



City of Casselberry
95 Triplet Lake Dr
Casselberry, FL 32707

Public Works Department

Oil and Grease Management Program

“Auto-Related Establishments” Registration and Certification Form

In order to administer and improve the Wastewater Pretreatment Program, the City of Casselberry (City) is requiring non-residential establishments to complete the attached questionnaire. This program sets forth uniform requirements for users of the sewerage system of the City of Casselberry, and enables the City to comply with all applicable State and Federal Pretreatment Regulations.

It is important to understand that this questionnaire shall be completed and signed by an authorized person with knowledge of the business proposing to discharge into the City’s sewer system. The Certification Application/Evaluation fee is \$60.00.

An additional \$190.00 fee will be required if the applicant qualifies for a “Wastewater Discharge Permit”. The operational cost of the City’s Pretreatment Section for activities required under this program will be supplemented by the sewerage system user. This permit fee will be used to cover laboratory analyses (only the first analysis event), instrumentation/equipment, field inspections, administration papers, personnel hours, etc.

Should you need any assistance to complete this survey, please contact the Environmental Analyst, at (407) 262-7725 ext. 1716.

TO BE SIGNED UPON COMPLETION OF THE QUESTIONNAIRE BY AN AUTHORIZED REPRESENTATIVE OF THE FACILITY

I have personally examined and I am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that all submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

_____/_____/_____
Signature of Authorized Facility Representative / Title / Date

INACCURATE INFORMATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE USER FOR REVISION

FORM-GR03

AUTOMOTIVE RELATED ESTABLISHMENT APPLICATION

FACILITY INFORMATION

Business Name: _____
Business Address: _____
Contact Person: _____ Title or Position: _____
Phone Number: _____ Fax Number: _____
Email: _____

CORPORATE INFORMATION

(Complete only if applicable)

Corporation Name: _____
Corporation Address: _____
Contact Person: _____ Title or Position: _____
Phone Number: _____ Fax Number: _____
Email: _____

FACILITY TYPE

Gas station only: Yes No Gas station & convenience store: Yes No
Full service auto shop: Yes No Other (specify): _____
Oil-Lube Shop: Yes No

BUILDING INFORMATION

Free standing: Yes No Expansion: Yes No
New construction: Yes No Building remodel: Yes No

Are any process changes or expansions planned during the next two years? Yes No
(If Yes, attach a separate sheet to this form detailing the nature of the planned changes or expansion.)

HOURS OF OPERATION

Weekdays: _____
Weekends: _____

Number of employees:
1st shift: _____ 2nd shift: _____ 3rd shift: _____

LIST ANY ENVIRONMENTAL CONTROL PERMITS HELD BY THIS FACILITY:

- 1. _____
- 2. _____
- 3. _____

PROVIDE A BRIEF NARRATIVE OR THE SERVICES OR ACTIVITIES CONDUCTED AT THIS FACILITY:

WHICH OF THE FOLLOWING TYPES OF WASTES DOES YOUR FACILITY GENERATE:

(Check all that apply)

	Average gallons/day		
<input type="checkbox"/> Domestic waste (restrooms, showers, etc.)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Boiler/Tower blow down	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling water contact	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Process	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Equipment/facility wash down	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Air pollution control unit	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Car wash	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Body shop	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Mechanical services	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

WASTES ARE DISCHARGED TO:

(Check all that apply)

	Average gallons/day		
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

WASTEWATER INFORMATION:

<input type="checkbox"/> Soaps & Detergents	<input type="checkbox"/> Organic chemicals
<input type="checkbox"/> Auto & Other laundries	<input type="checkbox"/> Paint
<input type="checkbox"/> Battery manufacturing	<input type="checkbox"/> Leather tanning & finishing
<input type="checkbox"/> Mechanical products	<input type="checkbox"/> Other: (Describe)

PRETREATMENT DEVICES OR PROCESSES USED FOR TREATING WASTEWATER OR SLUDGE

<input type="checkbox"/> Air flotation	<input type="checkbox"/> Neutralization, pH correction
<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Ozonation
<input type="checkbox"/> Chemical precipitation	<input type="checkbox"/> Reverse osmosis
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Screen
<input type="checkbox"/> Cyclone	<input type="checkbox"/> Sedimentation
<input type="checkbox"/> Filtration	<input type="checkbox"/> Septic tank
<input type="checkbox"/> Flow equalization	<input type="checkbox"/> Solvent separation
<input type="checkbox"/> Grease/Oil interceptor	<input type="checkbox"/> Spill protection
<input type="checkbox"/> Grease trap	<input type="checkbox"/> Sump
<input type="checkbox"/> Grit removal	<input type="checkbox"/> Other treatment (Describe)
<input type="checkbox"/> Ion exchange	<input type="checkbox"/> No pretreatment provided

OTHER WASTES

Are any liquid wastes or sludge from this firm disposed of by any means other than discharge to the sewer system?

Yes No

These wastes may best be described as:

	Estimated gallons or pounds/year
<input type="checkbox"/> Acids & Alkalies	_____
<input type="checkbox"/> Heavy metal sludge	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Organic compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pretreatment sludge	_____
<input type="checkbox"/> Solvents/thinners	_____
<input type="checkbox"/> Other waste (specify)	_____

SPILL PREVENTION

Is a spill prevention control and countermeasure plan prepared for the facility?

Yes No

Complete the next section only if food is served at this establishment.

SEATING CAPACITY

Chairs: _____ Stools: _____ Booths: _____

Average number of meals served per day: _____

Breakfast: _____ Lunch: _____ Dinner: _____

Type of dishes / utensils used:

Washable: Yes No Disposable: Yes No

(Attach a copy of the menu)

MEALS INFORMATION

Type of products cooked, heated or fried:

Meat Poultry Vegetables Seafood

Method of cooking/heating: _____

Method of frying: _____

KITCHEN EQUIPMENT

COOKER			NUMBER OF UNITS	SIZE AND/OR CAPACITY
Fryer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Charbroiler	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Grill	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Stove	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Oven	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Oven broiler	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Wok Stove	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Steam Table/Well	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other	_____		_____	_____

SINKS (including the bar area)

3- Compartment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
2- Compartment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
1- Compartment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Hand	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Vegetable	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Mop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

OTHER EQUIPMENT

Garbage Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Walk-in Cooler	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Walk-in Freezer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Dishwasher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other	_____		_____	_____

GREASE HANDLING PROCEDURES

Grease Recycling Tanks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Grease Interceptor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Grease Trap	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Garbage Dumpster	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other	_____		_____	_____

RECYCLING

Do you recycle used cooking oil/grease? Yes No
 Is a recycling container on-site? Yes No How many containers? _____
 If yes, what company recycles your used cooking oil/grease? _____

Have pollution prevention measures been implemented? Yes No
 If yes, explain briefly the measures to be taken and the employee-training schedule
 Attach sheets if necessary.

