CITY OF ST. PETERSBURG
INDUSTRIAL WASTEWATER DISCHARGE PERMIT
APPLICATION FORM

RETURN THIS FORM TO:

INDUSTRIAL PRETREATMENT COORDINATOR
1650 THIRD AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

Note: Please read all attached instructions prior to completing this application.

1. Facility Name:_____
   a. Operator Name:_____
   b. Is the operator identified in 1.a., the owner of the facility? Yes [ ] No [ ]

      If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

      _____

      _____

2. Facility Address:
   Street:_____
   City:_____ State:_____ Zip:_____

3. Business Mailing Address:
   Street:_____
   City:_____ State:_____ Zip:_____

4. Designated signatory authority of the facility: (Attach similar information for each authorized representative)
   Name:_____ Title:_____
   Street:_____
   City:_____ State:_____ Zip:_____
   Phone:_____ Email:_____

5. Designated facility contact:
   Name:_____ Title:_____
   Phone:_____ Email:_____

SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories*

	Aluminum Forming		Nonferrous Metals Forming
	Asbestos Manufacturing		Nonferrous Metals Manufacturing
	Battery Manufacturing		Organic Chemicals Manufacturing
	Can Making		Paint and Ink Formulating
	Carbon Black		Paving and Roofing Manufacturing
	Coal Mining		Pesticides Manufacturing
	Coil Coating		Petroleum Refining
	Copper Forming		Pharmaceutical
	Electric and Electronic Components Manufacturing		Plastic and Synthetic Materials Manufacturing
	Electroplating		Plastics Processing Manufacturing
	Feedlots		Porcelain Enamel
	Fertilizer Manufacturing		Pulp, Paper, and Fiberboard Manufacturing
	Foundries (Metal Molding and Casting)		Rubber
	Glass Manufacturing		Soap and Detergent Manufacturing
	Grain Mills		Steam Electric
	Inorganic Chemicals		Sugar Processing
	Iron and Steel		Textile Mills
	Leather Tanning and Finishing		Timber Products
	Metal Finishing		

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed “categorical users”.

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

_____

_____

_____

_____

_____

_____

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

a._____ d._____

b._____ e._____

c._____

4. PRODUCT VOLUME:

PRODUCT (Brand name) (level w/others and no u.l)	PAST CALENDAR YEAR Amounts Per Day (Daily Units) Average	Maximum	ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units) Average	Maximum

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

___Private Well
___Surface Water
___Other:_____

___Municipal Water Utility (Specify City):_____

2. Name on water bill:_____

Street:_____

City:_____ State:_____ Zip:_____

3. Water service account number:_____

4. List average water usage (new facilities may estimate) on premises:

	Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured ( )
a.	Contact cooling water	_____	_____
b.	Non-contact cooling water	_____	_____
c.	Boiler feed	_____	_____
d.	Process	_____	_____
e.	Sanitary	_____	_____
f.	Air pollution control	_____	_____
g.	Contained in product	_____	_____
h.	Plant and equipment washdown	_____	_____
i.	Irrigation and lawn watering	_____	_____
j.	Other	_____	_____
k.	TOTAL OF A - J	_____	_____

SECTION D - SEWER INFORMATION

1. a. <u>For an existing business</u>:

Is the building presently connected to the public sanitary sewer system?

Yes - Sanitary sewer account number _____
No - Have you applied for a sanitary sewer hookup? _____Yes _____No

b. <u>For a new business</u>:

(i) Will you be occupying an existing vacant building (such as in an industrial park)?
____Yes _____No

(ii) Have you applied for a building permit if a new facility will be constructed?
____Yes _____No

(iii) Will you be connected to the public sanitary sewer system?
____Yes _____No

2. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. If more than three, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

   Yes: If the answer to this question is "yes", complete the remainder of this application.

   No: If the answer to this question is "no", skip to Section I.

2. Provide the following information on wastewater flow rate. (New facilities may estimate)

   a. Hours/Day Discharged (e.g., 8 hours/day):
   M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____

   b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):
   M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____

   c. Peak hourly flow rate (GPD) _____

   d. Maximum daily flow rate (GPD) _____

   e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur (new facilities may estimate), indicate:

   a. Number of batch discharge _____ per day.
   b. Average discharge per batch _____ (GPD).
   c. Time of batch discharges _____ at _____
   (days of week) (hours of day)
   d. Flow rate _____ gallons/minute
   e. Percent of total discharge _____

4. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit process in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

   Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

7. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

   Provide the following (TTO) information.

   a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?
      ___Yes ____No

   b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?
      ___Yes ____No

   c. Has a toxic organics management plan (TOMP) been developed?
      ___Yes ____No (If yes, please attach copy.)

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	_____Yes	_____ No	_____ N/A
	Sampling Equipment	_____Yes	_____ No	_____ N/A
Planned:	Flow Metering	_____Yes	_____ No	_____ N/A
	Sampling Equipment	_____Yes	_____ No	_____ N/A

   If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:_____
   _____
   _____
   _____
   _____
   _____

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment process that may affect the discharge.
   ____Yes _____No (If no, skip question 10.)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

    _____
    _____
    _____
    _____

11. Are any materials or water reclamation systems in use or planned?
    ____Yes _____No (If no, skip question 12.)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

    _____
    _____
    _____
    _____
    _____
    _____

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR part 136; if they do not, indicate what method was used.

New discharges should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported value.

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number Of Analyses	Units	
		Conc	Mass	Conc	Mass		Conc	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon								
Tetrachloride								
Chlorobenzene								
1,2.4-Trichloro-benzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloro-ethane								
Hexacholorethane								
1,1-Dichlorethane								
1.1.2-Trichloro-ethane								
Chloroethane								
Bis(2-chlorethyl) ether								
17 Bis (chloro methyl) ether								
2-Chloroethyl vinyl ether								
2-Chloronaphthalene								
2.4.6-Trichloro-Pheno)								
Parachlorometa Cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichloroben zidine								
1,1-Dichloroethylene								
1,2-Trans-dichloro-ethylene								
2,4-Dichloropheno								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	Mass	Conc	Mass		Conc	Mass
1,2-Dichloropropane								
1,2-Dichloropro-pylene								
1,3-Dichloropro-pylene								
1,4-Dimethyl-phenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhy-drazine								
Ethylbenzene								
Fluoranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis (2-chlorisopropyl) ether								
Bis (2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromo-methane								
Chlorodibromo-methane								
Hexachloro-butadiene								
Hexachlorocyclo--Pentadiene								
Isophorone								
Naphalene								
Nitrobenzene								
Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-o-cresol								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	Mass	Conc	Mass		Conc	Mass
N-nitrosodimethyl-amine								
M-nitrosodiphenyl-amine								
N-nitrosodi-n-pro-pylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo (a) anthracene								
Benzo (a) pyrene								
3,4-benzofluor-anthracene								
Benzo(k) fluoran-thane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi)-perylene								
Flourene								
Phenanthrene								
Dibenzo (a,h)-anthracene								
Indeno(1,2,3-cd)-pyrene								
Pyrene								
Tetrachloro-ethylene								
Toluene								
Trichloro-ethylene								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	Mass	Conc	Mass		Conc	Mass
Vinyl chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4' - DDT								
4,4' - DDE								
4,4' - DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD_5								
COD								
Chloride								
Chlorine								
Flouride								
Hardness								
Magnesium								
NH_3-N								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	Mass	Conc	Mass		Conc	Mass
Oil and Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate $(S)_4$)								
Sulfide (S)								
Sulfite (SO_3)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?
   _____Yes _____ No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?
   _____Yes _____ No If yes, describe:_____

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate):

_____ Air flotation
_____ Centrifuge
_____ Chemical precipitation
_____ Chlorination
_____ Cyclone
_____ Filtration
_____ Flow equalization
_____ Grease/oil separation, type:_____
_____ Grease trap
_____ Grinding filter
_____ Grit removal
_____ Ion exchange
_____ Neutralization, pH correction
_____ Ozonation
_____ Reverse osmosis
_____ Screen
_____ Sedimentation
_____ Septic tank
_____ Solvent separation
_____ Spill protection
_____ Sump
_____ Biological treatment, type:_____
_____ Rainwater diversion or storage
_____ Other chemical treatment, type:_____
_____ Other physical treatment, type:_____
_____ Other, type:_____

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

_____

_____

_____

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

_____

_____

_____

7. Do you have a treatment operator: ____ Yes _____ No

   (If Yes) Name:_____ Title:_____
   Phone:_____
   (specify hours) Full Time:_____ Part Time:_____

8. Do you have a manual on the correct operation of your treatment equipment?
   ___Yes ___ No

9. Do you have a written maintenance schedule for your treatment equipment?
   ___Yes ___ No

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

		[ ] Mon.	[ ] Tues.	[ ] Wed.	[ ] Thurs.	[ ] Fri.	[ ] Sat.	[ ] Sun.
Work Days								
Shifts/work day:		_____	_____	_____	_____	_____	_____	_____
Empl's/shift:	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____
Shift start and end times	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:
   [ ]Continuous through the year, or
   [ ]Seasonal - Circle the months of the year during which the business activity occurs:

   J F M A M J J A S O N D

Comments: _____

_____

_____

3. Indicate whether the facility discharge is:
   [ ] Continuous through the year, or
   [ ] Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

_____

_____

_____

4. Does operation shut down for vacation, maintenance or other reasons?
   [ ] Yes, indicate reasons when shut down occurs:

_____

_____

   [ ] No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

_____

_____

_____

_____

_____

_____

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity

7. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

   A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?
   [ ] Yes [ ] No

   If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?
   [ ] Yes [ ] No If yes, where do they discharge to?

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)
   [ ]an onsite disposal system
   [ ]public sanitary sewer system (e.g., through a floor drain)
   [ ]storm drain
   [ ]to ground
   [ ]other, specify:
   [ ]no applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority=s collection system?
   [ ] Yes - [please enclose a copy with the application]
   [ ] No
   [ ] N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?
   [ ] Yes - [please describe on the following page]
   [ ] No, skip the remainder of Section J

Waste Generated	Quantity/Year	Disposal Method

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

   _____

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

   _____

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

   Permit No. (if applicable):_____ Permit No. (if applicable):_____

5. Have you been issued any Federal, State, or local environmental permits?
   [ ] Yes - [please list the permits on the lines below]
   [ ] No

   _____
   _____
   _____

SECTION K - AUTHORIZED SIGNATURES

Compliance certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?
   [ ]Yes [ ] No [ ] Not yet discharging

2. **If No:**
   a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

   b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____

Name(s) Title

_____

Signature Date Phone

FOR CITY USE

Application complete _____ Yes _____ No

Permit fee correct _____ Yes _____ No

Permit to be granted_____ or rejected_____

Explanation for rejection_____

_____

_____

_____

Date:_____ _____

Application Reviewer - Signature