



State of Florida, Department of Environmental Protection

Business Survey, Assessment of Waste Handling and Business Activities, Attachment to DEP 4081

[ ] New [ ] Renewal [ ] Change of Tenancy/Amendment Application/Permit Number \_\_\_\_\_

Provide the following information regarding your business facilities and the activities which will take place on site.

Business Name \_\_\_\_\_ Occupational License No. \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Street Address \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How many employees will use this facility \_\_\_\_\_ Hours of operation \_\_\_\_\_ Anticipated flow \_\_\_\_\_ gpd

What type and number of sanitary facilities will be available at this location?

Table with 6 columns: Type of sanitary facility, Number, Type of sanitary facility, Number, Type of sanitary facility, Number. Rows include Toilets, Urinals, Showers, Laundry Facilities, Hand Washing Sinks, Utility Sinks, 2-Compartment Sinks, 3-Compartment Sinks, Floor Drains, Garbage Grinder/Disposal, Commercial Dish Machines (heat sanitizing), Commercial Dish Machines (chemical sanitizing).

Other (e.g., equipment drains) \_\_\_\_\_

Completely describe the activities which will take place at your business location and any equipment used in the process.

List any non-domestic wastes or chemical compounds routinely used/stored/generated in your business. Attach Material Safety Data Sheets for compounds used or stored.

Table with 6 columns: Name, Gal or lbs. / Month, Amt. on Hand, Storage Method, Disposal Method, SIC Code.

List licensed waste haulers removing wastes from your site.

Table with 2 columns: Company Name, Type of Waste Removed.

Describe how emergencies, such as spills, will be handled at this site.

As the business owner, I understand that information contained in this application serves as a basis for determining the suitability of the onsite sewage disposal system to serve the business described above. The property owner acknowledges the proposed use. The information contained herein is an accurate reflection of the activities which will be allowed on this site. I acknowledge that the Department may require sampling and testing of the system by a state certified laboratory. I also agree to notify the Department of the change in any material facts used to determine the issuance of this permit.

Business Owner or Agent's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner or Agent's Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY DEPARTMENT:

Industrial waste review required [ ] Yes [ ] No Monitoring required [ ] Yes [ ] No Sample location \_\_\_\_\_

Monitoring Frequency \_\_\_\_\_ Compounds to be examined [ 1 ] \_\_\_\_\_ [ 2 ] \_\_\_\_\_ [ 3 ] \_\_\_\_\_

[ ] Approved [ ] Disapproved Disapproval Reason \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_