



CITY OF SANFORD

UTILITY DEPARTMENT

GENERAL WASTEWATER DISCHARGE APPLICATION

Please make sure to complete all the information requested in this application. Incomplete and/or unsigned applications will be considered in noncompliance with the City of Sanford Code of Ordinance and will delay the evaluation process.

"I certify under penalty of law that I have personally examined and I am familiar with the information in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment". (See 1/28/81 Federal Register; Section 403.12(k) for information on signatory.)

"Additionally, I certify that the sampling and analysis conducted is representative of normal work cycles and expected pollutant discharges to the POTW".

| | |
|--|------------------|
| _____ | |
| FACILITY NAME | |
| _____ | _____ |
| TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NUMBER |
| _____ | _____ |
| NAME PRINTED OR TYPED | EMAIL ADDRESS |
| _____ | _____ |
| SIGNATURE | DATE |

This form shall be completed and returned to:

PRETREATMENT COORDINATOR
CITY OF SANFORD
UTILITY PLANT
P.O. BOX 1788
SANFORD, FL 32772-1788

Please call (407) 688-5000 ext 5513 for information in reference to this form.

14. **SUMMARIZE EACH COMPONENT PROCESS:** State the nature of business or service, production rates, applicable subparts, and appropriate Standard Industrial Classification (SIC) codes. The discharger must be specific in identifying each process, along with the amounts of products produced usually given as an annual average production or monthly average.

| NATURE OF OPERATION | PRODUCTION RATE | SUBPART | SIC CODE |
|---------------------|-----------------|---------|----------|
| | | | |
| | | | |
| | | | |

15. **LIST ALL ENVIRONMENTAL PERMITS HELD:** (IF NONE PLEASE WRITE "NONE". "N/A" IS NOT ACCEPTABLE).

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| |

16. **RAW MATERIALS USED:** Include Average & Maximum Used per Day: (attach all MSDS to this application). (IF NONE PLEASE WRITE "NONE". "N/A" IS NOT ACCEPTABLE).

| Name | Average | Maximum |
|------|---------|---------|
| | | |
| | | |
| | | |

17. **CHEMICALS USED:** Include Average & Maximum Used per Day: (attach all MSDS to this application). (IF NONE PLEASE WRITE "NONE". "N/A" IS NOT ACCEPTABLE).

| Name | Average | Maximum |
|------|---------|---------|
| | | |
| | | |
| | | |
| | | |

18. **LIST ALL SPECIALIZED EQUIPMENT USED FOR THE MANUFACTURING OR SERVICES ACTIVITIES.** (IF NONE PLEASE WRITE "NONE". "N/A" IS NOT ACCEPTABLE).

19. **WASTEWATER FLOWS:** The total plant flow should include domestic wastewaters, regulated process wastewaters, cooling water plus any other manufacturing wastewaters. Indicate whether continuous or batch discharging is occurring.

| | | | | |
|-------------------|---------|------------------|------------|-------------------|
| TOTAL PLANT FLOW | AVERAGE | _____gallons/day | MAXIMUM | _____ gallons/day |
| TYPE OF DISCHARGE | BATCH | | CONTINUOUS | |

20. **INDIVIDUAL FLOWS:** (gallons/day) Provide average and maximum flows from regulated processes. In some cases these wastewaters are combined. If so, please indicate if the volumes reported are summation of any regulated processes. Indicate whether discharges are continuous or batch. Also include non-regulated processes, cooling water and sanitary wastewater flows. To calculate an average sanitary waste, please use 35 gallons per day per person. If that is the only flow, please write "None" for the other types of wastes. "N/A" is not acceptable.

| NAME OF PROCESS LINE (regulated) | AVERAGE FLOW | MAXIMUM FLOW | TYPE OF DISCHARGE |
|----------------------------------|--------------|--------------|-------------------|
| | | | |
| | | | |
| (non-regulated) | | | |
| TOTAL COOLING WATER | | | |
| TOTAL SANITARY WASTE | | | |

21. List any daily, monthly and/or seasonal variations in flow if any. (IF NONE PLEASE WRITE "NONE". "N/A" IS NOT ACCEPTABLE).

22. **THE APPLICANT SHALL PROVIDE THE FOLLOWING INFORMATION ON A SEPARATE SHEET(S):**

- a) Schematic drawing or flow chart of each regulated process.
- b) Schematic drawing showing all wastewater flows (regulated and unregulated), location of any treatment system and sampling locations.
- c) Water balance indicating amount of intake water, discharges to sewer, losses, and water retained in products.
- d) Site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location and elevation.

23. **FULLY DESCRIBE ANY AND ALL PRETREATMENT UTILIZED** (show treatment system location in relation to process flows on schematic drawing required by Question 13)

24. **DOES YOUR FACILITY HAVE A SPILL PREVENTION COUNTERMEASURE CONTROL (SPCC) PLAN?** (IF NONE PLEASE CHECK "NO". "N/A" IS NOT ACCEPTABLE).

YES _____ NO _____

25. **FULLY DESCRIBE DISPOSAL OF HAZARDOUS WASTE (CHEMICAL BY-PRODUCTS) TO INCLUDE PRETREATMENT SLUDGES:** (IF NONE, PLEASE WRITE "NONE". "N/A" IS NOT ACCEPTABLE).

COMPLETE SECTIONS 26 THRU 27. ONLY IF WASTEWATER ANALYSIS HAVE BEEN PERFORMED AT THIS FACILITY.

26. NATURE OF WASTEWATERS DISCHARGED:

[Report in concentrations (mg/l) or mass (lbs.)]

Attach additional sheets if necessary. If you are reporting adjusted limits, submit all appropriate calculations and flow data on additional sheets.

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|--|--|--|--|--|--|--|
| REGULATED PROCESS LINE (e.g., L1) | | | | | | |
| Pollutant: | | | | | | |
| Maximum: | | | | | | |
| Average: | | | | | | |
| Sample Type (explain): | | | | | | |
| Number of Samples Collected (explain): | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| REGULATED PROCESS LINE (e.g., L2) | | | | | | |
| Pollutant: | | | | | | |
| Maximum: | | | | | | |
| Average: | | | | | | |
| Sample Type (explain): | | | | | | |
| Number of Samples Collected (explain): | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| REGULATED PROCESS LINE (e.g., L3) | | | | | | |
| Pollutant: | | | | | | |
| Maximum: | | | | | | |
| Average: | | | | | | |
| Sample Type (explain): | | | | | | |
| Number of Samples Collected (explain): | | | | | | |

27. DESCRIBE LOCATION OF SAMPLING POINT/ MANHOLE:

28. **CERTIFIED STATEMENT:**

PRETREATMENT STANDARDS ARE ARE NOT

BEING MET ON A CONSISTENT BASIS. ADDITIONAL OPERATION
AND MAINTENANCE UNDER CONSIDERATION FOR COMPLIANCE ARE
AS FOLLOWS:

ADDITIONAL PRETREATMENT UNDER CONSIDERATION TO
MEET STANDARDS ARE AS FOLLOWS:

29. **ESTIMATED SCHEDULE OF COMPLIANCE** (Attach on additional sheet)
[See 1/28/81 FEDERAL REGISTER SEC. 403.12(b) (7) & (c)]
