



Hillsborough County Florida

ENVIRONMENTAL MANAGEMENT DIVISION

332 North Falkenburg Road

Tampa, Florida 33619

(813) 272-5977

HILLSBOROUGH COUNTY INDUSTRIAL USER PERMIT APPLICATION

INSTRUCTIONS:

Complete each section to the best of your ability and include attachments as needed. A permit will not be processed until the application is complete. Should you have any questions, please contact the Hillsborough County Industrial Pretreatment Staff/Team at (813) 272-5977 or by email at IPP@hillsboroughcounty.org.

CERTIFICATION:

The information contained in this questionnaire, to the best of my knowledge and belief, is true, complete, and accurate.

I understand that all applications are subject to field verification. I also understand that if any information in this permit application is found to have been false or misrepresented then the County shall withhold issuance of the permit, and the applicant may be subject to penalties as described in the Hillsborough County Industrial Wastewater Discharge Regulation.

(Please type) _____
(Name and Title of Official)

(Must be signed) _____
(Original Signature of Official) (Date)

(A hard copy of this document with a physical signature must be submitted to Hillsborough County Public Utilities, Environmental Management Division, 332 North Falkenburg Road, Tampa, FL 33619)

**HILLSBOROUGH COUNTY
INDUSTRIAL USER PERMIT APPLICATION FORM**

Note: Please read all attached instructions prior to and while completing this application.

SECTION A - GENERAL INFORMATION

1. Business Name: _____

a. Owner's Name / Title: _____

b. Operator's Name: _____

c. Is the operator identified in 1.b., the owner of the business?

Yes No

If no, provide the name and address of the operator and submit a copy of the contract and/or documents indicating the operator's scope of responsibility for the business.

2. Business Physical Address:

Street: _____

City: _____ State: _____ Zip: _____

3. Business Mailing Address (if different than above):

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

4. Designate two signatory authorities for the business (other than the owner):

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____

E-mail: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____

E-mail: _____

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of the business activity (check all that apply).

<u>Industrial User Categories</u>	<u>Code of Federal Regulations (CFR)</u>
<input type="checkbox"/> Aluminum Forming	40 CFR 467
<input type="checkbox"/> Battery Manufacturing	40 CFR 461
<input type="checkbox"/> Builder's Paper and Board Mills	40 CFR 431
<input type="checkbox"/> Carbon Black Manufacturing	40 CFR 458
<input type="checkbox"/> Centralized Waste Treatment	40 CFR 437
<input type="checkbox"/> Coal Coating	40 CFR 465
<input type="checkbox"/> Copper Forming	40 CFR 468
<input type="checkbox"/> Electrical & Electronic Components	40 CFR 469
<input type="checkbox"/> Electroplating	40 CFR 413
<input type="checkbox"/> Feedlots	40 CFR 412
<input type="checkbox"/> Fertilizer Manufacturing	40 CFR 418
<input type="checkbox"/> Glass Manufacturing	40 CFR 426
<input type="checkbox"/> Grain Mills	40 CFR 406
<input type="checkbox"/> Ink Formulating	40 CFR 447
<input type="checkbox"/> Inorganic Chemicals Manufacturing	40 CFR 415
<input type="checkbox"/> Iron and Steel Manufacturing	40 CFR 420
<input type="checkbox"/> Leather Tanning and Finishing	40 CFR 425
<input type="checkbox"/> Metal Finishing	40 CFR 433
<input type="checkbox"/> Metal Molding and Casting	40 CFR 464
<input type="checkbox"/> Nonferrous Metals Forming & Metal Powders	40 CFR 471
<input type="checkbox"/> Nonferrous Metals Manufacturing	40 CFR 421
<input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers	40 CFR 414
<input type="checkbox"/> Paint Formulating	40 CFR 446
<input type="checkbox"/> Paving and Roofing Materials (tars /asphalt)	40 CFR 443
<input type="checkbox"/> Pesticides Chemicals	40 CFR 455
<input type="checkbox"/> Petroleum Refining	40 CFR 419
<input type="checkbox"/> Pharmaceutical Manufacturing	40 CFR 439
<input type="checkbox"/> Porcelain Enameling	40 CFR 466
<input type="checkbox"/> Pulp, Paper, and Paperboard	40 CFR 430
<input type="checkbox"/> Rubber Manufacturing	40 CFR 428
<input type="checkbox"/> Soap and Detergent Manufacturing	40 CFR 417
<input type="checkbox"/> Steam Electric Power Generating	40 CFR 423
<input type="checkbox"/> Timber Products Processing	40 CFR 429
<input type="checkbox"/> Transportation & Equipment Cleaning	40 CFR 442
<input type="checkbox"/> Waste Combustors	40 CFR 444
<input type="checkbox"/> Wastewater Flow >25,000 GPD	Significant User

A facility with processes inclusive in these business areas may be covered by the Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users". The County's local limits also apply to all industrial users.

2. Give a description of all operations at this facility, including primary products or services (Attach additional sheets if necessary):

BUSINESS INFORMATION

Hillsborough County Business Tax Receipt: _____

Number of employees: _____ Number of shifts per day: _____

Hours of business operation: _____ Days of week: _____

Number of employees per shift: (1) _____ (2) _____ (3) _____

Date the facility began or will begin operation: _____

SECTION C – WATER SUPPLY

1. Water Sources: (Check as many as are applicable: circle County or City)

Private Well

Municipal Water Utility (Hillsborough County / City of Tampa):

Reclaimed Water (Hillsborough County / City of Tampa):

Surface Water / Name of Surface Water: _____

Other (Specify): _____

2. Name on the water bill: _____

Street: _____

City: _____ State: _____ Zip: _____

Water service account number: _____

SECTION D – SEWER INFORMATION

- 1. Is the building presently connected to the County’s sanitary sewer system?
[] Yes [] No [] Service Being Requested through Development Services
- 2. Name on the sanitary sewer bill: _____
Street: _____
City: _____ State: _____ Zip: _____
Sanitary sewer account number: _____

SECTION E – WASTEWATER DISCHARGE INFORMATION

- 1. Does (or will) this facility discharge any wastewater other than from restrooms to the County’s sanitary sewer system?
 - [] Yes – If “yes”, complete the remainder of the application.
 - [] No - If the answer to this question is “no”, skip to Section G.
- 2. Provide the following information on non-domestic wastewater flow rate.
 - a. Hours/Day Discharge (e.g., 8 hours/day):
M _____ T _____ W _____ T _____ F _____ SAT _____ SUN _____
 - b. Hours of discharge (e.g., 9 a.m. to 5 p.m.):
M _____ T _____ W _____ T _____ F _____ SAT _____ SUN _____
 - c. Peak hourly flow rate (GPH) _____
 - d. Maximum daily flow rate (GPD) _____
 - e. Annual daily average (GPD) _____
- 3. If a batch discharge occurs or will occur, indicate:
 - a. Number of batch discharges _____ per day / month / year (circle one).
 - b. Average volume per batch _____ (gals) and duration _____ (e.g. 15 minutes).
 - c. Time that batch discharge(s) normally occur _____
(Hours of day)
 - d. Flow rate _____ (gallons/minute).

SECTION F – TREATMENT

- 1. Are there any pretreatment devices or processes used for treating wastewater before being discharged to the County’s sanitary sewer system?

[] No [] Yes, describe: _____

(Show treatment system location in relation to process flows on schematic drawing. See Section H.3).

- 2. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the County’s sanitary sewer system. Please include estimated completion dates.

- 3. Describe any water conditioning processes used, i.e. reverse osmosis, cooling towers, and indicate the volume of their discharge to the sewer system: (List any chemicals used in Section G.3.)

- 4. Are all applicable Federal, State, or Local pretreatment standards and requirements being met on a consistent basis? [] Yes - [] No - [] Not Applicable

- 5. A flow meter with totalizer is required to measure the discharge of industrial process wastewater. Show the location of the flow meter on the schematic drawing in Section H.3. Describe the device and its location:

- 6. Routine sampling of the discharge to the County system will be required to determine compliance with the Local Limits. Show the location of the sampling point on the schematic drawing in Section H.3. Describe the sampling area, sampling equipment and the location:

SECTION G - NATURE OF OPERATION

- 1. Describe manufacturing of service activities, and final products:

2. List types of raw materials used on site (attach list if needed).

3. List types and quantity of chemicals used in the industrial process, stored or planned for use (attach list if needed). Identify which chemicals enter the County's sanitary sewer system. Attach a copy of Manufacturer's Safety Data Sheets for all chemicals listed.

Chemical	Quantity Stored	Quantity Used	Enters the Sewer (Y/N)

4. Summarize Each Regulated Process:

PROCESS DESCRIPTION	PRODUCTION RATE	PRETREATMENT STANDARD CATEGORY	SUBPART	SIC CODE

5. 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 - [] No

Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed).

6. Water Supply, Use, & Disposal Worksheet:

		Water			Measured	Estimated	Wastewater Disposal			Measured	Estimated
Water Used for:		Source(s)	Avg. gal/day	Max. gal/day			Method(s)	Avg. gal/day	Max. gal/day		
		(see Source List below)				(see Disposal List below)					
1	Process water										
2	Domestic (Sanitary)										
3	Water contained in product										
4	Boiler										
5	Plant Equipment Washdown water										
6	Non-Contact Cooling waters										
7	Contact Cooling water										
8	Cooling tower blowdown										
9	Other:										
		Totals =>				Totals =>					

Water Sources:		Disposal Methods:	
1	Potable (P)	1	Sanitary sewer, with pretreatment (SSWP)
2	Private well (PW)	2	Sanitary sewer, without pretreatment (SSWOP)
3	Reclaimed water (RW)	3	Evaporation (E)
4	Surface waters (SW)	4	Surface waters (SW)
5	Other (O)	5	Waste Haulers (WH)
		6	Water contained in product (WCIP)
		7	Other (O)

7. Is any water re-circulated or reused? Yes No

If yes, how much: _____ (gpd) and where _____.

8. Is the operation seasonal? Yes No

If yes, please describe: _____

SECTION H - WASTEWATER FLOW AND CHARACTERISTICS

1. Total facility flow in gallons per day (GPD):

Average _____ Maximum _____

2. Individual process flows in gallons per day (GPD):

PROCESSES	REGULATED(R) UNREGULATED(U) DILUTION(D)	AVERAGE FLOW RATE (GPD)	MAXIMUM FLOW RATE (GPD)	TYPE OF DISCHARGE (batch/continuous/none)
SANITARY WATER	D			
COOLING WATER				

If the type of discharge to any of above processes is answered none, explain how waste is disposed:

3. Provide on a separate sheet:

- a. **Schematic Flow Diagram (Figure 1)** – 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 its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the County sewer. Use these numbers when showing this unit processes in the building layout. A brief summary of each process activity (stepwise) needs to be included. (See Figure #1 example in instruction packet).
- b. **Building Layout Diagram (Figure 2)** – Draw to scale the location of each building on the premise. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the County sewer. Number each sewer and show pretreatment system (if applicable) and existing and/or proposed sampling location(s). (See Figure #2 example in instruction packet.)

4. Total Toxic Organic (TTO) / Hillsborough County Discharge Monitoring Parameters Requirements: Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are 1) listed in Table 1- Toxic Substances and /or 2) identified as TTO's for the applicable categorical pretreatment standards published by EPA?

Yes, (Please indicate by circling the parameter on Table #1)

No, (A certification statement will be required - See Instruction Sheet)

b. Has a Toxic Organic Management Plan (TOMP) been developed?

No Yes, (Please attach a copy)

5. Sampling for the Local Limits parameters is required; see Table 2. TTO (Table 1) sampling is required for certain CUIs, such as metal finishers; consult with the Control Authority. Please submit the results of the sampling for the parameter in Table 2 with the application. You may use the results from a similar facility if no process wastewater exists for this facility, but sampling will then be required within the first three months of operation start up. Ongoing sampling will be required based on the results.

SECTION I - SPILL PREVENTION

1. Are there chemical storage tanks, containers, or bins, at this facility?

No Yes, Please list and include in the facility diagram

Chemical	Liquid, Solid or Gas	Type of Container	Type of Secondary Containment	Proximity to floor drain

2. Are there floor drains in the chemical storage area(s)?

Yes - No - If yes, Where do they discharge to?

3. Are there floor drains in the manufacturing area?

Yes - No - If yes, Where do they discharge to?

4. Is there a Slug Control Plan for this facility?

TABLE 1.0
TOTAL TOXIC ORGANICS (TTO) PARAMETER LIST AND EPA ANALYTICAL METHOD

Method 625

1. Acenaphthene
2. Acenaphthylene
3. Anthracene
4. Benzidine
5. Chrysene
6. Fluoranthene
7. Fluorene
8. Isophorone
9. 1,2,4-Trichlorobenzene
10. Hexachlorobenzene
11. Hexachloroethane
12. Hexachlorobutadiene
13. Hexachlorocyclopentadiene
14. 2-Chloronaphthalene
15. 2-Chlorophenol
16. 2,4,6-Trichlorophenol
17. Parachlorometa cresol (p-chloro-m-cresol)
18. 3,3-Dichlorobenzidine
19. 2,4-Dichlorophenol
20. 2,4-Dimethylphenol
21. 2,4-Dinitrotoluene
22. 2,6-Dinitrotoluene
23. 1,2-Diphenylhydrazine
24. 4-Chlorophenyl phenyl ether
25. 4-Bromophenyl phenyl ether
26. Bis (2-chloroisopropyl) ether
27. Bis (2-chloroethoxy) methane
28. Bis (2-ethylhexyl) phthalate
29. Bis (2-chloroethyl) ether
30. Naphthalene
31. Nitrobenzene
32. 2-Nitrophenol
33. 4-Nitrophenol
34. 2,4-Dinitrophenol
35. 4,6-Dinitro-o-cresol
36. N-nitrosodimethylamine
37. N-nitrosodiphenylamine
38. N-nitrosodi-n-propylamine
39. Pentachlorophenol
40. Phenol
41. Butyl benzyl phthalate
42. Di-n-butyl phthalate
43. Di-n-octyl phthalate
44. Diethyl phthalate
45. Dimethyl phthalate
46. Benzo(a)anthracene (1,2-Benzanthracene)
47. Benzo(a)pyrene (3,4-benzopyrene)
48. Benzo(b)fluoranthene (3,4-Benzofluoranthene)
49. Benzo(k)fluoranthene (11,12-Benzofluoranthene)
50. Benzo(ghi)perylene (1,12-Benzoperylene)
51. Phenanthrene
52. Dibenzo(a,h)anthracene (1,2,5,6-Dibenzanthracene)
53. Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene)
54. Pyrene

Method 624

55. 1,2-Dichlorobenzene
56. 1,3-Dichlorobenzene
57. 1,4-Dichlorobenzene
58. Acrolein
59. Acrylonitrile
60. Benzene
61. Carbon Tetrachloride (tetrachloromethane)
62. Chlorobenzene
63. 1,2-Dichloroethane
64. 1,1,1-Trichloroethane
65. 1,1-Dichloroethane
66. 1,1,2-Trichloroethane
67. 1,1,2,2-Tetrachloroethane
68. Chloroethane
69. 2-Chloroethyl vinyl ether (mixed)
70. Chloroform (trichloromethane)
71. 1,1-Dichloroethylene
72. 1,2-Trans-dichloroethylene
73. 1,2-Dichloropropane
74. 1,3-Dichloropropylene (1,3-dichloropropene)
75. Ethylbenzene
76. Methylene chloride (dichloromethane)
77. Methyl chloride (chloromethane)
78. Methyl bromide (bromomethane)
79. Bromoform (tribromomethane)
80. Dichlorobromomethane
81. Chlorodibromomethane
82. Tetrachloroethylene
83. Toluene
84. Trichloroethylene
85. Vinyl chloride (chloroethylene)

Method 608

86. Aldrin
87. Dieldrin
88. Chlordane (technical mixture and metabolites)
89. 4,4-DDT
90. 4,4-DDE (p,p-DDX)
91. 4,4-DDD (p,p-TDE)
92. Alpha-endosulfan
93. Beta-endosulfan
94. Endosulfan sulfate
95. Endrin
96. Endrin aldehyde
97. Heptachlor
98. Heptachlor epoxide
99. Alpha-BHC
100. Beta-BHC
101. Gamma-BHC
102. Delta-BHC
103. PCB-1242 (Arochlor 1242)
104. PCB-1254 (Arochlor 1254)
105. PCB-1221 (Arochlor 1221)
106. PCB-1232 (Arochlor 1232)
107. PCB-1248 (Arochlor 1248)
108. PCB-1260 (Arochlor 1260)
109. PCB-1016 (Arochlor 1016)
110. Toxaphene
111. 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)

Table 2.0	Sample the Following Parameters	
Parameters	Abbreviation	Analytical Method Required
1,4-dichlorobenzene	--	625.1
Arsenic	As	200.8 / 200.7
Bis(2-ethylhexyl)phthalate	BEHP	625.1
Cadmium	Cd	200.8 / 200.7
Chromium	Cr	200.8 / 200.7
Copper	Cu	200.8 / 200.7
Cyanide (total)	CN	4500-Cn
Lead	Pb	200.8 / 200.7
Manganese	Mn	200.8 / 200.7
Mercury	Hg	245.1
Molybdenum	Mo	200.8 / 200.7
Nickel	Ni	200.8 / 200.7
Fats, Oil and Grease (HEM)	--	1664
Oil and Grease (HEM-SGT)	--	1664
pH	—	Field Measurement
Selenium	Se	200.8 / 200.7
Silver	Ag	200.8 / 200.7
Zinc	Zn	200.8 / 200.7
Biochemical Oxygen Demand	BOD	5210 B
Total Suspended Solids	TSS	2540
Total Kjeldahl Nitrogen	TKN	4500-N/350.1/351.1/351.2
Total Phosphorus	TP	4500-P/365.1/365.3/365.4

INDUSTRIAL USER PERMIT APPLICATION - INSTRUCTIONS

Instructions to some questions on the permit application are given below. All questions must be answered. **DO NOT LEAVE BLANKS.** If a question is not applicable, indicate so on the form.

SECTION A – INSTRUCTIONS (GENERAL INFORMATION)

1. Enter the business's official or legal name. Do not use a colloquial name.
 - a. Operator Name: Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility.
 - b. Indicate whether the entity which operates the business also owns it by marking the appropriate box.
 - c. If the response is "No", clearly indicate the operator's name and address and submit a copy of the contract and/or other documents indication the operator's scope of responsibility for the facility.
2. Provide the physical location of the business that is applying for a discharge permit.
3. Provide the mailing address where correspondence from the Control Authority may be sent.
4. Provide all the names of the authorized signatories for this facility for the purposes of signing all reports. The designated signatory is defined as:
 - a. A responsible corporate officer, if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
 - (i) a president, secretary, treasurer, or 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. A general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship respectively.
 - c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agents.
 - d. A duly authorized representative of the Individual designated in paragraph (a), (b), or (c) of this section if:
 - (i) the authorization is made in writing by the individual described in paragraph (a), (b), or (c);

- (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - (iii) the written authorization is submitted to the County.
- e. If an authorization under paragraph (d) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (d) of this section must be submitted to the County prior to or together with any reports to be signed by an authorized representative.

SECTION B – INSTRUCTIONS (BUSINESS OPERATIONS)

1. Check off all operations that occur or will occur at your facility. If you have any questions regarding how to categorize your business activity, contact the Industrial Pretreatment Team at (813) 272-5977 for the technical guidance.
2. Give a brief description of all operations at this facility including primary products or services.

SECTION E – INSTRUCTIONS (WASTEWATER DISCHARGE INFORMATION)

1. If you answer “no” to this question, skip to Section G; otherwise complete the remainder of the application.

SECTION F – INSTRUCTIONS (TREATMENT)

1. Pretreatment devices or processes used for treating wastewater (i.e. flow equalization, activated carbon, activated sludge, air stripping, centrifugation, chemical precipitation, chlorination, cyanide destruction, cyclone, dissolved air floatation, filtration, flocculation, grease interceptor, grease trap, grit removal, ion exchange, neutralize (pH adjust), biological treatment, ozonation, reverse osmosis, screening, sedimentation, septic tank, silver recovery, solvent separation, spill protection, ect.)

SECTION G – INSTRUCTIONS (FACILITY OPERATIONAL CHARACTERISTICS)

1. State the basic purpose of the industry (i.e. manufacture printed circuit boards) or type of service performed. Identify products.
2. Prepare a list of all raw materials used to produce the product. Example: sheet metal, foam, screens, different parts, aluminum, paints, etc.
3. Provide a listing of all chemicals used (or planned) in the facility’s operations. Indicate the amount used or planned in daily units. Avoid the use of trade names of chemicals. If trade names are used, also provide chemical compounds. Provide copies of all available manufacturers’ safety data sheets for all chemicals identified that will be discharged to the sewer system.
4. A regulated process is a process, which produces wastewater that must be monitored before entering the sewer system. All processes requiring regulation are to be listed here to include the following:

- a. **PROCESS DESCRIPTION**- Short title describing the purpose of the process (i.e. electroplating, pickling, etc.).
 - b. **PRODUCTION RATE**- The amount of product produced in pounds, pieces or some quantifiable measuring unit.
 - c. **PRETREATMENT STANDARD CATEGORY**- Only for EPA categorical industries, list the Code of Federal Regulation (CFR) number (i.e. Electroplating = 40 CFR Part 413).
 - d. **SUBPART**- Pertains to the subcategory of item #C, if any (i.e. Secondary Silver Subcategory = Subpart L of 40 CFR Part 421).
 - e. **SIC CODE**- The Standard Industrial Classification (SIC) is a federal government index used to identify business activity. The public library maintains the SIC reference.
5. Explain proposed changes that may need to be incorporated into the permit.
 6. Provide daily average water usage and disposal methods within the facility. Contact cooling water is cooling water that during the process comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary water includes only water used in restrooms. Plant and equipment washdown includes floor washdown. If sanitary flow is not metered, provide an estimate based on 15 gallons per day (gpd) for each employee.
 7. Identify the process which re-circulates/reuses the water and document the amount.
 8. Describe any operational time deviations from a standard Monday through Friday, five-day work week, 52 weeks per year.

SECTION H – WASTEWATER FLOW AND CHARACTERISTICS

1. If a flow-metering device is not installed for effluent metering, use your monthly sewer bill to obtain a three (3) month average. Use the highest recorded daily flow over the three-month period to report the maximum flow in gallons per day.
2. Under process column, described in detail the process column from page 8, #4. Under Regulated (R), Unregulated (U) and Dilution (D) columns, identify whether that specific process is R, U or D. The definitions listed below will help your determination: If you are still uncertain, leave blank until further review by Hillsborough County staff.
 - a. **REGULATED WASTESTREAM**. A wastestream from an industrial process that is regulated by a Categorical Standard or County Limit as set forth in the Hillsborough County Industrial Wastewater Discharge Regulation.
 - b. **UNREGULATED WASTESTREAM**. A wastestream that is not regulated by a Categorical Standard, or County Limit as set forth in the Hillsborough County Industrial Wastewater Discharge Regulation, or a permit condition and not considered a dilute wastestream.
 - c. **DILUTED WASTESTREAM**. The average daily flow (at least a thirty (30) day average) from:
 1. Sanitary wastewater (considered dilute for all pollutants unless stated otherwise in the published Categorical Pretreatment Standard).

2. Non contact cooling water and boiler blowdown provided, however, that where such streams contain a significant amount of pollutant, and the combination of such streams, prior to treatment with an Industrial User's regulated process wastestream(s) will result in a substantial reduction of that pollutant, the Director may exercise his discretion to determine whether such stream(s) should be classified as dilute or unregulated.
3. Wastestreams listed in Appendix D to 40 CFR Part 403 (considered dilute for all pollutants).

Under average flow rate (gpd) column, list the average amount (12-month average) of discharged flow in gallons per day from the specified process.

Under maximum flow rate (gpd) column, list the maximum amount (during the past 12 months) of discharge flow gallons per day from the specified process.

Under type of discharge (batch, continuous, none) column, identify whether the discharge flow is batch (held into a tank and discharged), continuous (constantly discharging), or none (no discharge).

3.
 - a. See attached Figure 1
 - b. See attached Figure 2
4. Total Toxic Organic (TTO) means the sum of the masses or concentrations of specific toxic compounds found in the industrial user's process discharge. The individual organic compounds that make up the TTO value and the minimum reportable quantities differ according to the particular industrial categories [see applicable categorical pretreatment standards, 40 CFR Parts 405-471]. See Table 1 with Industrial User Application.

	<u>Condition</u>	<u>Response</u>
4.1.6.1	Facility has TTO and discharges same into the wastewater collection system.	Monitor wastewater for specific TTO being discharged. Submit analyses according to permit.
4.1.6.2	Facility has TTO and does not discharge same into the wastewater collection system.	Submit one-time Toxic Organic Management Plan (TOMP) and semi-annual certification statements.
4.1.6.3	Facility has no TTO	Submit the following certification statement semi-annually. "Based on my inquiry of the persons directly responsible for managing compliance with the TTO limitations, I certify that, to the best of my knowledge and belief, this facility has no known toxic organic compounds listed in Table 1 of the Hillsborough County Industrial User Permit Application".

5. b. Toxic Organic Management Plan (TOMP). A strategy for keeping track of all solvents delivered to a site, their storage, use and disposal. This includes keeping spent solvents segregated from other process wastewaters to maximize the value of the recoverable solvents, to avoid contamination of other segregated wastes, and to prevent the discharge of toxic organics to any wastewater collection system or the environment. The plan should address the control of spills and leaks and also ensure that there is no deliberate dumping of solvents.

SECTION I – SPILL PREVENTION

1. Describe how the spill occurred, what was spilled, when the spill happened, where it occurred, how much was spilled, and whether or not the spill reached the sewer. Also explain what measures have been taken to prevent a recurrence or what measures have been taken to limit damage if another spill occurs.

SECTION J – NON-DISCHARGED WASTES

1. For wastes not discharged to the Control Authority's sewer, indicate types of waste generated, amount generated, the way in which the waste is disposed (e.g. incinerated, hauled, etc.), and the location of disposal.
2. Types of permits could be air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc.

UNDER PERMIT TITLE COLUMN- Identify the type of permit, example: Hazardous Waste, Air Pollution, Wastewater Discharge, etc.

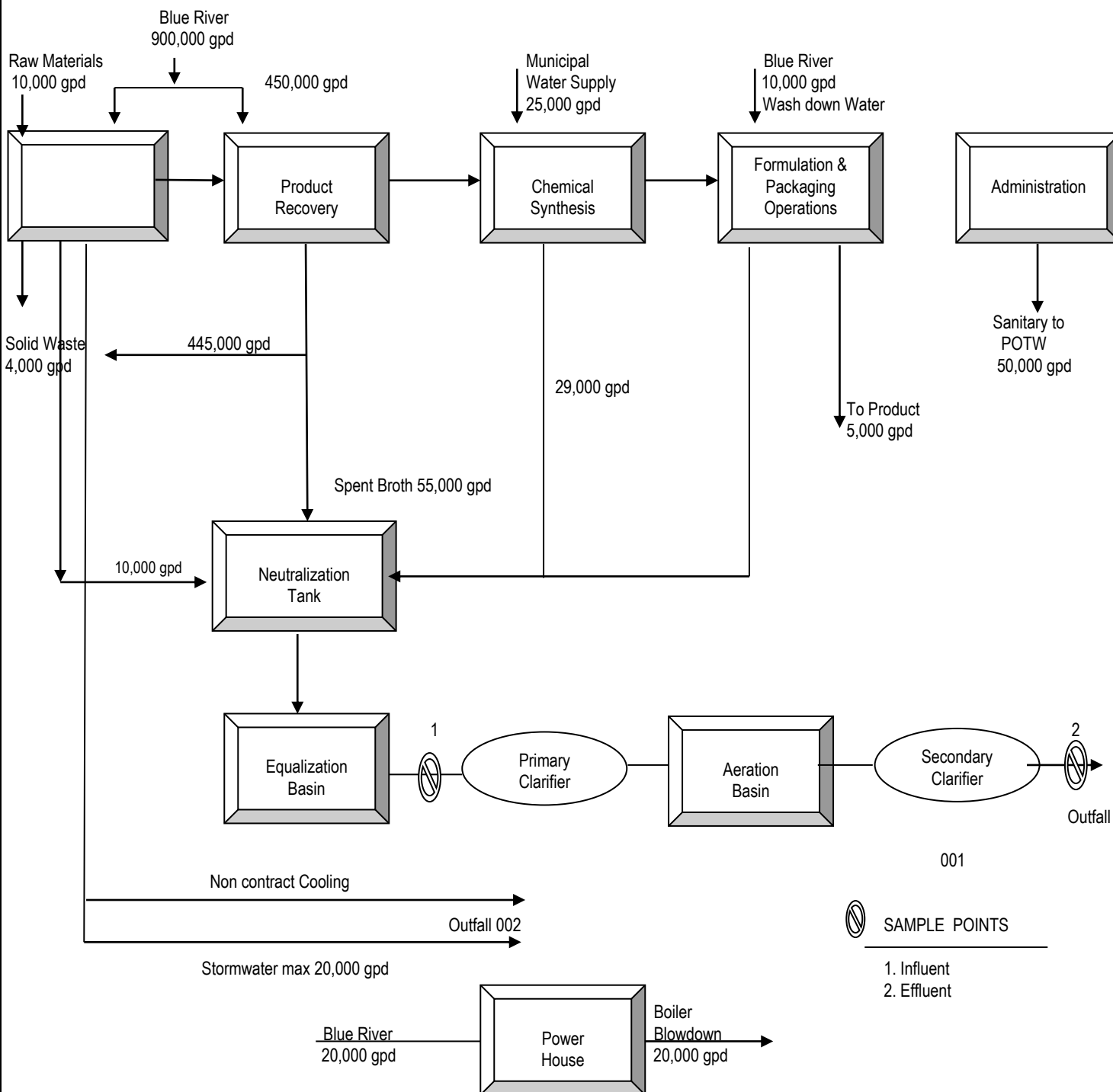
UNDER PERMIT NUMBER COLUMN- Identify the permit number held for each specified type of permit.

UNDER ISSUING AGENCY COLUMN- Identify the agency your company received the permit from, for example: EPA, DER, Hillsborough County, etc.

UNDER EXPIRATION DATE COLUMN- Give the date that your company's permit is due to expire for each specified permit.

A schematic flow diagram is required to be completed. Assign a sequential reference number to each process starting with No. 1. An example of a drawing is shown below in Figure 1. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.

FIGURE 1. EXAMPLE SCHEMATIC FLOW DIAGRAM



A Building layout or plant site plan of the premises is required to be completed. Approved building plans may be substituted. An arrow showing North as well as the map scale must be shown. Identify each existing and proposed sampling location and facility plumbing. Number each unit process discharge wastewater to the public sewer. Use the same numbering system in Figure 1, the schematic flow diagram. An example of the drawing required is shown below.

FIGURE 2. EXAMPLE SCHEMATIC FLOW DIAGRAM

COMPANY NAME

(Scale 1" = 100')

