Appendix B – Industrial User Survey

Section A. - General Information

Facility / Project Name:					
Facility Street Address:					
City:		State		Zip:	
Contact Person:		Title:			
Phone:	Fax:	Email:			
Utility Account Number(s):					
Company Name and Location: If same as facility above, check here [ ]					
Company Name (if different):					
Mailing Street Address:					
City:		State:		Zip:	
Contact Person:		Title:			
Phone:	Fax:	Email:			

Section B. - Plant/Business Operation

1. What will be the total number of employees at the facility?	
2.Give a brief description of operation performed on premises:	
What is the Standard Industrial Classification (SIC) number?	
3(a) Is the normal use of the facility something other than retail sales or office space that contributes non- domestic waste discharging to the sanitary sewer system? (check one)	[ ] Yes [ ] No
3(b) Are hazardous or toxic chemicals are used or stored on site? (check one)	[ ] Yes [ ] No
If you checked "No" for both 3(a) and 3(b), proceed to Section H, otherwise continue to Item 4.	
4.List the major Raw Materials Used:	
5. List Any Intermediate or By-Products that are produced:	
6. Is production [ ] Continuous or [ ]Batch? (Check one)	
If batch, average number of batches per 24 hours:	

7. Are there shift changes, shut downs, or seasonal production changes in your operation (check one) (If No, go to Section C, otherwise continue)						[ ] Yes [ ] No	
a) Is there a regularly scheduled shut down? (check one)						[ ] Yes [ ] No	
If so, when:							
b) Is production seasonal? (check one)						[ ] Yes [ ] No	
If yes, provide description indicating month(s) of peak production:							
c) Average number of employees per shift:		1st:		2nd:		3rd	
d) Shift start times:		1st:		2nd:		3rd	
e. Shift Schedule:							
Shift	SUN	MON	TUE	WED	THU	FRI	SAT
1st							
2nd							
3rd							

Section C. - Discharge to Sanitary Sewer System

1. Does the facility have any source of water other than the City of Tallahassee metered water?					[ ] Yes [ ] No
If Yes, describe:					
Is there a separate meter for sanitary sewer charges?					[ ] Yes [ ] No
If Yes, provide size, type and location of meter):					
Estimate the average daily water usage (in gallons per day) of facility and discharge destination					
	Sanitary Sewer	Storm or Irrigation	Waste Hauler	Evaporation	Contained In Product
Domestic Waste					
Landscape Maintenance					
Wash Down					
Cooling Water					
Boiler Water					
Process Water					
Raw Material					
Other					
Other					

If a waste hauler is utilized, give name and address:	
If there is no discharge to the sanitary sewer other than domestic waste, go to Section E	
4. Do you intend to discharge any wastes to the sanitary sewer that may be flammable, explosive, toxic, corrosive (pH<5.0 or pH>10.0) or concentrated (BOD or COD)?	[ ] Yes [ ] No
If yes, list the waste and estimate the maximum daily quantity that will be discharged:	

5. Indicate the maximum concentration (mg/l) of each of the following substances which the source discharge might contain:

Acidity		Iron	
Ammonia		Lead	
Alkalinity		Manganese	
Arsenic		Mercury	
Barium		Nickel	
Boron		Phosphorus	
Bromine		pH (Min – Max.)	
Cadmium		Selenium	
Chloride		Silver	
Chromium		Sulfate	
Copper		Sulfide	
Cyanide		Zinc	
Alcohols		Organic Nitrogen Compounds	
Phenols or Phenolic Compounds		Surfactants	
Hydrocarbons		Oils and Greases	
Chlorinated Solvents		Petroleum Products **SGT-HEM-TPH**	
Molybdenum		Total Kjeldahl Nitrogen	
Total Suspended Solids		(BTEX) **Benzene + Toluene + Ethyl benzene + Xylene**	

Miscellaneous organic chemicals (Including Dyes, aromatics, organo metal compounds, formaldehyde, ketones, aldehydes, and any compound that may be toxic or hazardous to the treatment process.)

6. Is there any possibility that you might discharge solid or viscous wastes such as grease, garbage (>1/2"), animal guts or tissues, paunch manure, manure, bonus, hair, hides or fleshings, entrails, whole blood, feathers, shells, ashes, cinders, sand, spent lime, stone or marble dust, metal, glass, straw shavings, grass clippings, rags, spent grains, spent hops, waste paper, wood, plastics, gas, tar asphalt residues, residues from refining, or processing of fuel or lubricating oil, mud, glass grinding or polishing wastes.	[ ] Yes [ ] No
If yes, please describe:	
7. Will the temperature of the discharged wastes at any time exceed 40°C (104°F)	[ ] Yes [ ] No
If yes, list temperature, quantity and maximum duration:	

Section D. - Pretreatment

1. Is this facility subject to any Categorical Standard	[ ] Yes [ ] No
If yes, please list Categorical Standard(s):	
2. Will there be any form of pretreatment (this would include sand/oil separator, grease separator, silver recovery, etc.)?	[ ] Yes [ ] No
If yes, please describe pretreatment process:	

Section E. - Sampling and Inspections

1. Will you be conducting a testing program of the discharge?	[ ] Yes [ ] No
If yes, please describe schedule:	
2. Where can samples of your discharge be collected?	

3. What are the projected flow rate for your facility (in gallons per minute)?		
gpm (minimum)	gpm (average)	gpm (maximum)
What accounts for the variation?		
What other factors should be considered in sampling?		
Who should the Inspector notify at the time an inspection is being made and samples collected?		
Name	Telephone	Email
Will it be necessary for the Inspector to obtain pre-approved security clearance?		
Name	Telephone	Email

Section F. - Products Used But Not Normally Discharged

1. Is there a floor drain system or catch basin system that connects to the following sewer systems:			
Sanitary Sewer	[ ] Yes [ ] No	Storm Sewer	[ ] Yes [ ] No
2. Are their spill containment systems (dikes, sumps, etc.) in the facility			[ ] Yes [ ] No
If yes, please describe:			
2. Is there a spill prevention control and counter measure plan in effect for this facility			[ ] Yes [ ] No
If yes, please describe:			
4.Please list all raw materials and other products that are used (use additional sheets if necessary):			

Product	Quantities Used (daily, monthly etc.)	Max Stored on Site (gallons, liters, etc.)	Max Container Capacity (gal, Liter, etc.)	Destination if Spilled

Section G. - Attachments

1. Material Data Sheets for raw materials and other products that are used.
2. Schematic drawing of facility showing process discharge points, pretreatment units, facility discharge point and sampling point.
3. Dimensioned drawing of Grease Separator or Oil/Sand Separator.
4. Detailed description of process, operation and equipment associated with pre-treatment.
5. Site plans, floor plans, mechanical and plumbing plans and details to show all sanitary sewers, sewer connections, sampling point and appurtenances, floor draining, storm sewers and appurtenances. Size and location shall be indicated.

This survey should be mailed to:

City of Tallahassee
Underground Utilities & Public Infrastructure Department
Attn: Paul Bagunu-Industrial Pretreatment Supervisor
4505-A Springhill Rd.
Tallahassee, Fl. 32305
Telephone: 850.891.1227 | 850.661.8713 (c) | Paul.Bagunu@talgov.com

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Section H - Signature of Official

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

a) If the industrial user is a corporation, authorized representative shall mean:

   i. the president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or

   ii. the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b) If the industrial user is a partnership, association, or sole proprietorship, an authorized representative shall mean a general partner or the proprietor.

c) If the individual user is representing Federal, State or Local governments, or an agent thereof, an authorized representative shall mean a manager or highest official appointed or designated to oversee the operation and performance of the activities of the government facility.

d) The individuals described above may designate another authorized representative if the authorization is in writing; the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the authorization is submitted to the General Manager or his designee.

*Note to Signing Official: Data provided in this document shall be available to the public without restriction. Requests for confidential treatment of information shall be governed by procedures specified in the Sewer Use Manual and in accordance with 40 CFR Part 2

"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, and to the best of my knowledge and belief, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possibility of fine and imprisonment for knowing violations."

Print Name and Title of Official	Signature of Official	Date