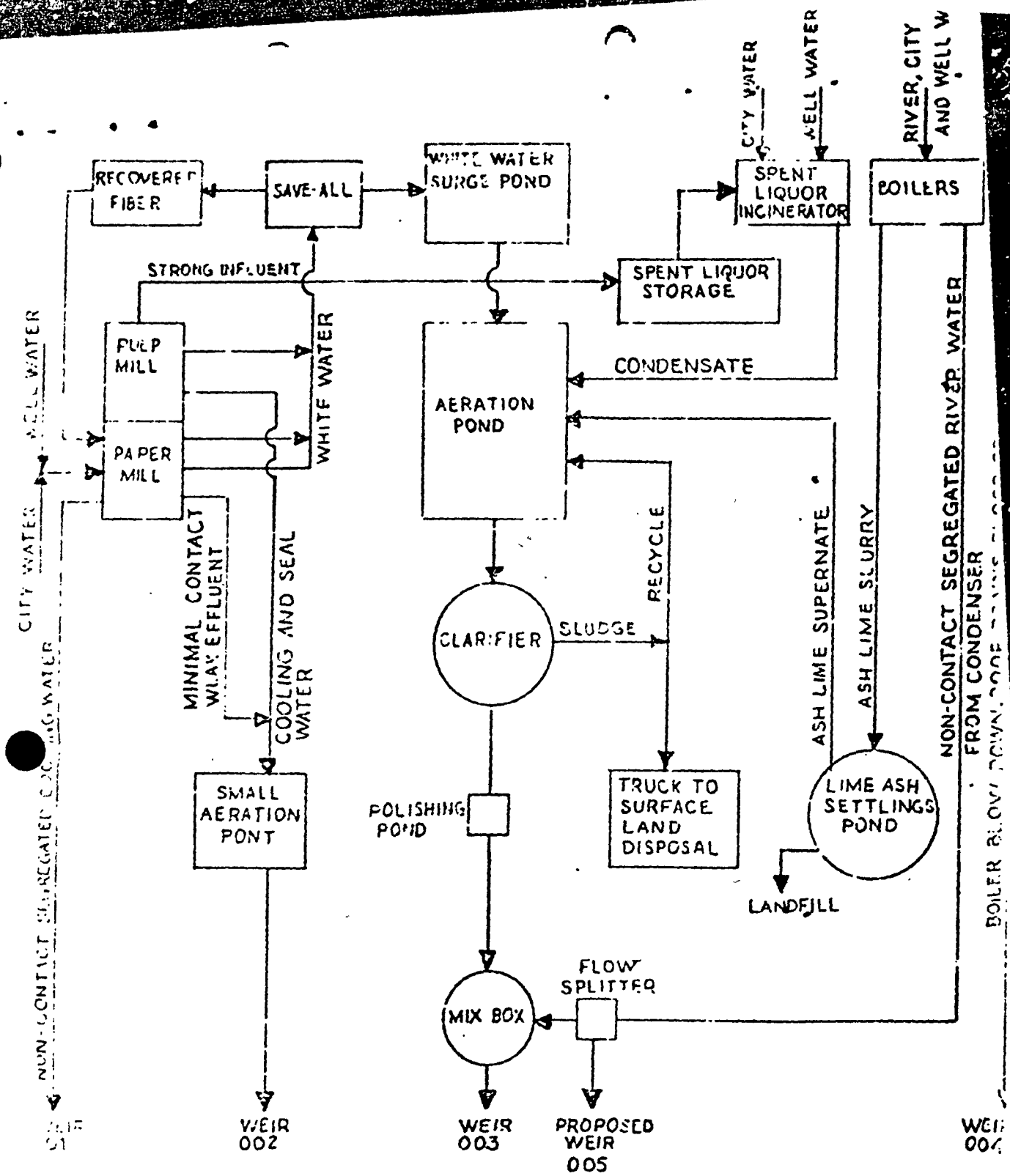
MEN03645



PROFILE 005
SCALE: 1/8" = 1'-0"

OUTFALL & DISCHARGE IN KALAMAZOO RIVER AT OTSEGO, COUNTY OF ALLEGAN, STATE OF MICHIGAN.
APPLICATION BY MENASHA CORP.
DATE: 8-78
SHEET 6 OF 7

6197



EFFLUENT TREATMENT FLOW DIAGRA
Name of Applicant: MENASHA CORP.
Date: 8-78
Discharge Serial No.s- 001-005
SHEET 7 OF 7

6193