



**Attention:** Commercial and Industrial Users

Pinellas County Utilities (PCU) Industrial Pretreatment Program (IPP) is required to identify and evaluate all non-domestic sources of wastewater entering into the County's wastewater treatment facilities, in accordance with the United States Environmental Protection Agency and the Florida Department of Environmental Protection regulations. In order to accomplish this, all commercial users discharging to the PCU sewer system are being required to complete a PCU IPP Industrial User Survey. The Business Category Letters provided below should be included in response to Question A.5. on the Industrial User Survey.

**BUSINESS CATEGORY LETTERS FOR NON-DOMESTIC USERS**

|  |   |  |   |
|--|---|--|---|
| <b>A</b> Abrasive, Asbestos, Misc. Nonmetallic Mineral Products - Stone, Glass, Clay, Concrete, etc. | <b>F</b> Food Processor, Grocery Store, Restaurant, Hotel/Motel, School, Day Care, Dairy Products | <b>N</b> Metal Fabrication -Structural Products              | <b>V</b> Paints, Varnishes, Laquers, Enamels                        |
| <b>B</b> Fiberglass - Boat / Spa – Repairs & Manufacturing   | <b>G</b> Grease, Fats, Oils -Processing / Recycling   | <b>O</b> Ophthalmic Goods                                    | <b>W</b> Wastewater Misc., Solid Waste, Water Treatment - Discharge |
| <b>C</b> Chemical Products Misc. - Pesticides, Herbicides  | <b>H</b> Hospitals, Laboratories  | <b>P</b> Photo Finishing                                     | <b>X</b> Other categories not specified here                        |
| <b>D</b> Soaps, Cleaners Manufacturing   | <b>I</b> Electronics, Electrical Equipment  | <b>Q</b> Printing, Publishing, Inks, Dyes                    | <b>Y</b> Battery Manufacturing                                      |
| <b>E</b> Metal Finishing, Electroplating, Circuit Board Manufacturing                                | <b>J</b> Fertilizers  | <b>R</b> Hair Salons, Pet Grooming, Kennels                  | <b>Z</b> Metal Forming  |
|  | <b>K</b> Pharmaceuticals, Vitamins  | <b>S</b> Rubber & Plastic Products, Injection Molding        | <b>ZZ</b> Dentist, Orthodontist, Oral Surgeon                       |
|  | <b>L</b> Laundering Operations  | <b>T</b> Manufacturing Industries Misc.                      |   |
|  | <b>M</b> Metal Working, Machine Shop, Casting, Molding  | <b>U</b> Automotive Service, Repairs, Car Wash, Gas Stations |   |

Please return the completed Industrial User Survey to the IPP at 1620 Ridge Road, Largo, Florida 33778. The completed Application **MUST** be returned within 15 calendar days of receipt. Failure to return the Industrial User Survey is a violation of the Pinellas County Code, Section 126-386. You may be contacted to set up a time for an on-site facility inspection as a follow up to this survey. If you have any questions pertaining to this survey, contact the IPP at (727) 582-2379. PCU personnel will contact you periodically to update any changes that may have taken place at your facility since the original Industrial User Survey was submitted.

Sincerely,

**PINELLAS COUNTY UTILITIES**

*Kevin King*

Kevin King  
Project Coordinator  
Industrial Pretreatment & Wastewater Facilities Regulatory Monitoring Programs



INDUSTRIAL PRETREATMENT PROGRAM
INDUSTRIAL USER SURVEY

Need more information? For help Mon-Fri 8-4, call (727) 582-2379, or visit http://www.pinellascounty.org/utilities/industrial-pretreatment.htm
RETURN THIS SIGNED FORM BY \_\_\_/\_\_\_/\_\_\_ TO: Pinellas County Utilities - IPP, 1620 Ridge Road, Largo, FL 33778 OR
Scan and Email to ipp@pinellascounty.org

A. GENERAL INFORMATION

1. Business Name: \_\_\_\_\_
Facility Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_
Mailing Address (if different): \_\_\_\_\_
E-mail Address: \_\_\_\_\_

2. On site person authorized to represent this company.
Name: \_\_\_\_\_ Title: \_\_\_\_\_

3. Year this Facility was established at this location: \_\_\_\_\_

4. Facility is owned [ ] or leased/rented [ ]. If leased/rented:
Landlord Name: \_\_\_\_\_
Landlord Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

5. Brief description of the manufacturing, industrial processes, production, or business activities
conducted at this facility. Business Category Letter(s) [see cover letter]: \_\_\_\_\_
Description: \_\_\_\_\_

6. Number of employees per shift:
Sun. Mon. Tue. Wed. Thur. Fri. Sat.
1st Shift : \_\_\_\_\_
2nd Shift: \_\_\_\_\_
3rd Shift : \_\_\_\_\_

7. Are any process changes or expansions planned during the next two years? [ ]yes [ ]no
If yes, approximate date: \_\_\_\_\_, changes planned: \_\_\_\_\_

B. WATER USAGE AND WASTEWATER DESCRIPTION

1. What is the source of this facility's incoming water supply?
[ ] Pinellas County Utilities Account Number: \_\_\_\_\_
[ ] City of \_\_\_\_\_
[ ] Other (specify) \_\_\_\_\_

2. Approximate average of this facility's last six months water usage: \_\_\_\_\_ gallons/month
(Attach copies of last six months water bills if not providing PCU account number) (OVER)

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3. Indicate all current or planned source(s) of wastewater discharged to the Pinellas County Utilities (PCU) sewer system from this facility:  None – no physical connection to sewer  
 Restrooms/Break Room  Kitchen (Commercial/Institutional scale)  
 Cooling Water, non-contact  Boiler/Tower blow down  
 Cooling Water, contact  Pollution Control Unit/Pretreatment System  
 Industrial Processes (Specify): \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

4. Identify any of the following chemical/material categories that are stored, used, or generated at the facility in quantities greater than five gallons, and list the individual chemicals below in Question 5:  
 NONE  Acids/Alkalis (A)  Dyes/Inks (B)  Heavy Metals (C)  
 Coolants (D)  Oil/Grease (E)  Paints (F)  Sludge/Solids (G)  
 Biological/Organic (H)  Pesticides (I)  Solvents (J)  Hydraulic Fluids (K)  
 Disinfectant/Biocide (L)  Flammables (M)  
 Other (Specify): \_\_\_\_\_

5. Please list all chemicals (in quantities greater than five gallons) used or stored on site: (Additional sheets or copies of MSDS may be attached if necessary.)

| Category/Chemical | Average Quantity<br>(on site) | How is the waste disposed of? |
|-------------------|-------------------------------|-------------------------------|
| _____             | _____                         | Sewer / Hauled Off / Other    |
| _____             | _____                         | Sewer / Hauled Off / Other    |
| _____             | _____                         | Sewer / Hauled Off / Other    |
| _____             | _____                         | Sewer / Hauled Off / Other    |

6. How are the indicated waste(s) disposed of? Provide name and address of waste hauler(s) if used:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Does this facility have floor drains in the process or chemical storage area(s)?  yes  no  
 If yes, briefly describe where these floor drains discharge to: \_\_\_\_\_  
 \_\_\_\_\_

8. Has this facility's wastewater ever been analyzed?  yes  no  
 If yes, please attach copies of the analytical lab reports.

**C. CERTIFICATION**

I hereby state that the information contained on this survey is familiar to me, and to the best of my knowledge and belief, such information is true, complete, and accurate.

\_\_\_\_\_  
 Authorized Facility Representative (print)

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date