City of Largo, Florida

Environmental Services Department

Environmental Control Division

[Minor ☐ Significant ☐] Industrial User Wastewater Discharge Permit Application

New ☐ Renewal ☐

Mail or deliver this completed and signed application to along with a check for (Minor -$375, Significant - $750) to:

City of Largo - Environmental Services Department
ATTN: Industrial Pretreatment Program
5100 150th Avenue North
Clearwater, FL 33760
(727) 518-3076

Industrial user wastewater discharge permits are typically issued at a four (4) year duration. However, at the discretion of the Control Authority, permits may be issued for any duration, but shall not to exceed five (5) years. Do not leave sections blank - Use "N/A" or "Not Applicable" for sections that do not apply. Incomplete applications will be returned. New applications are required to be completed **90** days prior to discharging to the sanitary sewer. Renewal applications must be submitted **60** days prior to permit expiration.

SECTION A - GENERAL INFORMATION

1. Facility Name:_____

   Facility Address: _____

   Street: _____

   City:_____ FL ZIP:_____

2. Business Mailing Address (If different from facility address)

   Business Name: _____

   Street: _____

   City: _____ STATE: _____ ZIP:_____

3. Designated Signatory Authority of Facility:

   Name: _____ Title:_____

   Street: _____

   City: _____ STATE: _____ ZIP:_____

   Phone Number: ( ) ___ - _____ Email: _____

4. Designated Facility Contact:

   Name: _____ Title:_____

   Street: _____

   City: _____ STATE: _____ ZIP:_____

   Phone Number: ( ) ___ - _____ Email: _____

SECTION B - BUSINESS ACTIVITY

1. If the facility employs or will employ processes in any of the industrial activities or business activities listed below (regardless of whether process generates wastewater, waste sludge, or hazardous waste), place a check beside the industrial activity or business activity. Check all activities that apply.

Aluminum Forming	Inorganic Chemicals
Coil Coating	Iron and Steel
Copper Forming	Nonferrous Metal Forming
Electronic Component Manufacture	Organic Chemical Manufacture
Electroplating	Paint and Ink Formulating
Food Processing	Pharmaceutical
Food Service	Plastic and Synthetics Manufacture
Foundries (Metal Molding and Casting)	Laboratory
Medical Care	Painting, Finishing
Plant Washdown	Printing, Photoprocessing
Vehicle Repair	Retail Trade
Vehicle and equipment Washdown	Warehousing
Other (Specify)	

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

3. Indicate applicable North American Industrial Classification System (NAICS) codes for all processes:

NAICS CODE	DATE NAICS PROCESS STARTED
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

f. _____ _____

4. Production Volume:

Product	Past Calendar Year Amount per Day Units = _____		Estimate this Year Amount per Day Units = _____	
	Average	Maximum	Average	Maximum

SECTION C - WATER SUPPLY

1. Water Sources: (Check all that apply)

Private Well Gallons Per Day:_____

Surface Water Gallons Per Day:_____

Municipal Water Utility : _____ Gallons Per Day:_____

Other (Specify) :_____ Gallons Per Day:_____

2. Name on water bill:_____

3. Water Service Account Numbers:
   a. _____
   b. _____
   c. _____

4. If water is supplied by landlord, give name and address:
   Name: _____
   Street: _____
   City: _____ State:_____ ZIP: _____

Phone Number: ( ) ___ - _____ Email: _____

5. List average water usage on premises:

(New facilities may estimate)

Water Use	Average Usage (Gallons / Day)	(E) Estimated (M) 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		
j.		
k.		
l.		
m.		
Total of A through M		

SECTION D - SEWER INFORMATION

1. a. <u>For an existing business:</u>
Is the facility presently connected to the City of Largo sanitary sewer system?

YES

NO: Has facility applied for a sanitary sewer hookup? YES NO

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

(i). Will facility be occupying an existing building? YES NO

(ii) Has a building permit been issued for a new building being built? YES NO

Permit number:_____ Issuing Authority:_____

(iii) Will facility be connected to City of Largo sanitary sewer system? YES NO

2. List descriptive location, size, and flow of each facility sewer which connects to the City of Largo sewer system.

	Descriptive Location	Size Diameter (Inches)	Average Flow (Gallons / Day)
a.			
b.			
c.			
d.			
e.			
f.			

SECTION E - WASTEWATER DISCHARGE INFORMATION

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

   YES Complete remainder of the application.

   NO Skip to Section I.

2. Provide the following information of wastewater flow rates. (New facilities may estimate)

   a. Hours/Day of discharge (e.g. 8 hours/day)

   MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____ SUN _____

   b. Hours of discharge (e.g. 9 AM to 5 PM)

   MON _____ TUE _____ WED _____ THU _____ FRI _____ 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, indicate:
   (New facilities may estimate)

   a. Number of batch discharges per day _____

   b. Average gallons per discharge _____

   c. Flow rate in gallons per minute _____

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 completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each activity having discharges to the sanitary sewer (include all domestic waste streams, dilution streams, ect.). Use the process number in the remaining sections as indicated. Additional sheets may be required.

5. Provide the wastewater discharge flows for each numbered process from item #4 (previous page). Include the reference number for the referenced process. (New facilities should provide estimates)

Process Number	Description	Average Flow (GPD)	Maximum Flow (GPD)	Discharge Type (Batch or Continuous)

6. Total Toxic Organic (TTO) Requirements - for facilities subject to Categorical standards or as required by the City of Largo. See instructions.

   a. Does (or will) this facility use any of the toxic organic chemicals that are listed in the instructions?

      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 (If yes include a copy) NO

7. Does the facility have, or plan to have, automatic sampling equipment of continuous wastewater flow measuring equipment at this facility?

Current:	Flow Metering	YES	NO
	Sampling Equipment	YES	NO
Planned:	Flow Metering	YES	NO
	Sampling Equipment	YES	NO

If yes, indicate the present of future location of this equipment on the sewer schematic (item 4) and describe the equipment below:

8. 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 processes that may affect the discharge.

   YES Describe Below- attach additional sheets if needed) NO

9. Are any material or water reclamation systems in use or planned?

YES Describe Below- attach additional sheets if needed) NO

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 pollutants not analyzed or for new users, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known to be absent (N), by placing the appropriate letter in the column for average reported values. Attach any analytical results and indicate the sample location and type of analyses used.

Pollutant	Analytical Method	Detection Limit Used	Maximum Daily Value (Conc.)	Number of Analyses	Average of Analyses	Units
Acenaphthene						
Acrolein						
Acrylonitrile						
Benzene						
Benzidine						
Carbon Tetrachloride						
Chlorobenzene						
1,2,4-Trichlorobenzene						
Hexachloroethane						
1,2-Dichloroethane						
1,1,1-Trichloroethane						
Hexachloroethane						
1,1-Dichloroethane						
1,1,2-Trichloroethane						
1,1,2,2-Tetrachloroethane						
Cloroethane						

Pollutant	Analytical Method	Detection Limit Used	Maximum Daily Value (Conc.)	Number of Analyses	Average of Analyses	Units
17 Bis(2-chloromethyl ether)						
2-Chloroethyl vinyl ether						
2-Chloronaphthalene						
2,4,6-Trichlorophenol						
Parachlorometa cresol						
Chloroform						
2-Chlorophenol						
1,2-Dichlorobenzene						
1,3-Dichlorobenzene						
1,4-Dichlorobenzene						
3,3-Dichlorobenzidine						
1,1-Dichloroethylene						
1,2-Trans-dichloroethylene						
2,4-Dichloropheno						
1,2-Dichloropropane						
1,2-Dichloropropylene						
1,3-Dichloropropylene						
2,4-Dimethylphenol						
2,4-Dinitrotoluene						
2,6-Dinitrotoluene						
1,2-Diphenylhydrazine						
Ethyylbenzene						
Fluoranthene						
4-Chlorophenyl phenyl ether						
4-Bromopheny1 phenyl ether						
Bis(2-chlorisopropyl) ether						
Bis(2-choroethoxy) methane						
Methylene chloride						

Pollutant	Analytical Method	Detection Limit Used	Maximum Daily Value (Conc.)	Number of Analyses	Average of Analyses	Units
Methyl choride						
Methyl bromide						
Bromoform						
Dichlororbromomethane						
Chorodibromoethane						
Hexachlorobutadiene						
Hexachlorocyclopentadiene						
Isophorone						
Naphthalene						
Nitrobenzene						
Nitrophenol						
2-Nitrophenol						
4-Nitrophenol						
2,4-Dinitrophenol						
4,6-Dinitro-o-cresol						
N-nitrosodimethylamine						
N-nitrosodiphenylamine						
N-nitrosodi-n-propylamine						
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-benzofluoranthene						
Benzo(k) fluoranthane						
Chrysene						

Pollutant	Analytical Method	Detection Limit Used	Maximum Daily Value (Conc.)	Number of Analyses	Average of Analyses	Units
Acenaphthylene						
Anthracene						
Benzo(ghi)perylene						
Fluorene						
Phenanthrene						
Dibenzo(a,h)anthracene						
Indeno(1,2,3-cd)pyrene						
Pyrene						
Tetrachloroethylene						
Toluene						
Trichloroethylene						
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						

Pollutant	Analytical Method	Detection Limit Used	Maximum Daily Value (Conc.)	Number of Analyses	Average of Analyses	Units
PCB-1221						
PCB-1232						
PCB-1248						
PCB-1260						
PCB-1016						
Toxaphene						
(TCDD)						
Asbestos						
Acidity						
Alkalinity						
Bacteria						
$CBOD_5$						
COD						
Chloride						
Chlorine						
Flouride						
Hardness						
Magnesium						
NH_3-N						
Oil and Grease						
TSS						
TOC						
Kjeldahl N						
Nitrate N						
Nitrite N						
Organic N						
Orthophosphate P						
Phosphorous						
Sodium						
Specific Conductivity						
Sulfate (SO_4)						

Pollutant	Analytical Method	Detection Limit Used	Maximum Daily Value (Conc.)	Number of Analyses	Average of Analyses	Units
Sulfide (S)						
Sulfite (SO_3)						
Antimony						
Arsenic						
Barium						
Beryllium						
Cadmium						
Chromium						
Copper						
Cyanide						
Lead						
Mercury						
Nickel						
Seleium						
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 existing wastewater treatment) planned for this facility within the next three years?

YES (If yes, describe below) NO

3. Treatment devices or processes used or proposed for treating wastewater or sludge. Check all appropriate categories

	Air Flotation
	Centrifuge
	Chemical Precipitation
	Chlorination
	Cyclone
	Filtration
	Flow Equalization
	Grease or Oil Separation- Type:_____
	Grease Trap
	Grinding Filter
	Grit Removal
	Ion Exchange
	Neutralization
	Ozonation
	Reverse Osmosis
	Screen
	Sedimentation
	Septic Tank
	Solvent Separation
	Spill Protection
	Sump
	Biological Treatment- Type:_____
	Other Chemical Treatment- Type:_____
	Other Chemical Treatment- Type:_____
	Other-_____
	Other-_____

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each facility checked in #3. Include copies of Standard Operation and Maintenance Procedures with application. Attach additional sheets if needed.

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 estimated completion dates.

7. Does the facility have a pretreatment system operator?

YES NO

(If Yes) Name: _____
Title: _____
Phone :_____
Hours Worked: _____

8. Do you have a manual on the correct operations of the pretreatment equipment?

YES NO

9. Do you have a written maintenance schedule for the pretreatment equipment?

YES NO

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information:

Work Days	MON	TUE	WED	THUR	FRI	SAT	SUN
Shifts per Day							
# Employees per Shift, 1st							
2nd							
3rd							
Shift Times, 1st							
2nd							
3rd							

2. Indicate whether the business activity is:

Continuous through the year, or
Seasonal - Check the months of activity

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments:

3. Indicate whether the facilities discharge is:

Continuous through the year, or
Seasonal - Check the months of activity

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments:

4. Does operation shut down for vacation, maintenance or other reasons?

Yes (indicate reasons and period when shutdown occurs below) No

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

6. List types and quantity of chemicals used of planned for use (attach a list if needed). Include copies of manufacturer's Material Safety Data Sheets 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), sanitary sewers, and each facility sewer line connected to the sanitary sewer. Number each sewer and show existing and proposed sampling locations. A blueprint or drawing may be attached.

SECTION I - SPILL PREVENTION

1. Does the facility have chemical storage containers, bins, or ponds?

   YES NO

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

2. Are floor drains located in the manufacturing or chemical storage area(s)?

   YES NO

   If yes, where do the drains discharge to?_____

3. Check all areas that an accidental spill could cause a discharge to:

   On-site disposal system
   Sanitary sewer
   Storm drain
   To ground
   Other- specify:_____
   Adequate secondary containment
   Not applicable- no possible discharge to above routes

4. Does the facility have an Accidental Spill Prevention Plan (ASPP) to prevent spills of chemicals of slug discharges from entering the sanitary sewer collection system?

   YES NO

5. Describe any previous spill events and remedial measures taken to prevent reoccurrence:

SECTION J - NON-DISCHARGED WASTES

1. Are any waste liquids or sludge generated and not disposed of in the sanitary sewer system?

   YES describe below NO skip remainder of Section J

Waste Generated	Quantity (Per 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. Identify the waste hauler and give the haulers permit number if applicable.

3. Include copies of all Federal, State, or Local environmental permits (i.e. air, stormwater) with this permit application.

SECTION K - AUTHORIZED SIGNATURE

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