



A. GENERAL INFORMATION:

Company Name: _____

Mailing Address: _____

Physical Address: _____

Company Phone Number: _____

Authorized Representative: _____ Title: _____

Contact Phone Number: _____ Alt. Phone Number: _____

North American Industry Classification System Code (NAICS): _____

Standard Industrial Code (if applicable): _____

B. PLANT OPERATIONAL CHARACTERISTICS:

1. Describe the activities at your facility: _____

2. Is production seasonal? YES NO If yes, explain and indicate peak production months:

3. Average number of employees per shift:

1 st shift:	_____
2 nd shift:	_____
3 rd shift:	_____

4. Shift Start Times:

1 st shift:	_____
2 nd shift:	_____
3 rd shift:	_____

5. Circle Days Open:
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

6. Quantify typical annual production: _____

7. List the QUANTITY and QUALITY of the wastewater discharge:

a. Average Annual Flow: _____ Min/Max Discharge Temperature: _____

b. Peak Monthly Flow: _____ Min/Max Daily Ph: _____

c. Peak Daily Flow: _____ Min/Max Daily Conductivity: _____

8. Does your facility have a grease interceptor or oil/water separator? YES NO

a. Volume of each grease interceptor or oil/water separator _____

9. Does your facility have a water softener on-site? YES NO

10. List any chemicals for process or cleaning purposes that will be used at your facility:

11. List of any tanks over 100 gallons and contents:

C. ADDITIONAL COMMENTS:

D. SIGNATURE OF APPLICANT

Signature

Date

Printed name

Submit to: IndustrialPretreatment@plantcitygov.com