



**Pinellas County Department of Environment and Infrastructure  
Industrial Pretreatment Program**

The Pinellas County (PC) Department of Environment and Infrastructure, Water and Sewer Division's 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 PC sewer system are being required to complete the PC IPP Industrial User Survey enclosed. 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, Restaurant, Grocery Store, Hotel/Motel, School, Day Care, Dairy Products | <b>M</b> Metal Working, Machine Shop, Casting, Molding | <b>T</b> Manufacturing Industries Misc.                            |
| <b>B</b> Fiber Glass - Boat / Spa - Manufacturing & Repairs  | <b>G</b> Grease, Fats, Oils - Processing / Recycle  | <b>N</b> Metal Fabrication - Structural Products       | <b>U</b> Automotive Service, Repairs, Car Wash                     |
| <b>C</b> Chemical Products Misc. - Pesticides, Herbicides  | <b>H</b> Hospitals, Laboratories  | <b>O</b> Ophthalmic Goods                              | <b>V</b> Paints, Varnishes, Laquers, Enamels                       |
| <b>D</b> Soaps, Cleaners Manufacturing   | <b>I</b> Electronics, Electrical Equipment  | <b>P</b> Photo Finishing                               | <b>W</b> Wastewater Misc. Solid Waste, Water Treatment - Discharge |
| <b>E</b> Metal Finishing, Electroplating, Circuit Board Mfg.   | <b>J</b> Fertilizers  | <b>Q</b> Printing, Publishing, Inks, Dyes              | <b>X</b> Other categories not specified here                       |
|  | <b>K</b> Pharmaceuticals, Vitamins  | <b>R</b> Hair Salons, Pet Grooming, Kennels            | <b>Y</b> Battery Manufacturing                                     |
|  | <b>L</b> Laundering Operations  | <b>S</b> Rubber & Plastic Products, Injection Molding  | <b>Z</b> Metal Forming - Non Ferrous                               |

Failure to complete and return the Industrial User Survey is a violation of the Pinellas County Code, Section 126-308. You may be contacted to set up a time for an on-site facility inspection as a follow up. If you have any questions pertaining to completing the survey, contact IPP staff at (727)582-2379. IPP 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.

Please return the completed Industrial User Survey to:

PINELLAS COUNTY DEI  
Industrial Pretreatment Program  
1620 Ridge Road, Building A,  
Largo, Florida 33778



PINELLAS COUNTY DEI INDUSTRIAL PRETREATMENT PROGRAM  
INDUSTRIAL USER SURVEY

**A. GENERAL INFORMATION**

1. Company 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 (from cover letter): \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Days of operation and number of employees per shift:

	Sun.	Mon.	Tue.	Wed.	Thr.	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  
 City of \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

2. Average of this facility's last six months water usage: \_\_\_\_\_ gallons/month  
(Attach copies of last six months water bills)

3. Does (or will) this facility discharge any wastewater other than from restrooms to the Pinellas County sewer system? yes no  
 If yes, please indicate the source(s) of the wastewater:  
 Cooling water, non-contact  Boiler / Tower blow down  
 Cooling Water, contact  Pollution Control Unit / Pretreatment System  
 Process (Specify): \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

4. Has this facility's wastewater ever been analyzed? yes no  
 If yes, please attach copies of the analyses.

5. Please list all chemicals (in quantities greater than one gallon) used and/or stored on site:  
 (Attach additional sheets if necessary)

<u>Chemical</u>	<u>Average Quantity</u> (on site)	<u>Will this chemical be in wastewater discharged to Pinellas County Sewer?</u>	
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no

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

7. Are any liquid or solid wastes (excluding City/County garbage) generated and NOT disposed of in the Pinellas County Sewer System? yes no  
 If yes, indicate the type(s) of waste generated:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acids, Alkalis      | <input type="checkbox"/> Dyes, Inks             | <input type="checkbox"/> Heavy Metals      |
| <input type="checkbox"/> Inorganic Compounds | <input type="checkbox"/> Oil/Grease             | <input type="checkbox"/> Organic Compounds |
| <input type="checkbox"/> Paints              | <input type="checkbox"/> Pesticides             | <input type="checkbox"/> Sludge            |
| <input type="checkbox"/> Solvents            | <input type="checkbox"/> Other (Specify): _____ |  |

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

**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.

\_\_\_\_\_  
 Responsible Corporate Officer (print)

\_\_\_\_\_  
 Signature of Responsible Corporate Officer

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date