



**APPLICATION
WASTEWATER DISCHARGE PERMIT
INDUSTRIAL FACILITIES ONLY**

Section A – General Information

1. Company Name _____ d/b/a _____
Address _____ Mailing Address (if different) _____
City _____ State _____ Zip Code _____
Tel _____ Fax _____ Email _____
2. Corporate (Parent Company) Offices _____
Address _____ City _____
State _____ Zip _____ Telephone _____
3. Person authorized to represent this firm in official dealings with the City of Apopka
Name _____ Title _____
Tel _____ Ext _____
4. Corporate or Alternate Contact
Name _____ Title _____
Telephone _____ Ext _____
5. Identify type of business or manufacturing conducted (electro-plating, warehousing, metal finishing, printing, meatpacking, food processing, etc.).

Note to signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this application will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry if those individuals immediately responsible for obtaining the information reported herein, I believe that the 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.

_____ Date

_____ Signature of Official
(Seal if applicable)

6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts

7. Standard Industrial Classification Number(s) (SIC Code) or (NAICS) for your facilities

8. This facility generates the following types of wastes (check all that apply)

	<u>Average gallons per day</u>		
a. <input type="checkbox"/> Domestic Wastes	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
b. <input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
c. <input type="checkbox"/> Boiler/Tower blow down	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
d. <input type="checkbox"/> Cooling water (contact)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
e. <input type="checkbox"/> Process	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
f. <input type="checkbox"/> Equipment/Facility wash down	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
g. <input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
h. <input type="checkbox"/> Storm Water runoff to sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
i. <input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
Total lines a – i	_____		

Section B – Discharges

1. Wastes are discharged to (check all that apply)

	<u>Average gallons per day</u>		
<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Storm sewer	_____	<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 hauler	_____	<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

Provide name, address and phone number of waste hauler(s) used.

Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

Yes No

Note: If your facility did not check one or more of the items listed in A.9.4 through A.9.9 above then you do not need to complete any further sections of the application. If any items A.9.4 through A.9.9 are checked, complete the remainder of the application.

Section C – Facility Operations

No. of shifts / 24 – hour day _____ No. of employees per shift _____

Starting times of each shift: 1st _____ 2nd _____ 3rd _____

Note: The following information must be completed for each product line.

Principal product(s) produced _____

Raw materials and process additives used _____

1. Production process effluent is: Batch Continuous Both
% Batch _____ % Continuous _____ Number of batches per 24 – hour day _____

Is production subject to seasonal variations? Yes No

If yes, briefly describe seasonal productions, shutdowns, variations, etc.

Are any process changes or expansions planned during the next three years? Yes No

If yes, explanation here or attach a separate sheet describing the nature of planned changes or expansions.

Section D – Wastewater Discharge Information

If you facility employs processes in any of the 34 industrial categories or business activities listed below and any of the processed generate wastewater or waste sludge place a check beside the category or business activity (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Foundries |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Gum & Wood Chemicals |
| <input type="checkbox"/> Auto & Laundries | <input type="checkbox"/> Inorganic Chemicals |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Iron & Steel |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Leather Tanning & Finishing |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Mechanical Products |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Nonferrous Metals |
| <input type="checkbox"/> Electric and Electronic Components | <input type="checkbox"/> Ore Mining |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Paint & Ink |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Printing and Publishing |
| <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Pump & Paper |
| <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Photographic Supplies | <input type="checkbox"/> Soaps & Detergents |
| <input type="checkbox"/> Plastic & Synthetic Materials | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Plastics Processing | <input type="checkbox"/> Textile Mills |

Porcelain Enamel Timber

1. Other Businesses

Beverage Bottler Food/Edible Products Processor
 Dairy Products Slaughter/Meat Packing/Rendering

2. Pretreatment devices or processes used for treating wastewater or sludge (check all that apply)

<input type="checkbox"/> Air Floatation	<input type="checkbox"/> Reverse Osmosis
<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Screen
<input type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Sedimentation
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Septic Tank
<input type="checkbox"/> Cyclone	<input type="checkbox"/> Solvent Separation
<input type="checkbox"/> Filtration	<input type="checkbox"/> Spill Protection
<input type="checkbox"/> Grease or Oil Separation, type _____	<input type="checkbox"/> Sump
<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Biological Treatment, type _____
<input type="checkbox"/> Grit Removal	<input type="checkbox"/> Rainwater diversion or storage _____
<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Other Chemical Treatment, type _____
<input type="checkbox"/> Neutralization, pH correction	<input type="checkbox"/> Other Physical Treatment, type _____
<input type="checkbox"/> Ozonation	<input type="checkbox"/> Other , type _____
	<input type="checkbox"/> No Pretreatment provided

NOTE: Wastewater analyses that have been performed on the wastewater discharge(s) from your facilities require that you attach a copy of the most recent data to this application. Be sure to include the date of analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc.)

3. Are there any liquid wastes or sludge(s) from this facilities disposed of by means other than discharge to the sewer system? Yes No

If “no” skip the remainder of this section, if “yes” complete the section below

4. These wastes may best be described as:

	Estimated gallons or pounds per year
<input type="checkbox"/> Acids and Alkali's	_____
<input type="checkbox"/> Heavy Metal Sludge	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludge	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes	_____
<input type="checkbox"/> Other Wastes (specify)	_____

5. For the above wastes, does your company practice

On-site Storage Off-site Storage
 On-site Disposal Off-site Disposal

Describe the method(s) of storage or disposal checked above _____

Note: All chemicals, waste drums must have secondary containment unless approved otherwise by the Industrial Pretreatment section.

Section E – Priority Pollutant Information

Please indicate by placing an “x” in the appropriate box by each listed chemical whether it is “Known Present”, “Suspected Present”, “Known Absent”, “Suspected Absent”, and “Known or Suspected Concentration per day”, in your manufacturing or service activity or generated as a by – product.

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration per day in mg/L or, Pounds, Gallons
Antimony	[]	[]	[]	[]	_____
Arsenic	[]	[]	[]	[]	_____
Asbestos	[]	[]	[]	[]	_____
Antimony	[]	[]	[]	[]	_____
Beryllium	[]	[]	[]	[]	_____
Cadmium	[]	[]	[]	[]	_____
Chromium	[]	[]	[]	[]	_____
Copper	[]	[]	[]	[]	_____
Cyanide	[]	[]	[]	[]	_____
Lead	[]	[]	[]	[]	_____
Mercury	[]	[]	[]	[]	_____
Nickel	[]	[]	[]	[]	_____
Selenium	[]	[]	[]	[]	_____
Silver	[]	[]	[]	[]	_____
Thallium	[]	[]	[]	[]	_____
Zinc	[]	[]	[]	[]	_____
Phenols and Cresols					
Phenol(s)	[]	[]	[]	[]	_____
Phenol, 2-Chloro	[]	[]	[]	[]	_____
Phenol, 2,4-dichloro	[]	[]	[]	[]	_____
Phenol, 2,4,6-trichloro	[]	[]	[]	[]	_____
Phenol, pentachloro	[]	[]	[]	[]	_____
Phenol, 2-nitro	[]	[]	[]	[]	_____
Phenol, 4-nitro	[]	[]	[]	[]	_____
Phenol, 2,4-dinitro	[]	[]	[]	[]	_____
Phenol, 2,4-dimethyl	[]	[]	[]	[]	_____
Phenol, 2,4,6-trichloro	[]	[]	[]	[]	_____
Pentachloro m-Cresol	[]	[]	[]	[]	_____
P-chloro o-Cresol	[]	[]	[]	[]	_____
4,6-dinitro	[]	[]	[]	[]	_____
Monocyclic Aromatics (excluding Phenols, Cresols, and Phthalates)					
Benzene	[]	[]	[]	[]	_____
Benzene, chloro	[]	[]	[]	[]	_____

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Benzene, 1,2-dichloro	[]	[]	[]	[]	_____
Benzene, 1,4-dichloro	[]	[]	[]	[]	_____
Benzene, 1,2,4-trichloro	[]	[]	[]	[]	_____
Benzene, hexachloro	[]	[]	[]	[]	_____
Benzene, ethyl	[]	[]	[]	[]	_____
Benzene, nitro	[]	[]	[]	[]	_____
Toluene	[]	[]	[]	[]	_____
Toluene, 2,4-dinitro	[]	[]	[]	[]	_____
Toluene, 2,6-finitro	[]	[]	[]	[]	_____
PCBs & Related Compounds					
PCB - 1016	[]	[]	[]	[]	_____
PCB - 1221	[]	[]	[]	[]	_____
PCB - 1232	[]	[]	[]	[]	_____
PCB - 1242	[]	[]	[]	[]	_____
PCB - 1248	[]	[]	[]	[]	_____
PCB - 1254	[]	[]	[]	[]	_____
PCB - 1260	[]	[]	[]	[]	_____
2 - Chloro-naphthalene	[]	[]	[]	[]	_____
Ethers					
Ether, bis (chloromethyl)	[]	[]	[]	[]	_____
Ether, bis (2-chloroethyl)	[]	[]	[]	[]	_____
Ether, bis (2-chloroisopropyl)	[]	[]	[]	[]	_____
Ether, 2-chloroethyl vinyl	[]	[]	[]	[]	_____
Ether, 4-bromophenyl phenyl	[]	[]	[]	[]	_____
Ether, 4-chlorophenyl phenyl	[]	[]	[]	[]	_____
Bis (chloroethoxy Methane)	[]	[]	[]	[]	_____
Nitrosamines and other nitrogen-containing compounds					
Nitrosamine, dimethyl	[]	[]	[]	[]	_____
Nitrosamine, diphenyl	[]	[]	[]	[]	_____
Benzene, 1,4-dichloro	[]	[]	[]	[]	_____
Benzene, 1,2,4-trichloro	[]	[]	[]	[]	_____
Benzene, hexachloro	[]	[]	[]	[]	_____

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Benzene, ethyl	[]	[]	[]	[]	_____
Benzene, nitro	[]	[]	[]	[]	_____
Halogenated Aliphatics					
Methane, bromo	[]	[]	[]	[]	_____
Methane, chloro	[]	[]	[]	[]	_____
Methane, dichloro	[]	[]	[]	[]	_____
Methane, chlorodibromo	[]	[]	[]	[]	_____
Methane-dichlorobromo	[]	[]	[]	[]	_____
Methane, tribromo	[]	[]	[]	[]	_____
Methane, thrichloro	[]	[]	[]	[]	_____
Methane, tetrachloro	[]	[]	[]	[]	_____
Methane, trichlorofluoro	[]	[]	[]	[]	_____
Methane, dichlorodifluoro	[]	[]	[]	[]	_____
Ethane, 1,1-dichloro	[]	[]	[]	[]	_____
Ethane, 1,2-dichloro	[]	[]	[]	[]	_____
Ethane, 1,1,1-trichloro	[]	[]	[]	[]	_____
Ethane, 1,1,2-trichloro	[]	[]	[]	[]	_____
Ethane, 1,1,2,1-tetrachloro	[]	[]	[]	[]	_____
Ethane, hexachloro	[]	[]	[]	[]	_____
Ethene, chloro	[]	[]	[]	[]	_____
Ethene, 1,1-dichloro	[]	[]	[]	[]	_____
Ethene, Trans-dichloro	[]	[]	[]	[]	_____
Ethene, trichloro	[]	[]	[]	[]	_____
Ethene, tetrachloro	[]	[]	[]	[]	_____
Propane, 1,2-dichloro	[]	[]	[]	[]	_____
Propene, 2,4-dichloro	[]	[]	[]	[]	_____
Butadiene, hexachloro	[]	[]	[]	[]	_____
Cyclopentadiene, hexachloro	[]	[]	[]	[]	_____
Phthalate Esters					
Phthalate, di-c-methyl	[]	[]	[]	[]	_____
Phthalate, di-n-ethyl	[]	[]	[]	[]	_____

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Phthalate, di-n-butyl	[]	[]	[]	[]	_____
Phthalate, di-n-octyl	[]	[]	[]	[]	_____
Phthalate, Bis (2-ethylhexyl)	[]	[]	[]	[]	_____
Phthalate, Butyl benzyl	[]	[]	[]	[]	_____
Polycyclic Aromatic Hydrocarbons					
Acenaphtene	[]	[]	[]	[]	_____
Acenaphthylene	[]	[]	[]	[]	_____
Anthracene	[]	[]	[]	[]	_____
Benzo (a) anthracene	[]	[]	[]	[]	_____
Benzo (b) fluoranthene	[]	[]	[]	[]	_____
Benzo (k) fluoranthene	[]	[]	[]	[]	_____
Benzo (ghi) fluoranthene	[]	[]	[]	[]	_____
Benzo (a) pyrene	[]	[]	[]	[]	_____
Chrysene	[]	[]	[]	[]	_____
Dibenzo (a,n) anthracene	[]	[]	[]	[]	_____
Fluoranthene	[]	[]	[]	[]	_____
Fluorene	[]	[]	[]	[]	_____
Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]	_____
Naphthalene	[]	[]	[]	[]	_____
Phenanthrene	[]	[]	[]	[]	_____
Pyrene	[]	[]	[]	[]	_____
Pesticides					
Acrolein	[]	[]	[]	[]	_____
Aldrin	[]	[]	[]	[]	_____
BHC (Alpha)	[]	[]	[]	[]	_____
BHC (Beta)	[]	[]	[]	[]	_____
BHC (Gamma) or Lindane	[]	[]	[]	[]	_____
BHC Delta	[]	[]	[]	[]	_____
Chlordane	[]	[]	[]	[]	_____
DDD	[]	[]	[]	[]	_____
DDE	[]	[]	[]	[]	_____
DDT	[]	[]	[]	[]	_____

Chemical Compound(s)	Known Present	Suspected Present	Known Absent	Suspected Absent	Concentration(s) per day in mg/L or Pounds, Gallons
Dieldrin	[]	[]	[]	[]	_____
Endosulfan (Alpha)	[]	[]	[]	[]	_____
Endosulfan (Beta)	[]	[]	[]	[]	_____
Endosulfan Sulfate	[]	[]	[]	[]	_____
Endrin	[]	[]	[]	[]	_____
Endrin aldehyde	[]	[]	[]	[]	_____
Heptachlor	[]	[]	[]	[]	_____
Heptachlor epoxide	[]	[]	[]	[]	_____
Isophorone	[]	[]	[]	[]	_____
TCDD (or Dioxin)	[]	[]	[]	[]	_____
Toxaphene	[]	[]	[]	[]	_____

Note: If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the Material Safety Data Sheets for such products.

Additional Information or Comments: Please attach additional sheets if necessary.

Storm Water Runoff/Drains
