



City of Casselberry
95 Triplet Lake Dr
Casselberry, FL 32707

Public Works Department

Oil and Grease Management Program

“Commercial, Industrial and Categorical” 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

COMMERCIAL, INDUSTRIAL AND CATEGORICAL 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:
1st shift: _____ 2nd shift: _____ 3rd shift: _____

LIST ANY ENVIRONMENTAL CONTROL PERMITS HELD BY THIS FACILITY :

1. _____
2. _____
3. _____

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

PRINCIPAL PRODUCTS PRODUCED:

(Use additional sheets if necessary)

- 1. _____
- 2. _____
- 3. _____

RAW MATERIALS AND PROCESS ADDITIVES USED:

(Use additional sheets if necessary)

- 1. _____
- 2. _____
- 3. _____

PRODUCTION PROCESS:

- Batch
- Continuous
- Both _____ % Batch _____ % Continuous

Average Number of batches per 24 hours: _____

EQUIPMENT INFORMATION:

(Include all special equipment that will be used in the manufacturing, production or services that our facility performs)

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

WHICH OF THE FOLLOWING TYPES OF WASTES DOES YOUR FACILITY GENERATE:

(Check all that apply)

- | | | | |
|--|---------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Domestic waste (restrooms, showers, etc.) | Average gallons/day _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Cooling water, non-contact | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Boiler/Tower blow down | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Cooling water contact | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Process | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Equipment/facility wash down | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Air pollution control unit | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Storm water runoff to sewer | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |

WASTES ARE DISCHARGED TO:

(Check all that apply)

- | | | | |
|---|---------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sanitary sewer | Average gallons/day _____ | <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 |

PRETREATMENT DEVICES OR PROCESSES USED FOR TREATING WASTEWATER OR SLUDGE:

- | | |
|---|--|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Neutralization, pH correction |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Reverse osmosis |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Septic tank |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Grease/Oil interceptor | <input type="checkbox"/> Spill protection |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grit removal | <input type="checkbox"/> Other treatment (Describe) |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> No pretreatment provided |

SPILL PREVENTION

Is a spill prevention control and countermeasure plan prepared for the facility?

Yes No

OTHER WASTES

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

Yes No

These wastes may best be described as:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Acids & Alkalies | Estimated gallons or pounds/year |
| <input type="checkbox"/> Heavy metal sludge | _____ |
| <input type="checkbox"/> Inks/Dyes | _____ |
| <input type="checkbox"/> Organic compounds | _____ |
| <input type="checkbox"/> Paints | _____ |
| <input type="checkbox"/> Pretreatment sludge | _____ |
| <input type="checkbox"/> Solvents/thinners | _____ |
| <input type="checkbox"/> Other waste (specify) | _____ |

WASTEWATER INFORMATION

(Select each category which may apply to your facility)

- | | |
|--|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Products & Machinery |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Nonferrous Metal Forming & Powders |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metal Manufacturing |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Oil & Gas Extraction |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Dairy Product Processing | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electric & Electronic Components | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Photographic Supplies |
| <input type="checkbox"/> Explosive Material | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Concentrated Animal Feeding Operation | <input type="checkbox"/> Plastics Molding & Forming |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Pulp, Paper & Paperboard |
| <input type="checkbox"/> Fruit & Vegetable Canned/Preserved | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Seafood Canned/Preserved |
| <input type="checkbox"/> Grain Mills Manufacturing | <input type="checkbox"/> Soaps & Detergent Manufacturing |
| <input type="checkbox"/> Gum & Wood Chemical Manufacturing | <input type="checkbox"/> Steam Electric Power Generation |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing | <input type="checkbox"/> Textile Mill |
| <input type="checkbox"/> Iron & Steel Manufacturing | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning & Finishing | |
| <input type="checkbox"/> Meat & Poultry Processing | |
| <input type="checkbox"/> Metal Finishing | |
| <input type="checkbox"/> Metal Molding & Casting | |

SIC DESIGNATION:

Enter the appropriate Standard Industrial Classification code if known: _____