

This form has been sent to your business to determine the types and sources of wastewater that are entering the Brevard County Sewer System. In accordance with Sec. 110-67 (e), 110-69, (d) (5) of the Brevard County Sewer Use Ordinance Chapter 62-625, F.A.C., and Chapter 403, F.S., this form is required to be completed by current and potential industrial and commercial users of the County's system.

A copy of the Sewer Use Ordinance can be obtained by contacting the County's Utility Services Department during normal business hours at the address listed below. If you have any question or concerns while completing the form, please contact the Utilities Environmental Section at (321) 633-2091 or <u>utility.compliance@brevardfl.gov</u>

Property Owner Name:				
Property Owner Mailing Add	ress:			
		Property Owner Phone:		
Business Name:				
Business Address:				
Business Owner E-mail:		Business Owner Phone:		
Name title and contact inform the Industrial Pretreatment (	•	thorized to represe	ent this company in	official dealings with
Name, Title:	Phone:		Email:	
Name, Title:	Phone:		Email:	
Name, Title:	Phone:		Email:	
Business / Industry Type (aut Does the facility have any flo	to repair, machine shop	o, electroplating, et	c.)	
Do you use any chemicals on	ı site? Yes I	No		
If yes, list them:				
What Standard Industrial Cla https://www.osha.gov/pls/ir			ler? (Reference	
Briefly describe your busines	s. Include any services	preformed or prod	ucts manufactured	•
This facility discharges to:	Sanitary Sewer	Groundwater	Storm Water	Evaporation
Waste Haulers (list)	(list) Other (explain)			



List Number of Employees per shift and shift times.

Shift 1			
	Days Worked (eg. M-F)	Shift Times (eg. 09:00 – 17:00)	Number of employees per shift
Shift 2			
	Days Worked (eg. M-F)	Shift Times (eg. 09:00 – 17:00)	Number of employees per shift
Shift 3			
	Days Worked (eg. M-F)	Shift Times (eg. 09:00 – 17:00)	Number of employees per shift
Averag	e water use (in gallons p	er month):	Estimated Measured
		planned pretreatment equipmer Iter, oil/water separator).	nt in line with your wastewater discharge (

Select / List all types and amounts in gallons per month (GPM) of wastewaters generated at facility:

Domestic GPM	Equipment / Facility Washdown GPM
Non- Contact Cooling Water GPM	Air Pollution Control Equipment GPM
Contact Cooling Water GPM	Blower / Tower Blowdown GPM
Process Water GPM	Stormwater Runoff to Sewer GPM
Other (list)	GPM
Other (list)	GPM

The Sewer Use Ordinance requires that an Authorized Representative of the User sign all reports to the Sewer Authority. Authorized Representative is defined for these purposes as a person responsible for principal business decisions or other policy decisions for the User facility.

To the Best of my knowledge the information on this form is true and accurate.

Signature	
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Date \_\_\_\_\_

Title:\_\_\_\_\_

Please return this form within 30 days to:

Brevard County Utility Services Department Environmental Section 2725 Judge Fran Jamieson Way A213 Melbourne, FL 32940

Or email: Utility.Compliance@BrevardFL.gov

Please note that failure to return this form is enforceable in accordance with applicable provisions of the Brevard County Sewer Use Ordinance, Chapter 62-625, F.A.C., and Chapter 403, F. S.