CITY OF SANFORD
PUBLIC WORKS & UTILITIES DEPARTMENT

City of Sanford Utility Department
Pretreatment Section
Oil & Grease Prevention Program
P. O. Box 2847
Sanford, FL 32772
Phone: (407)688-5000 extension 5512 Fax: (407)688-5096

AUTO RELATED SERVICES WASTEWATER DISCHARGE APPLICATION

FACILITY INFORMATION

Business Corporate Name (*Please provide Division of Corporations printout*): _____

_____

Business Mailing Address: _____

Facility Name: _____

Facility Address: _____

Contact Person: _____ Title or Position: _____

Email Address: _____ Utility Account #: _____

Phone Number: _____ Fax #: _____

New Construction or Existing Facility: _____

PROPERTY OWNERSHIP

(If you do not own the property/facility, please provide property owner information and signature of owner. By signing this application, the property owner agrees that all information provided is true and accurate and is ultimately responsible for ensuring tenant abides by all permit requirements.)

Property Owner Name: _____

Property Owner Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

FACILITY TYPE

	Yes	No
Service/Repair		
Lube/Oil Change		
Carwash		
Body Shop		
Machine Shop		
Auto Parts		
Other:		
Other:		

BUSINESS OPERATIONS

Describe onsite business operations: _____

_____

_____

HOURS OF OPERATION & EMPLOYEES

Business Hours: Weekdays: _____ Weekends: _____

Number of Employees: Weekdays: _____ Weekends: _____

NUMBER OF SERVICES (Such as repairs, oil changes, carwashes etc.)

Approximate # of Services Performed Daily: _____ # of Service Bays: _____

Busiest Days of Week & # of Services Performed: _____ #: _____

RECYCLE AND/OR WASTE COLLECTION (List all wastes produced/recycled at facility)

Wastes Generated	Amount Generated Annually	Waste Hauler/Recycler

WASTEWATER FIXTURES, SINKS AND OTHER EQUIPMENT

Type	Yes/No	Number	Strainers/Covers? (yes/no or not applicable)
Parts Washer (connected to sewers)			
Parts Washer (self-contained)			
Carwash (recycled/not connected to sewers)			
Carwash (connected to sewers)			
Hand Carwash			
Equipment Wash			
Engine/Transmission Washing			
Uniform/Rag Washing			
Floor Washing			
Utility/Hand Sink			
Mop Sink			
Floor Drains			
Other:			
Other:			
Other:			

OIL WATER SEPARATOR AND SAND TRAPS

	Number	Do You Pump-Out/Clean? (yes/no) If Yes, How Often?	Manifests Maintained Onsite? (yes/no)
Oil Water Separator (in-ground)			
Oil Water Separator (under sink)			
Sand Trap			

SPILL PREVENTION AND CLEAN-UP

Briefly describe spill prevention plans and clean-up methods: _____

_____

_____

_____

CERTIFICATION STATEMENT

I, as an authorized facility representative, certify that the information provided for the "Food Services Wastewater Discharge Application," to the best of my knowledge, is accurate and complete. I understand that this application will be reviewed by City of Sanford Utility Department staff, and that if this facility falls within the guidelines of the Oil and Grease Prevention Program, the facility will be required to participate in the program and obtain a wastewater discharge permit. I further understand that I must submit a $50 nonrefundable fee along with this application and that if I am required to participate in the program, an additional $200 nonrefundable permit fee must be submitted. Additionally, I understand that if I am required to obtain a wastewater discharge permit that it must be renewed every two years and a nonrefundable permit renewal fee of $150 must be submitted. I further understand that a nonrefundable fee of $50 will either be applied directly to my Utility account or must be submitted to the Utility Department (if there is no existing Utility account) for the annual inspection which is performed the year between my permit renewals. I further understand that any required sampling that occurs at my facility will also incur additional fees. As a required participant of the Oil and Grease Prevention Program, I agree to abide by all program rules established in the City of Sanford Code, Chapter 102, Article IX, Division 5, Section 102-373. I further understand that falsification of this information is a violation of the City of Sanford Code and, as such, is subject to enforcement actions and penalties as set forth in the City of Sanford Code.

Authorized Facility Representative's Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please mail completed application as well as all applicable fees to the following address:

City of Sanford Oil and Grease Program
P.O. Box 2847
Sanford, FL 32772

Or, the application as well as applicable fees can be submitted at the Utility Customer Service window located at:

City of Sanford City Hall
300 N Park Avenue
Sanford, FL 32772

Para más información, por favor llame al Departamento de Servicios Públicos del Ciudad de Sanford y pida hablar con un representante en español. El número de teléfono es 407-688-5100.