



7351 SW 30 STREET, DAVIE, FLORIDA 33314 PHONE:
954-327-3742 • FAX: 954-327-3752 • WWW.DAVIE-FL.GOV

Industrial Pretreatment Program Questionnaire-TOD UTILITIES

SECTION A – GENERAL INFORMATION

1. Company Name _____

Mailing Address _____

Telephone _____ Fax _____ E-Mail _____

2. Production or facility information (if different than above)

Address _____

Telephone _____ Fax _____ E-Mail _____

3. Name, title, and telephone number of personal authorized to represent this company in official dealings with the Industrial Pretreatment Control Authority

Name/Title _____ Telephone _____

Name/Title _____ Telephone _____

Name/Title _____ Telephone _____

SECTION B – BUSINESS ACTIVITY

1. Identify type of business or services conducted (electroplating, metal finishing, printing, pharmaceutical, auto repair, wash facility, machine wash, etc):

2. Describe this company's manufacturing, production or service activities at this facility (if any):



3. List Standard Industrial Classification (SIC) Codes or NAICS Codes for the facility:

SECTION C – FACILITY OPERATIONAL CHARACTERISTICS

1. List number of employees and shift starting times for the facility:

	# of employees	Starting time	
1st Shift	_____	_____	AM/PM
2nd Shift	_____	_____	AM/PM
3rd Shift	_____	_____	AM/PM

2. Average water use (in gallons) per month _____ Estimated [] Measured []

3. Check all types of wastewater generated at the facility

Domestic	[]	Equipment/Facility Washdown	[]
Non-Contact Cooling Water	[]	Air Pollution Control Equipment	[]
Contact Cooling Water	[]	Boiler/Tower Blowdown	[]
Process Water	[]	Stormwater Runoff to Sewer	[]
Other (Explain)			

4. This facility discharges to the following (check all that apply)

Sanitary Sewer	[]	Groundwater	[]
Storm Sewer	[]	Evaporation	[]
Waste Haulers	[]	Other (Explain) _____	

5. Indicate whether the business activity and facility discharge is:

[] Continuous
[] Seasonal: _____



6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets for all chemicals identified:

Chemical	Quantity

SECTION D-SPILL PREVENTATION

1. Do you have chemical storage containers at your facility?
Yes [] No []

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

2. Do you have floor drains at your facility?
Yes [] No []

If yes, where do they discharge:

3. If you have chemical storage containers in the manufacturing area, could an accidental spill lead to a discharge to (check all that apply):

- [] an onsite disposal system
- [] public sanitary sewer system (e.g. through a floor drain)
- [] storm drain
- [] to ground
- [] other, specify: _____
- [] not applicable, no possible discharge to any of the above routes



4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?
- Yes – Please enclose a copy
 - No
 - No applicable, since there are no floor drains and / or the facility discharges(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence:

SECTION E – SEWER INFORMATION

1. Is the building presently connected to the public sanitary sewer system?
- Yes – Sanitary sewer account number: _____
 - No: have you applied for a sanitary sewer hookup Yes No

SECTION F – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the Town sewer?
- Yes, if YES, complete the remainder of this application
 - No, if NO, skip to section I

Provide the following information on wastewater flow rate

Hours / Day Discharged

M _____

T _____

W _____

TH _____

F _____

SAT _____

SUN _____

Peak hourly flow rate (GPD): _____

Maximum daily flow rate (GPD): _____

Annual Daily average (GPD): _____



SECTION G – 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 table provided in this section to report the analytical results (Do not leave blanks). For all other (non regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S) or known not to be present (O), by placing the appropriate letter in the column for the average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location, and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or suspected to be present in proposed wastestreams by placing a P (expected to be present), S (maybe present) or O (will not be present)

POLLUTANT	MAXIMUM DAILY VALUE	DETECTION LEVEL USED	UNITS
Arsenic			
Carbonaceous Biological Oxygen Demand (CBOD5)			
Cadmium			
Chromium (total)			
Chromium (hexavalent)			
Chemical Oxygen Demand (COD)			
Copper			
Cyanide			
Lead			
Mercury			
Metals (total)			
Nickel			
Oil & Grease			
Selenium			
Silver			
Total Phenols			
Total Suspended Solids (TSS)			
Zinc			



Is any form of wastewater treatment (see list below) practiced at this facility?

- Yes
- No

Treatment devices or process used or proposed for treating wastewater or sludge (check as many as appropriate):

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, TYPE:
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill protection
- Sump
- Biological treatment, TYPE:
- Other chemical treatment, TYPE:
- Other physical treatment, TYPE:
- Other, TYPE:**

SECTION I – NON-DISCHARGE WASTES

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

- No, skip the remainder of Section I
- Yes, please describe below



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Waste Generated	Quantity (per year)	Disposal Method

If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility

If an outside firm removes any of the above checked wastes, state the name and address of all the waste haulers.

SECTION J-AUTHORIZED SIGNATURE

Authorized Representative Statement:

I certify under penalty of law that his 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 personas who manage the systems, 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.

Signature of Responsible Official

Date