



**PINELLAS COUNTY UTILITIES  
INDUSTRIAL PRETREATMENT PROGRAM  
INDUSTRIAL WASTEWATER PERMIT APPLICATION**

**SECTION A. GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_

2. Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Facility Mailing Address: Same as above \_\_\_\_\_ (check if applicable)

Street or P.O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Responsible Corporate Officer – Similar information is required for each authorized representative:  
(Attach and reference additional sheet if needed.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

5. Designated Facility Contact – Similar information is required for each facility contact:  
(Attach and reference additional sheet if needed.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

6. Is the facility owned \_\_\_\_\_ or leased \_\_\_\_\_? If leased, provide landlord information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION A. GENERAL INFORMATION** (continued)

7. Please check one of the following:

Existing Industrial Discharger \_\_\_\_\_ Proposed Industrial Discharger \_\_\_\_\_

If existing, year facility was established on site: \_\_\_\_\_

If proposed, give anticipated start date of discharge: \_\_\_\_\_

8. Are any environmental control permits held by or for the facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide a list of all permits and permit numbers.  
(Attach and reference additional sheet if needed.)

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**SECTION B. PRODUCT AND SERVICE INFORMATION**

1. List the major service(s) provided by or performed at this facility:

Office(s): \_\_\_\_\_ Warehousing: \_\_\_\_\_ Retail/Wholesale/Trade: \_\_\_\_\_ Medical Care: \_\_\_\_\_

Manufacturing (specify): \_\_\_\_\_

Service (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

2. Give a brief description of **all** industrial processes (use additional sheets if necessary):

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3. Indicate applicable Standard Industrial Classification (SIC) codes for all processes:  
(If more than one applies, list in descending order of importance.)

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_ e) \_\_\_\_\_ f) \_\_\_\_\_

**SECTION B. PRODUCT AND SERVICE INFORMATION** (continued)

- 4. Attachment B – Categorical Regulated Operations
  - a) New Applications: Complete ***Attachment B – Categorical Regulated Operations.***
  - b) Renewal Applications: \_\_\_\_\_ no changes; \_\_\_\_\_ changes indicated on ***Attachment B – Categorical Regulated Operations.***
- 5. List ALL chemicals used and/or stored on site; include all hazardous, corrosive, explosive, flammable or toxic materials. Indicate approximate quantity, container type and storage location(s) of each chemical (use additional sheets if necessary):

CHEMICAL NAME	QUANTITY	CONTAINER TYPE	STORAGE LOCATION

**SECTION C. FACILITY PHYSICAL CHARACTERISTICS**

- 1. Facility Schematic Diagram: **Submit a detailed drawing of the facility.** Show map orientation and include the location of water meters, sewer lines, floor drains, sinks and lavatories. Indicate the primary usage of all parts of the facility (office, process, chemical storage, pretreatment, etc.). This drawing must indicate the flow of water into, through and out of the facility. Mark point(s) of discharge into the sewer system. Note: A blueprint of the facility showing the above listed items may be attached in lieu of a drawing. **See Attachment C 1 – Example Drawing.**
- 2. Schematic Process Flow Diagram(s): **Submit a schematic process flow diagram for each major activity in which wastewater is (or will be) generated.** Include 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 waste streams. Include average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data, this **MUST** be indicated by an “E”. Number each unit process having wastewater discharges to the Pinellas County sewer system. Use these numbers when showing unit processes in the facility diagram in item C.1. and on the Water Usage/Discharge Calculation Worksheet (Attachment E). **See Attachment C 2 – Example Drawing.**

**SECTION D. FACILITY OPERATIONAL CHARACTERISTICS**

1. What are the hours of operation (start/end times) and average # of employees per shift?

Number of Employees Per Shift								
Shift	Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 <sup>st</sup>								
2 <sup>nd</sup>								
3 <sup>rd</sup>								

2. What is the average days per month this facility is in operation? \_\_\_\_\_ Days/month.

3. Are there scheduled shutdowns? (i.e. vacation, maintenance, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate reason(s) and period(s) when shutdowns occur: \_\_\_\_\_

\_\_\_\_\_

4. Are there peak periods associated with production? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate when: \_\_\_\_\_

\_\_\_\_\_

**SECTION E. WATER / WASTEWATER CHARACTERISTICS**

1. Describe water supply source(s). Provide account numbers and include copies of previous 12 months of water bills where applicable (QUANTITY in gallons/month).

SOURCE	QUANTITY	ACCOUNT # (if applicable)
<b>Municipal Water Supply</b>	_____	_____
<b>Municipal Water Supply</b>	_____	_____
<b>Private Well</b>	_____	_____
<b>Recycled Process Water</b>	_____	_____
<b>Other (specify)</b>	_____	_____
<b>Total Incoming Water</b>	_____	_____

**SECTION E. WATER / WASTEWATER CHARACTERISTICS** (continued)

2. **Complete Attachment E – Water/Wastewater Calculation Worksheet.** List the average daily water usage and the average and maximum daily discharges for each process at this facility in **gallons per day**. For process flows, indicate each process separately and use process numbers from the Schematic Process Flow Diagram(s) in Section C.2. Specify estimated **(E)** or measured **(M)** for each value. For wastewater discharge, indicate whether the discharge is continuous **(C)** or batch **(B)** and if the discharge goes through the designated sample point or directly to the Pinellas County (PC) sewer system. If there is **NO** discharge from a process, indicate by lining through both Sample Point and PC boxes. The total average water use should equal the total incoming water use (gallons/month) indicated in Section E.1. divided by the average operational days (days/month) indicated in Section D.2.

3. Describe any water treatment or conditioning processes applied to **INCOMING** water only (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does the facility currently use or plan to use a water reclamation system? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, briefly describe the recovery process, volume and percent recovered, and area of reuse. Use the reference number from the process flow diagram that corresponds to the process(s) being described (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are any process changes or expansions planned during the next year that would change volume or flow characteristics of the water usage of wastewater discharge? (Consider all processes: production, reuse, treatment, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe these changes and their effects on present volume and flow characteristics (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION F: WASTEWATER DISCHARGE CHARACTERISTICS**

1. Does (or will) this facility discharge any wastewater other than sanitary waste from restrooms to the Pinellas County (PC) sewer system?

\_\_\_\_\_ Yes – Please complete the remainder of this Section.

\_\_\_\_\_ No – Please skip to **SECTION G.**

**SECTION F: WASTEWATER DISCHARGE CHARACTERISTICS (continued)**

2. Attachment F – Wastewater Discharge Characteristics

- a) New Applications: Complete **Attachment F – Wastewater Discharge Characteristics**.
- b) Renewal Applications: \_\_\_\_\_ no changes; \_\_\_\_\_ changes indicated on **Attachment F – Wastewater Discharge Characteristics**.

3. For batch discharges, please indicate the following (use additional sheets if necessary):

Process / Type of Discharge: \_\_\_\_\_

\_\_\_\_\_

Frequency of discharge(s): \_\_\_\_\_ times per day

Average volume of discharge: \_\_\_\_\_ gallons per discharge

Batch discharge flow rate: \_\_\_\_\_ gallons per minute

Time of discharge(s): \_\_\_\_\_ at \_\_\_\_\_  
(Days of week) (Hours of day)

4. Has a Baseline Monitoring Report (BMR) been submitted? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Does this facility have (or plan to have) automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Present:      Sampling Equipment      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
                    Flow Meters                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Planned:      Sampling Equipment      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
                    Flow Meters                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If you answered yes to any of the above, please indicate the present or planned location of this equipment on the facility schematic (Section C 1) and describe the equipment below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION F: WASTEWATER DISCHARGE CHARACTERISTICS (continued)**

6. Indicate method(s) used to collect wastewater discharge sample(s) (composite, grab) and describe where samples are collected (end-of-process, end-of-pipe, sump, etc.):

SAMPLE METHOD

COLLECTION SITE

SAMPLE METHOD	COLLECTION SITE
_____	_____
_____	_____

7. Are sample analyses performed at this facility \_\_\_\_\_, by an outside laboratory \_\_\_\_\_, or by both \_\_\_\_\_? Provide the following information for each outside laboratory that performs any monitoring or analytical activities for your facility (use additional sheets if necessary).

Laboratory name: \_\_\_\_\_

Certification number: \_\_\_\_\_

Contact person at laboratory: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parameter(s) analyzed: \_\_\_\_\_

**SECTION G: WASTEWATER TREATMENT**

1. Is any form of wastewater treatment used at this facility?

\_\_\_\_\_ Yes - Please complete the remainder of this section.

\_\_\_\_\_ No - Please continue to Section H.

2. Check the appropriate type of treatment used for ANY waste streams which are treated prior to discharge.

- |                             |                              |
|-----------------------------|------------------------------|
| _____ Air Flotation         | _____ Biological Treatment   |
| _____ Centrifuge            | _____ Chemical Precipitation |
| _____ Chlorination          | _____ Cyclone                |
| _____ Filtration            | _____ Flow Equalization      |
| _____ Grease/Oil Separation | _____ Grease Trap            |
| _____ Ion Exchange          | _____ Neutralization         |
| _____ Ozonation             | _____ Reverse Osmosis        |
| _____ Sedimentation         | _____ Solvent Separation     |
| _____ Evaporation           | _____ Other (specify): _____ |

**SECTION G: WASTEWATER TREATMENT** (continued)

3. Wastewater Treatment Schematic Diagram: **Submit a detailed process flow diagram of the wastewater treatment system.** Include process equipment, byproduct disposal method, waste/byproduct volumes, design and operating conditions etc. Mark point(s) of discharge into the sewer system. **See Attachment G 3 – Example Drawing.**

4. Briefly describe the operation of the wastewater treatment system. Include chemicals used and what they are used for (use additional sheets if necessary):

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5. Indicate if wastewater treatment is batch \_\_\_\_\_, continuous \_\_\_\_\_, or both \_\_\_\_\_.  
If batch, please indicate the frequency: \_\_\_\_\_ times/day or \_\_\_\_\_ days/week.

6. Provide the following information for the person(s) responsible for wastewater treatment operation (use attachment sheet for any additional operators):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Working hours (example: 9:00 am – 5:00 pm): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Working hours (example: 9:00 am – 5:00 pm): \_\_\_\_\_

7. Do you have a written standard operating procedures manual for the correct operation of your treatment equipment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

8. Do you have a written maintenance schedule for your treatment equipment?

\_\_\_\_\_ Yes \_\_\_\_\_ No



**SECTION H: SPILL PREVENTION AND CONTROL**

1. Does this facility have floor drains in the manufacturing, chemical storage or pretreatment area(s)?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, briefly describe the location and where these floor drains discharge to.

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2. Has a Spill Control and Countermeasure or Slug Control Plan been developed for this facility to prevent chemical spills or slug discharges from entering the sewer system?

\_\_\_\_\_ Yes    A copy is on file with Pinellas County Utilities IPP.

\_\_\_\_\_ Yes    A copy is NOT on file with Pinellas County Utilities IPP.  
(If not, please submit a copy with this application.)

\_\_\_\_\_ No

\_\_\_\_\_ N/A    There are no floor drains and/or this facility discharges only domestic wastes.

**SECTION I: NON-DISCHARGED WASTE**

1. Are there any liquid or solid wastes generated and **NOT** disposed of in the sewer system?

\_\_\_\_\_ Yes    Please complete the remainder of this section.

\_\_\_\_\_ No    Please skip to Section J.

2. Provide a list of the wastes hauled offsite for the previous year. Indicate the type of waste removed, quantity, date removed and the company that removed the waste from your facility. Note: Copies of waste manifests may be submitted providing all requested information is included and the copies are legible. (For renewal applications, this documentation is to be provided with the annual waste report.)

3. If oil/grease is removed from the facility, indicate the nature of the waste and the disposal site used:

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**SECTION I: NON-DISCHARGED WASTE (continued)**

4. Check the type of waste generated and indicate the quantity and disposal method used.

TYPE OF WASTE GENERATED	QUANTITY (gallons or lbs./year)	DISPOSAL METHOD USED
___ Acids	_____	_____
___ Alkalis	_____	_____
___ Dyes, Inks	_____	_____
___ Heavy Metals	_____	_____
___ Inorganic Compounds	_____	_____
___ Organic Compounds	_____	_____
___ Oil / Grease	_____	_____
___ Paints	_____	_____
___ Pesticides	_____	_____
___ Sludge	_____	_____
___ Solvents	_____	_____
___ Other (specify):	_____	_____
___ Other (specify):	_____	_____

5. If an outside firm removes any of the above indicated wastes, specify name(s) and address(s) of all waste haulers. Include permit numbers where applicable (use additional sheets if necessary).

Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

6. Does the facility currently reuse or plan to reuse chemicals or other materials?

\_\_\_ Yes \_\_\_ No If yes, briefly describe the recovery process(s), substance(s) recovered, percent recovered and the concentration(s) of any spent solution(s). Use the reference number from the process flow diagram that corresponds to the process(s) being described (use additional sheets if necessary): \_\_\_\_\_

**SECTION J: AUTHORIZED SIGNATURES**

**Responsible Corporate Officer:**

“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 gathered and evaluated 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, 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.”

I understand that in accordance with PCC 126-352, obtaining and complying with the conditions of the IWP does not relieve a permittee of its obligation to comply with all federal and state pretreatment standards or requirements, or with any other requirements of federal, state, or local law. In addition, I certify that I have contacted the Pinellas County Building and Development Review Services Division to assure compliance with PCC, Division 4. – Zoning Clearances and Clearances for Permits, Section 138.151, Zoning Clearance Required.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

You may wish to designate an alternate representative to act in the absence of the Responsible Corporate Officer; this may be especially helpful when processing specific time/date sensitive reports and compliance issues. Provide the following information if you wish to have a designated alternate representative.

**Designated Responsible Corporate Officer:**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**PINELLAS COUNTY UTILITIES INDUSTRIAL PRETREATMENT PROGRAM  
INDUSTRIAL WASTEWATER PERMIT APPLICATION**

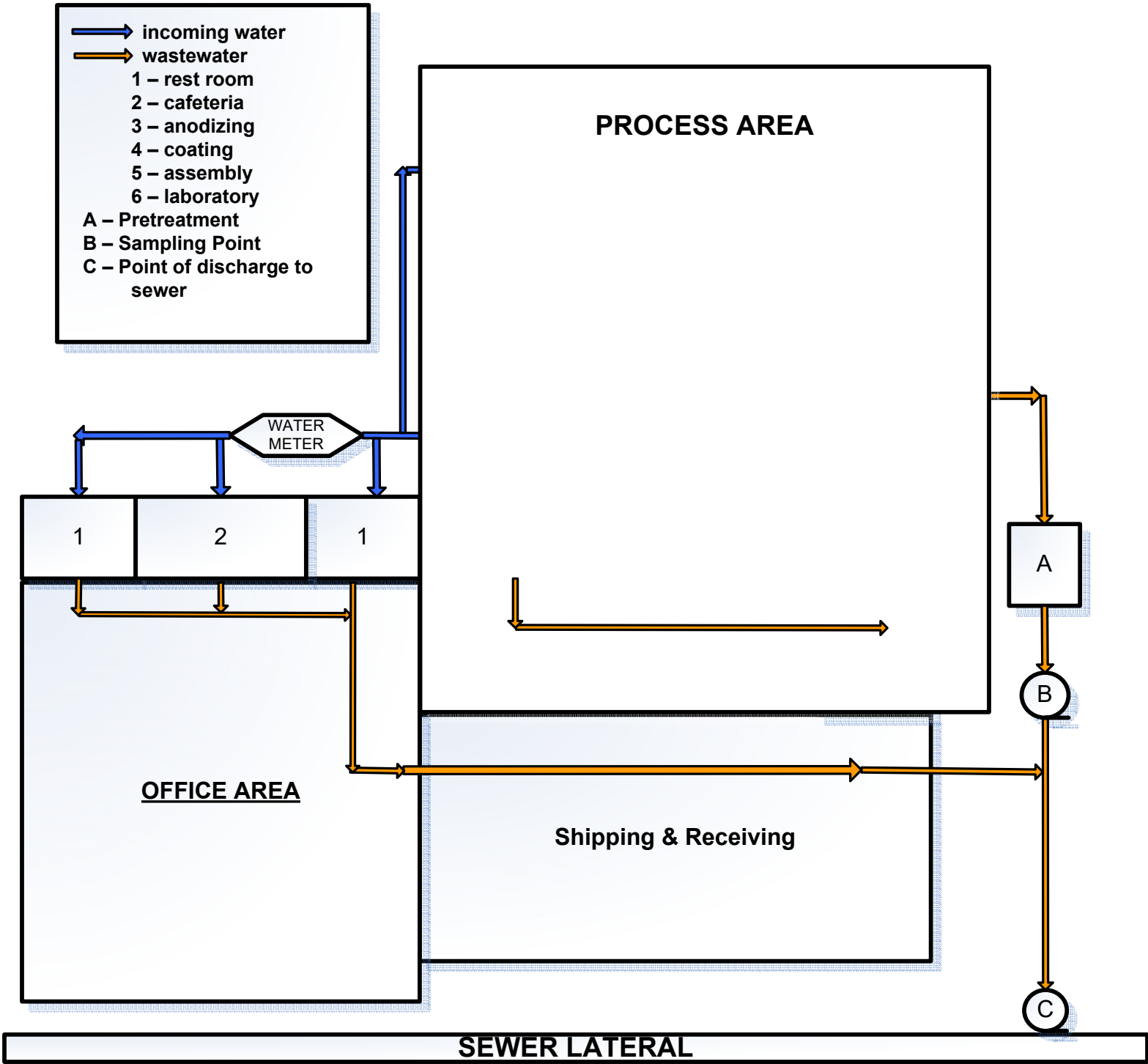
**ATTACHMENT - B Categorical Regulated Operations - Section B 4**

If this facility performs (or will be performing) processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category or business activity. Check all that apply. Please note, a facility with processes listed below may be covered by Federal pretreatment standards.

Check Below	40 CFR#	Industrial Activity	Check Below	40 CFR#	Industrial Activity
	467	Aluminum Forming		434	Coal Mining
	427	Asbestos Manufacturing		465	Coil Coating
	461	Battery Manufacturing		468	Copper Forming
	431	Builders Paper & Board Mills		405	Dairy Products Processing
	469	Electrical, and Electronic Components		414	OCPSF Organic Chemicals, Plastics, & Synthetic Fiber Mfg.
	413	Electroplating		440	Ore Mining & Dressing
	457	Explosives Manufacturing		446	Paint Formulating
	412	Feedlots		443	Paving & Roofing Materials Mfg.
	424	Ferro Alloy Manufacturing		455	Pesticide Manufacturing
	418	Fertilizer Manufacturing		419	Petroleum Manufacturing
	464	Foundries, Metal Mold & Casting		439	Pharmaceutical Manufacturing
	426	Glass Manufacturing		422	Phosphate Manufacturing
	406	Grain Mills		459	Photographic Supplies
	454	Gum & Wood Chemicals Mfg.		463	Plastics Molding & Forming
	460	Hospitals		466	Porcelain Enameling
	447	Ink Formulating		430	Pulp Paper & Paperboard
	415	Inorganic Chemical Mfg.		428	Rubber Manufacturing
	420	Iron & Steel Manufacturing		417	Soap & Detergent Mfg.
	425	Leather Tanning & Finishing		423	Steam Electric Power Generation
	432	Meat Products		409	Sugar Processing
	433	Metal Finishing		410	Textile Mills
	464	Metal Molding & Casting		429	Timber Products Processing
	436	Mineral Mining & Processing			<b>Others</b>
	471	Nonferrous Metal, Form & Powder			
	421	Nonferrous Metals Manufacturing			

PINELLAS COUNTY UTILITIES  
INDUSTRIAL PRETREATMENT PROGRAM  
INDUSTRIAL WASTEWATER PERMIT APPLICATION

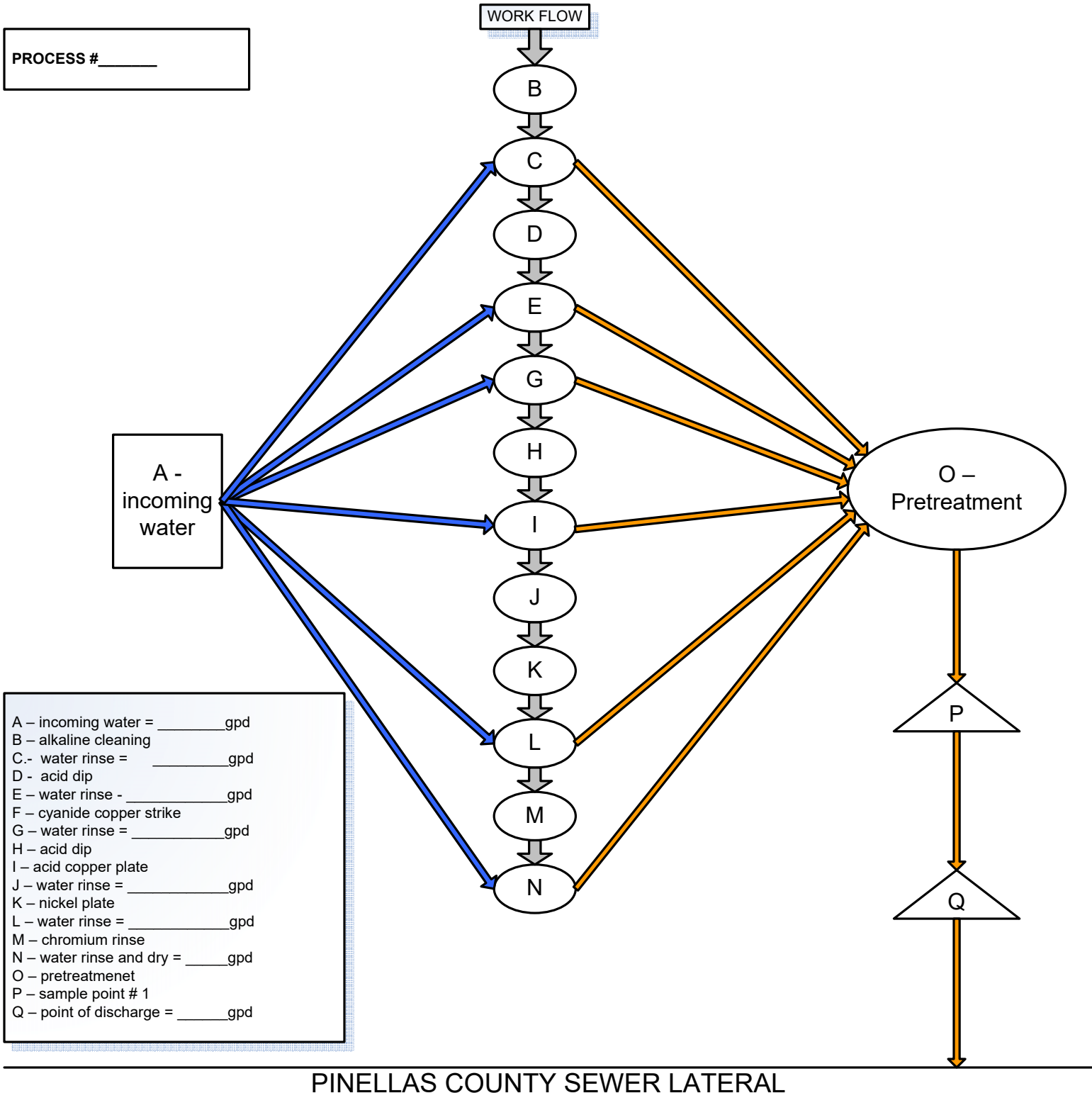
Facility Schematic Diagram  
ATTACHMENT C 1 Example Drawing



PINELLAS COUNTY UTILITIES  
 INDUSTRIAL PRETREATMENT PROGRAM  
 INDUSTRIAL WASTEWATER PERMIT APPLICATION

Process Schematic Flow Diagram  
 ATTACHMENT C 2 Example Drawing

PROCESS # \_\_\_\_\_



- A - incoming water = \_\_\_\_\_ gpd
- B - alkaline cleaning
- C - water rinse = \_\_\_\_\_ gpd
- D - acid dip
- E - water rinse - \_\_\_\_\_ gpd
- F - cyanide copper strike
- G - water rinse = \_\_\_\_\_ gpd
- H - acid dip
- I - acid copper plate
- J - water rinse = \_\_\_\_\_ gpd
- K - nickel plate
- L - water rinse = \_\_\_\_\_ gpd
- M - chromium rinse
- N - water rinse and dry = \_\_\_\_\_ gpd
- O - pretreatment
- P - sample point # 1
- Q - point of discharge = \_\_\_\_\_ gpd

PINELLAS COUNTY SEWER LATERAL



**PINELLAS COUNTY UTILITIES INDUSTRIAL PRETREATMENT PROGRAM  
INDUSTRIAL WASTEWATER PERMIT APPLICATION**

**ATTACHMENT - F Wastewater Discharge Characteristics - Section F 2**

Complete the following table documenting pollutants which are used or present on site. For all listed pollutants, check appropriate columns and include the average daily value concentration in mg/L, if the pollutant is known to be present in the wastewater discharge.

Chemical Name	Check if Present at Facility	Check if Present in Discharge	Check if Present in Sludge	Concentration in Discharge (if known)
Acenaphthene	_____	_____	_____	_____
Acenaphthylene	_____	_____	_____	_____
Acrolein	_____	_____	_____	_____
Acrylonitrile	_____	_____	_____	_____
Aldrin	_____	_____	_____	_____
Anthracene	_____	_____	_____	_____
Benzene	_____	_____	_____	_____
Benzidine	_____	_____	_____	_____
Benzo (a) anthracene	_____	_____	_____	_____
Benzo (a) pyrene	_____	_____	_____	_____
Benzo (b) fluoranthene	_____	_____	_____	_____
Benzo (g,h,i) perylene	_____	_____	_____	_____
Benzo (k) fluoranthene	_____	_____	_____	_____
a-BHC (alpha)	_____	_____	_____	_____
b-BHC (beta )	_____	_____	_____	_____
d-BHC (delta)	_____	_____	_____	_____
g-BHC (gamma)	_____	_____	_____	_____
Bis (2-chloroethyl) ether	_____	_____	_____	_____
Bis (2-chloroethoxy) methane	_____	_____	_____	_____
Bis (2-chloroisopropyl) ether	_____	_____	_____	_____
Bis (chloromethyl) ether	_____	_____	_____	_____
Bis (2-ethylhexyl) phthalate	_____	_____	_____	_____
Bromodichloromethane	_____	_____	_____	_____
Bromoform	_____	_____	_____	_____
Bromomethane	_____	_____	_____	_____
4-bromophenylphenyl ether	_____	_____	_____	_____
Butyl benzyl phthalate	_____	_____	_____	_____
Carbon tetrachloride	_____	_____	_____	_____
Chlordane	_____	_____	_____	_____
4-chloro-3-methyl phenol	_____	_____	_____	_____
Chlorobenzene	_____	_____	_____	_____
Chloroethane	_____	_____	_____	_____
2-chloroethylvinyl ether	_____	_____	_____	_____
Chloroform	_____	_____	_____	_____
Chloromethane	_____	_____	_____	_____
2-chloronaphthalene	_____	_____	_____	_____
2-chlorophenol	_____	_____	_____	_____
4-chlorophenylphenyl ether	_____	_____	_____	_____
Chrysene	_____	_____	_____	_____
4,4-DDD	_____	_____	_____	_____
Acenaphthene	_____	_____	_____	_____
4,4-DDE	_____	_____	_____	_____
4,4-DDT	_____	_____	_____	_____



**ATTACHMENT - F Wastewater Discharge Characteristics - Section F.2. (continued)**

Chemical Name	Check if Present at Facility	Check if Present in Discharge	Check if Present in Sludge	Concentration in Discharge (if known)
Dibenzo (a,h) anthracene	_____	_____	_____	_____
Dibromochloromethane	_____	_____	_____	_____
1,2-dichlorobenzene	_____	_____	_____	_____
1,3-dichlorobenzene	_____	_____	_____	_____
1,4-dichlorobenzene	_____	_____	_____	_____
3,3-dichlorobenzidine	_____	_____	_____	_____
Dichlorodifluoromethane	_____	_____	_____	_____
1,1-dichloroethane	_____	_____	_____	_____
1,2-dichloroethane	_____	_____	_____	_____
1,1-dichloroethene	_____	_____	_____	_____
trans-1,2-dichloroethene	_____	_____	_____	_____
2,4-dichlorophenol	_____	_____	_____	_____
1,2-dichloropropane	_____	_____	_____	_____
(cis & trans) 1,3-dichloropropene	_____	_____	_____	_____
Dieldrin	_____	_____	_____	_____
Diethyl phthalate	_____	_____	_____	_____
2,4-dimethyl phenol	_____	_____	_____	_____
Dimethyl phthalate	_____	_____	_____	_____
Di-n-butyl phthalate	_____	_____	_____	_____
Di-n-octyl phthalate	_____	_____	_____	_____
4,6-dinitro-2-methyl phenol	_____	_____	_____	_____
2,4-dinitrophenol	_____	_____	_____	_____
2,4-dinitrotoluene	_____	_____	_____	_____
2,6-dinitrotoluene	_____	_____	_____	_____
1,2-diphenylhydrazine	_____	_____	_____	_____
Endosulfan I	_____	_____	_____	_____
Endosulfan II	_____	_____	_____	_____
Endosulfan sulfate	_____	_____	_____	_____
Endrin	_____	_____	_____	_____
Endrin aldehyde	_____	_____	_____	_____
Ethyl benzene	_____	_____	_____	_____
Fluoranthene	_____	_____	_____	_____
Fluorene	_____	_____	_____	_____
Heptachlor	_____	_____	_____	_____
Heptachlor epoxide	_____	_____	_____	_____
Hexachlorobenzene	_____	_____	_____	_____
Hexachlorobutadiene	_____	_____	_____	_____
Hexachlorocyclopentadiene	_____	_____	_____	_____
Hexachloroethane	_____	_____	_____	_____
Indeno (1,2,3-cd) pyrene	_____	_____	_____	_____
Isophorone	_____	_____	_____	_____
Methylene chloride	_____	_____	_____	_____
Naphthalene	_____	_____	_____	_____
Nitrobenzene	_____	_____	_____	_____
2-nitrophenol	_____	_____	_____	_____
4-nitrophenol	_____	_____	_____	_____
N-nitrosodimethylamine	_____	_____	_____	_____
N-nitrosodi-n-propylamine	_____	_____	_____	_____
N-nitrosodiphenylamine	_____	_____	_____	_____
PCB-1016	_____	_____	_____	_____
PCB-1221	_____	_____	_____	_____
PCB-1232	_____	_____	_____	_____
PCB-1242	_____	_____	_____	_____

**ATTACHMENT - F Wastewater Discharge Characteristics - Section F.2. (continued)**

Chemical Name	Check if Present at Facility	Check if Present in Discharge	Check if Present in Sludge	Concentration in Discharge (if known)
PCB-1248	_____	_____	_____	_____
PCB-1254	_____	_____	_____	_____
Pentachlorophenol	_____	_____	_____	_____
Phenanthrene	_____	_____	_____	_____
Phenol	_____	_____	_____	_____
Pyrene	_____	_____	_____	_____
2,3,7,8-tetrachlorodibenzo-p-dioxin	_____	_____	_____	_____
1,1,2,2-tetrachloroethane	_____	_____	_____	_____
Tetrachloroethene	_____	_____	_____	_____
Toluene	_____	_____	_____	_____
Toxaphene	_____	_____	_____	_____
1,2,4-trichlorobenzene	_____	_____	_____	_____
1,1,1-trichloroethane	_____	_____	_____	_____
1,1,2-trichloroethane	_____	_____	_____	_____
Trichlorethylene	_____	_____	_____	_____
Trichlorofluoromethane	_____	_____	_____	_____
2,4,6-trichlorophenol	_____	_____	_____	_____
Vinyl chloride	_____	_____	_____	_____
Antimony (Total)	_____	_____	_____	_____
Arsenic (Total)	_____	_____	_____	_____
Beryllium (Total)	_____	_____	_____	_____
Cadmium (Total)	_____	_____	_____	_____
Chromium (Total)	_____	_____	_____	_____
Copper (Total)	_____	_____	_____	_____
Lead (Total)	_____	_____	_____	_____
Mercury (Total)	_____	_____	_____	_____
Molybdenum (Total)	_____	_____	_____	_____
Nickel (Total)	_____	_____	_____	_____
Selenium (Total)	_____	_____	_____	_____
Silver (Total)	_____	_____	_____	_____
Thallium (Total)	_____	_____	_____	_____
Zinc (Total)	_____	_____	_____	_____
Asbestos (Fibrous)	_____	_____	_____	_____
Cyanide (Total)	_____	_____	_____	_____
Phenols (Total)	_____	_____	_____	_____
Acid Solutions (Specify):	_____	_____	_____	_____
_____	_____	_____	_____	_____
Alkaline Solutions (Specify):	_____	_____	_____	_____
_____	_____	_____	_____	_____
Radioactive Material (Specify):	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other (Specify):	_____	_____	_____	_____
_____	_____	_____	_____	_____

PINELLAS COUNTY UTILITIES  
INDUSTRIAL PRETREATMENT PROGRAM  
INDUSTRIAL WASTEWATER PERMIT APPLICATION

Wastewater Treatment Schematic Diagram  
ATTACHMENT G 3 Example Drawing

