



Pinellas County Department of Environment and Infrastructure
Industrial Pretreatment Program

INDUSTRIAL WASTEWATER DISCHARGE 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.)

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):

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 4 – Categorical Regulated Operations.***

b) Renewal Applications: _____ no changes; _____ changes indicated on ***Attachment B 4 – 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 st								
2 nd								
3 rd								

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)
Municipal Water Supply	_____	_____
Municipal Water Supply	_____	_____
Private Well	_____	_____
Recycled Process Water	_____	_____
Other (specify)	_____	_____
Total Incoming Water	_____	_____

SECTION E. WATER / WASTEWATER CHARACTERISTICS (continued)

2. **Complete Attachment E 2 – 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: WATERWATER 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.

SECTION F: WATERWATER DISCHARGE CHARACTERISTICS (continued)

_____ No – Please skip to **SECTION G**.

2. Attachment F – Wastewater Discharge Characteristics

a) New Applications: Complete **Attachment F 2 – Wastewater Discharge Characteristics**.

b) Renewal Applications: _____ no changes; _____ changes indicated on **Attachment F 2 – 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: WATERWATER 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

_____	_____
_____	_____

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: WATERWATER 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

_____ Centrifuge

_____ Chlorination

_____ Filtration

_____ Grease/Oil Separation

_____ Ion Exchange

_____ Ozonation

_____ Sedimentation

_____ Evaporation

_____ Biological Treatment

_____ Chemical Precipitation

_____ Cyclone

_____ Flow Equalization

_____ Grease Trap

_____ Neutralization

_____ Reverse Osmosis

_____ Solvent Separation

_____ Other (specify): _____

SECTION G: WATERWATER 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):

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.

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 DEI IPP.

_____ Yes A copy is on NOT on file with Pinellas County DEI IPP.
(If so, 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:

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

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 IWDP 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 Authorized Representative; 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.

Responsible Corporate Officer:

PRINTED NAME

SIGNATURE

TITLE

DATE

PINELLAS COUNTY DEI INDUSTRIAL PRETREATMENT PROGRAM

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

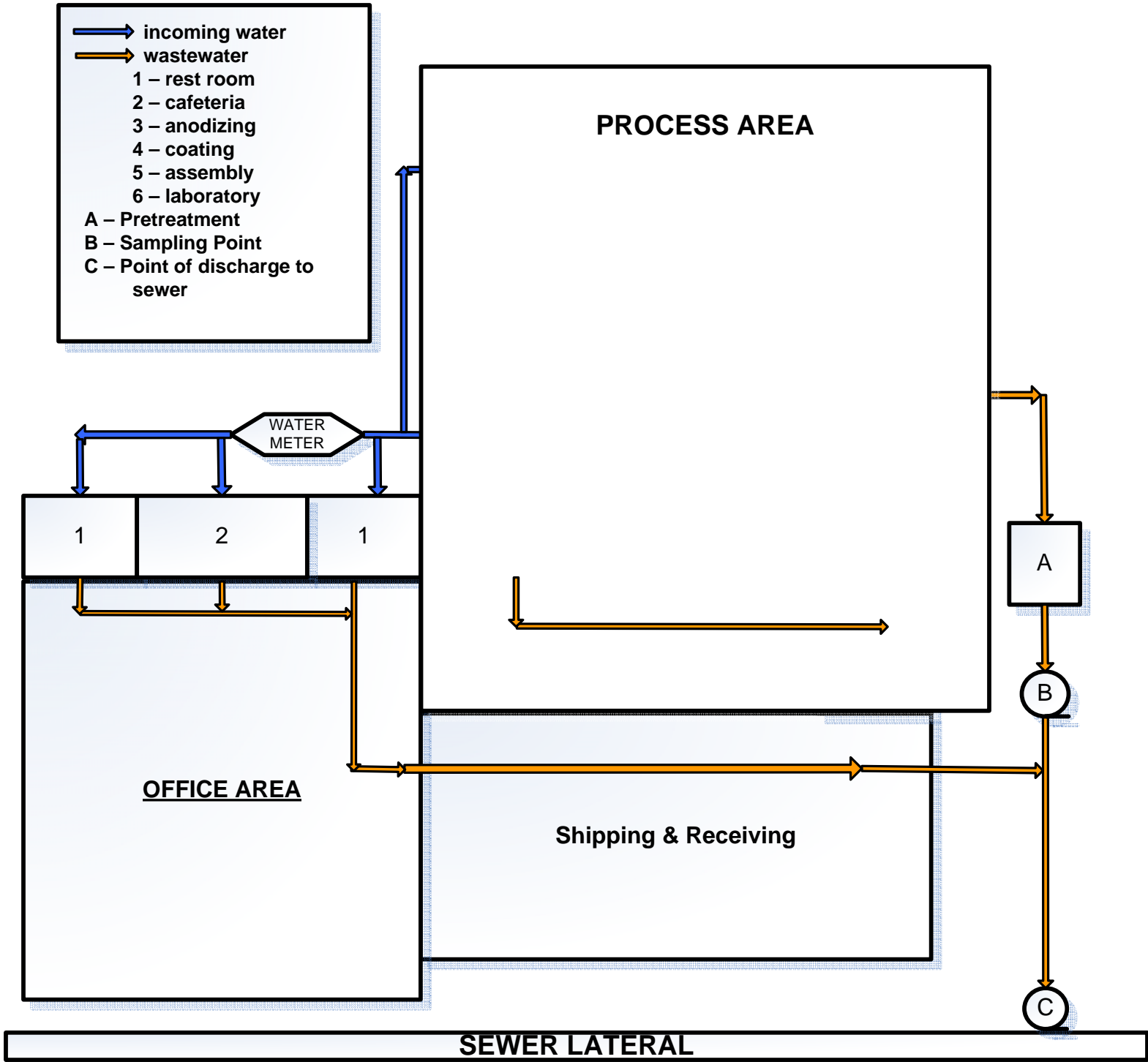
ATTACHMENT - B Categorical Regulated Operations - Section B 4

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			Others
	471	Nonferrous Metal, Form & Powder			
	421	Nonferrous Metals Manufacturing			

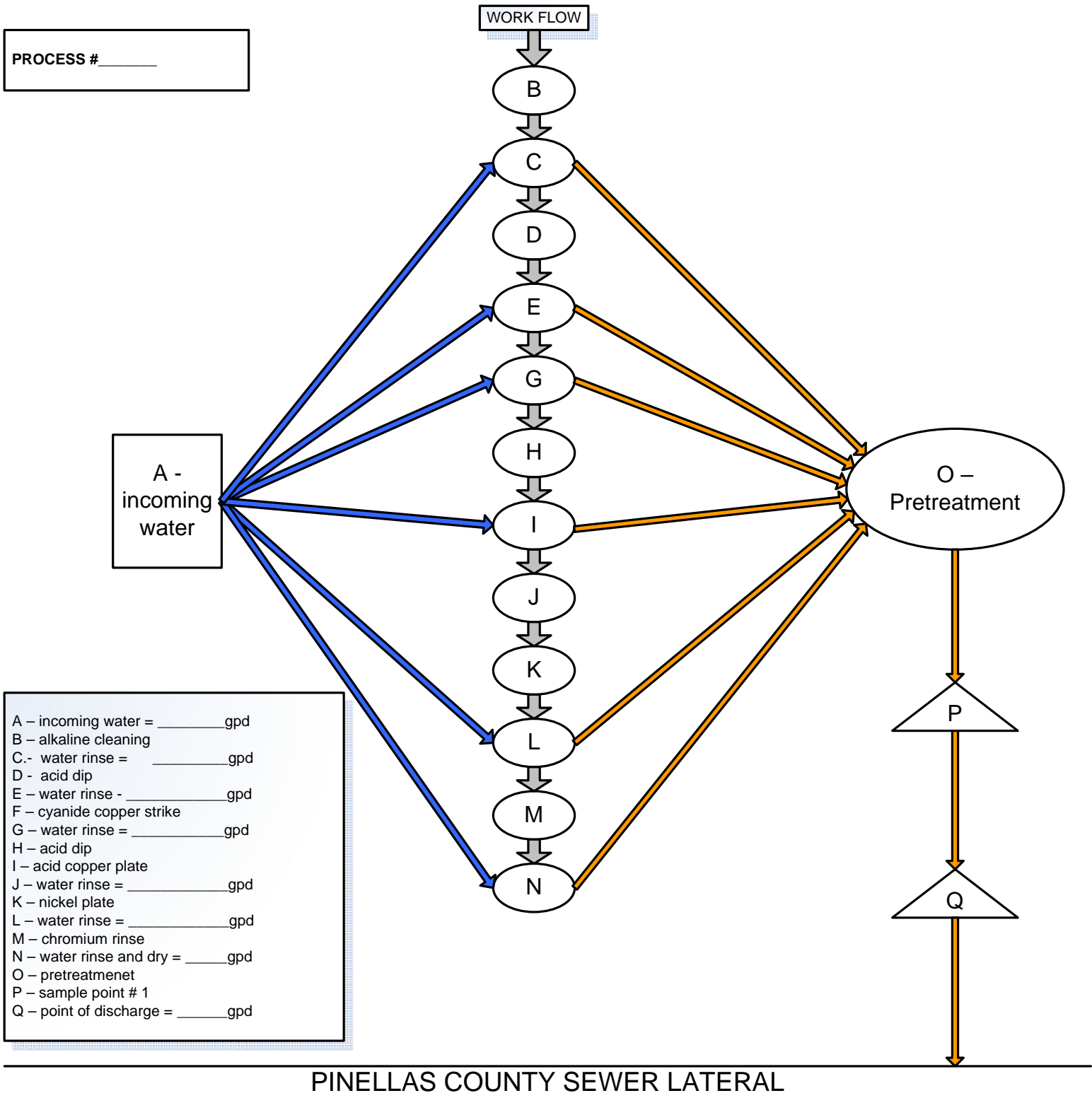
PINELLAS COUNTY DEI INDUSTRIAL PRETREATMENT PROGRAM
INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

Facility Schematic Diagram
ATTACHMENT C 1 Example Drawing



PINELLAS COUNTY DEI INDUSTRIAL PRETREATMENT PROGRAM INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

Process Schematic Flow Diagram
ATTACHMENT C 2 Example Drawing



**PINELLAS COUNTY DEI INDUSTRIAL PRETREATMENT PROGRAM
INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION**

ATTACHMENT - E. Water / Wastewater Calculation Worksheet - Gallons / Day

			AVERAGE		AVERAGE	MAXIMUM	DISCHARGE	
#	PROCESS / OPERATION	E/M	WATER USE	C/B	DISCHARGE	DISCHARGE	Sample Point	PC System
PROCESS FLOW SUBTOTALS								
	SANITARY = 15 X # OF PEOPLE							
	PLANT / EQUIPMENT CLEANING							
	CONTACT COOLING							
	NON-CONTACT COOLING							
	EQUIPMENT BLOWDOWN							
	WATER CONDITIONING (DI, RO)							
	BOILER FEED							
	CONTAINED IN PRODUCT				----	----	----	----
	EVAPORATION				----	----	----	----
	IRRIGATION / LAWN				----	----	----	----
USE / DISCHARGE - TOTALS								

PINELLAS COUNTY DEI INDUSTRIAL PRETREATMENT PROGRAM INDUSTRIAL WASTEWATER DISCHARGE 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	_____	_____	_____	_____
Benidine	_____	_____	_____	_____
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 DEI INDUSTRIAL PRETREATMENT PROGRAM
INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

Wastewater Treatment Schematic Diagram
ATTACHMENT G 3 Example Drawing

