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

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

   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)
<table>
<thead>
<tr>
<th>Chemical</th>
<th>Average Quantity (on site)</th>
<th>Will this chemical be in wastewater discharged to Pinellas County Sewer?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ]yes [ ]no</td>
</tr>
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<td></td>
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<td>[ ]yes [ ]no</td>
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<td>[ ]yes [ ]no</td>
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<td></td>
<td></td>
<td>[ ]yes [ ]no</td>
</tr>
</tbody>
</table>

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:
   [ ] Acids, Alkals [ ] Dyes, Inks [ ] Heavy Metals
   [ ] Inorganic Compounds [ ] Oil/Grease [ ] Organic Compounds
   [ ] Paints [ ] Pesticides [ ] Sludge
   [ ] Solvents [ ] 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