



**City of Casselberry**  
95 Triplet Lake Dr  
Casselberry, FL 32707

**Public Works Department**

**Oil and Grease Management Program**

**“General Pretreatment” Registration and Certification Form**

In order to estimate the future level of effort necessary to administer and improve the Wastewater Pretreatment Program, the City of Casselberry (City) is requiring non-residential establishments to complete the attached questionnaire. This program sets forth uniform requirements for users of the sewerage system of the City of Casselberry, and enables the City to comply with all applicable State and Federal Pretreatment Regulations.

It is important to understand that this questionnaire shall be completed and signed by an authorized person with knowledge of the business proposing to discharge into the City’s sewer system. The Certification Application/Evaluation fee is \$60.00.

An additional \$190.00 fee will be required if the applicant qualifies for a “Wastewater Discharge Permit”. The operational cost of the City’s Pretreatment Section for activities required under this program will be supplemented by the sewerage system user. This permit fee will be used to cover laboratory analyses (only the first analysis event), instrumentation/equipment, field inspections, administration papers, personnel hours, etc.

Should you need any assistance to complete this survey, please contact the Environmental Analyst at (407) 262-7725 ext. 1716.

**TO BE SIGNED UPON COMPLETION OF THE QUESTIONNAIRE BY AN AUTHORIZED REPRESENTATIVE OF THE FACILITY**

I have personally examined and I am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that all submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Authorized Facility Representative / Title / Date**

**INACCURATE INFORMATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE USER FOR REVISION**

FORM-GR01

## GENERAL PRETREATMENT APPLICATION

### **FACILITY INFORMATION**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title or Position: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### **CORPORATE INFORMATION**

**(Complete only if applicable)**

Corporation Name: \_\_\_\_\_  
Corporation Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title or Position: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### **CONTACT INFORMATION**

**(Persons authorized to represent this firm)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **BUILDING INFORMATION**

Free standing: Yes  No       Expansion: Yes  No   
New construction: Yes  No       Building remodel: Yes  No

Are any process changes or expansions planned during the next two years?      Yes  No   
(If Yes, attach a separate sheet to this form detailing the nature of the planned changes or expansion.)

### **HOURS OF OPERATION**

Weekdays: \_\_\_\_\_  
Weekends: \_\_\_\_\_

Number of employees:  
1<sup>st</sup> shift: \_\_\_\_\_      2<sup>nd</sup> shift: \_\_\_\_\_      3<sup>rd</sup> shift: \_\_\_\_\_

### **FACILITY TYPE:**

(Check all that apply)

- |                                               |                                            |
|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Nail Salon           | <input type="checkbox"/> Copy Services     |
| <input type="checkbox"/> Hair Salon (Barber)  | <input type="checkbox"/> Printing Services |
| <input type="checkbox"/> Other Salon Services | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Tanning              |                                            |

### **PROVIDE A BRIEF NARRATIVE OR THE SERVICES OR ACTIVITIES CONDUCTED AT THIS FACILITY:**

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**LIST CHEMICALS OR CHEMICAL PRODUCTS USED BY FACILITY:**

(This list may include peroxide, nail polish remover, dyes, inks, etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**EQUIPMENT INFORMATION:**

(Include all special equipment that will be used by the facility)

Equipment Description	Quantity	Dimensions or Capacity	Avg. Production/Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WASTES ARE DISCHARGED TO:**

(Check all that apply)

	Average gallons/day		
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

**SPILL PREVENTION**

Is a spill prevention control and countermeasure plan prepared for the facility? Yes  No

**OTHER WASTES**

Are any liquid wastes from this firm disposed of by any means other than discharge to the sewer system?

Yes  No

If yes, name the company(s) contracted to remove the liquid wastes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIC DESIGNATION:** Enter the appropriate Standard Industrial Classification code if known: \_\_\_\_\_