FLORIDA KEYS AQUEDUCT AUTHORITY
INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

An Industrial Facility is any facility that meets the following criteria, but not limited to:

- Hotel, Motel, and/or Resort,
- Marinas (with pump out facilities),
- Medical, Dental, Pharmaceutical facilities,
- Warehouses (with food preparation and/or cleaning/washing of Automotive / Watercraft),
- Automotive / Watercraft Manufacturing and/or Repair Facility,
- Textile, Wood, Plastic, Metal, Liquid Products Manufacturing,
- Construction Materials Manufacturing,
- Appliances, Electronic, and/or Equipment Manufacturing,
- and all other facilities that produce food products and chemicals used for cleaning or for manufacturing of products.

All existing and proposed Industrial Facilities are required to submit an Industrial Wastewater Discharge Permit (IWWDP). Florida Keys Aqueduct Authority (hereinafter referred to as "FKAA") requires this as part of maintaining compliance with the Florida Administrative Code (hereinafter referred to as "FAC") Chapter 62-625.500 which requires all Restaurants that discharge wastewater to FKAA Wastewater Collection System to have a pretreatment program / system in place. This requirement is also a part of the FKAA Rules and Regulations Chapter 48-304 Wastewater Pretreatment. Prior to the connection and/or discharge of any wastewater from a Industrial Facility into the FKAA Wastewater Collection System Infrastructure an IWWDP must be issued and in effect.

All sections of this application must be filled out completely for FKAA to process the application, an incomplete application will result in the application being returned. If an item is not applicable to the Facility, indicate such by noting with "N/A". If an answer to any question is not available or unknown, provide an explanation of why that is the case. If additional lines and/or pages are required to provide the requested information, provide copies of that portion of the application immediately after the original application sheet or as indicated within the application.

If the Facility is determined to not meet the requirements of requiring a Industrial Wastewater Discharge Permit, the Facility will not be issued a permit by FKAA and not assessed on an annual basis the permit fee. If the Facility is determined to meet the requirements of requiring an Industrial Wastewater Discharge Permit, the Facility will be issued an Industrial Wastewater Discharge Permit by FKAA and assessed on an annual basis the permit fee in accordance with *FKAA Summary of Water and Wastewater Rates, Fees, and Charges* (latest effective version). Any additional verifications, testing, and other activities that FKAA determines to be required to ensure compliance with the permit will be billed on an occurrence basis in accordance with *FKAA Summary of Water and Wastewater Rates, Fees, and Charges* (latest effective version).

The completed Restaurant Wastewater Discharge Pretreatment Program Permit Application, Application Fee in the amount of $500.00 (FKAA Fee 48-307.002(2)(C)), shall be mailed or hand delivered to the following address:

Florida Keys Aqueduct Authority
1100 Kennedy Drive
Key West, Florida 33040

For assistance with this application please contact FKAA Customer Service at (305) 296-2454.

Notice: All Industrial Facilities are classified as Industrial Users (IU) within the FKAA permits with the Florida Department of Environmental Protection (FDEP).

SECTION A: PERMITTING INFORMATION

A01: PERMIT TYPE

	NEW			MODIFICATION
	RENEWAL			SUSPENSION / TERMINATION REAPPLICATION

A02: FACILITY LOCATION INFORMATION

1. FACILITY NAME

2. ADDRESS OF FACILITY DISCHARGING WASTEWATER	3. FACILITY MAILING ADDRESS
Number Street Name Suffix	Number Street Name Suffix
City State Zip code	City State Zip code
4. MONROE COUNTY PARCEL IDENTIFICATION NUMBER (14-DIGIT PARCEL ID)	5. FLORIDA KEYS AQUEDUCT AUTHORITY (FKAA) ACCOUNT NUMBER (12-DIGIT)

A03: PROPERTY OWNER CONTACT INFORMATION

NOTICE: *ALL CORRESPONDENCE WILL BE DIRECTED TO THE CONTACT INDICATED BELOW*

1. REPRESENTATIVE TYPE		Owner			Facility Manager			Consultant
		Other (Describe)						

2. BUSINESS NAME *(if applicable)*

3. CONTACT NAME	4. TITLE
5. MAILING ADDRESS	6. CONTACT INFORMATION
	( )
Number Street Name Suffix	Telephone Number
City State Zip code	Email

NOTICE: *If the Contact shall change at any time during the permit effective period, it is the responsibility of the Contact indicated above to provide FKAA the updated information. FKAA is not responsible for determining if any correspondence to the Representative is being received and/or transmitted to the Restaurant User.*

A04: FACILITY OWNER CONTACT INFORMATION *(IF DIFFERENT FROM A03)*

NOTICE: *ALL CORRESPONDENCE WILL BE DIRECTED TO THE CONTACT INDICATED BELOW*

1. REPRESENTATIVE TYPE		Owner			Facility Manager			Consultant
		Other (Describe)						

2. BUSINESS NAME

3. CONTACT NAME	4. TITLE
5. MAILING ADDRESS	6. CONTACT INFORMATION
	( )
Number Street Name Suffix	Telephone Number
City State Zip code	Email

NOTICE: *If the Contact shall change at any time during the permit effective period, it is the responsibility of the Contact indicated above to provide FKAA the updated information. FKAA is not responsible for determining if any correspondence to the Representative is being received and/or transmitted to the Restaurant User.*

SECTION B – GENERAL FACILITY INFORMATION

B01: FACILITY INFORMATION

1. DATE BUSINESS STARTED AT THIS LOCATION (MTH / DAY / YEAR)	

2. PROVIDE A BRIEF DESCRIPTION OF THE FACILITY AND INCLUDE THE MAIN ACTIVITIES THAT PRODUCE WASTEWATER AT THE SITE (TYPES OF SERVICES, FOODS, ETC.)

B02: FACILITY STANDARD INDUSTRIAL CLASSIFICATION (SIC)

INDICATE BELOW EACH STANDARD COMMERCIAL CLASSIFICATION (SIC) THAT THE FACILITY HAS DESIGNATION(S) FOR IN ACCORDANCE WITH U.S. SECURITIES AND EXCHANGE COMMISSION CODE LIST *[https://www.sec.gov/search-filings/standard-industrial-classification-sic-code-list]*

SIC CODE #	INDUSTRY TITLE

B03: FACILITY CHANGES AND /OR EXPANSION

Are any change(s) or expansion(s) to the Facility planned in the next 2-years		Yes	If yes, provide approximate date(s) (Month/Year)	
		No		

If yes, provide a brief description of the change(s) or expansion(s) that would affect the wastewater

B04: ADDITIONAL POLLUTION CONTROL PERMITS

LIST OF ALL LOCAL, STATE, FEDERAL POLLUTION CONTROL PERMITS ISSUED FOR THIS LOCATION (PERMIT NUMBER, TITLE, ISSUED BY, DATE EXPIRE (MTH/DAY/YEAR)

SECTION C: WASTEWATER CHARACTERISTICS

C01: WASTEWATER FLOW TO FKAA WASTEWATER COLLECTION SYSTEM

NUMBER OF OPERATION DAYS PER YEAR		NUMBER OF EMPLOYEES PER SHIFT	SHIFT # 1	SHIFT # 2	SHIFT # 3	SHIFT # 4

FLOW RATES

	MON	TUE	WED	THU	FRI	SAT	SUN	HOLIDAYS
AVERAGE HOURS OF DISCHARGE PER DAY (HOURS)								
TOTAL FACILITY AVERAGE DAILY FLOW (GPD) *								
AVERAGE DAILY FLOW THROUGH PRETREATMENT DEVICE(S) (GPD) *								

* *FOR NEW FACILITIES, THE ABOVE FLOW RATES SHALL BE CALCULATED AND PROVIDED FROM THE DESIGN OF THE FACILITY AND PRETREATMENT DEVICE*

BRIEFLY DESCRIBE BELOW HOW FLOWS WERE DETERMINED *(INDICATE METHOD(S) USED AND/OR DEVICE(S))* AND ATTACH WITHIN **APPENDIX A** DOCUMENTATION

C02: WASTEWATER SOURCES

INDICATE BELOW ALL CURRENT AND PLANNED SOURCE(S) OF WASTEWATER THAT WILL BE DISCHARGED TO FKAA COLLECTION SYSTEM

	NONE – *NO CONNECTION TO FKAA AT THIS TIME OR FOR NEXT 5-YEARS*			COOLING WATER – NON-CONTACT
	RESTROOM(S)			COOLING WATER – CONTACT
	COMMERCIAL KITCHEN			BREAKROOM – WITH KITCHEN
	BOILER / TOWER BLOW DOWN			INSTITUTIONAL KITCHEN
	COMMERCIAL PROCESS (SPECIFY BELOW)			FLOOR DRAINS
				POLLUTION CONTROL UNIT / PRETREATMENT SYSTEM
				OTHER (SPECIFY BELOW)

C03: ON-SITE CHEMICAL(S) AND/OR MATERIAL(S) CATEGORIES

INDICATE BELOW ANY CHEMICAL(S) AND/OR MATERIAL(S) CATEGORIES THAT ARE USED OR GENERATED AT THE FACILITY THAT ***MAY OR WILL*** BE DISCHARGED INTO THE WASTEWATER

	- NONE			I - PESTICIDES
	A - ACIDS / ALKALIS			J - SOLVENTS
	B - DYES / INKS			K - HYDRAULIC FLUIDS
	C - HEAVY METALS			L - DISINFECTANT / BIOCIDE
	D - COOLANTS			M - FLAMMABLES
	E - FATS / OIL / GREASE (FOG)			X - OTHER (SPECIFY BELOW)
	F - PAINTS			
	G - SLUDGE / SOLIDS			
	H - BIOLOGICAL / ORGANIC			

C04: ON-SITE CHEMICAL(S) AND/OR MATERIAL(S)

1. LIST ALL CHEMICAL(S) AND/OR MATERIAL(S) THAT ARE USED OR GENERATED AT THE FACILITY THAT ***MAY OR WILL*** ENTER THE WASTEWATER SYSTEM. INDICATE THE CATEGORY FROM C03 THAT THE CHEMICAL / MATERIAL IS CLASSIFIED UNDER.
2. PROVIDE AVAILABLE SAFETY DATA SHEETS FOR EACH WITHIN **APPENDIX B**

#	CATEGORY	CHEMICAL / MATERIAL NAME	AVERAGE QUANTITY PER MONTH (GALLONS)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

C05: ON-SITE PROCESS(ES)

LIST ALL PROCESS(ES) THAT PRODUCE WASTEWATER AND INDICATE THE CHEMICAL(S) AND/OR MATERIAL(S) THAT MAY BE PRESENT WITHIN THE WASTEWATER

PROCESS #	DESCRIPTION OF PROCESS THAT GENERATES WASTEWATER	INDICATE BY NUMBERS GIVEN TO EACH CHEMICAL / MATERIAL IN SECTION C05 THAT MAY BE PRESENT IN WASTEWATER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

C06: PROCESS WASTEWATER TREATMENT AND DISPOSAL METHOD

PROCESS # (FROM C05)	TYPE OF PRETREATMENT	FREQUENCY OF DISCHARGE		WASTEWATER DISCHARGED TO FKAA	WASTE DISCHARGED BY OTHER METHOD(S)
		CONTINUOUS	BATCH		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

C07: WASTE DISPOSAL BY OTHER METHOD(S)

FOR ALL PROCESS(ES) THAT ARE INDICATED IN SECTION C06 "WASTE DISCHARGED BY OTHER METHOD(S)" PROVIDE THE METHOD AND THE CONTACT INFORMATION FOR EACH

#(S) FROM C06	DISPOSAL INFORMATION				
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	

C07: WASTE DISPOSAL BY OTHER METHOD(S) CONTINUED					
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	
	DISPOSAL METHOD		ON-SITE		
			HAULED OFF-SITE (SPECIFY HAULER INFORMATION BELOW)		
	BUSINESS NAME				
	ADDRESS				
	CONTACT PERSON			PHONE	

SECTION D: WASTEWATER PRETREATMENT SYSTEM

NOTICE

FLORIDA ADMINISTRATIVE CODE CHAPTER 62-625.400 AND FKAA CHAPTER 48-304 REQUIRE THAT RESTAURANT USER PROVIDE PRETREATMENT OF WASTEWATER OF PROHIBITED POLLUTANTS WHICH CAUSES PASS THROUGH OR INTERFERENCE WITHIN THE WASTEWATER COLLECTION SYSTEM AND WASTEWATER TREATMENT PROCESS

D01: SYSTEM REQUIRED

IF THE FACILITY IS TO DISCHARGE INTO THE FKAA WASTEWATER COLLECTION SYSTEM ANY DELETERIOUS CHEMICAL, MATERIAL, AND/OR WASTEWATER THAT IS ABOVE THE MAXIMUM LIMITS AS INDICATED WITHIN FKAA CHAPTER 48-304.008(4) IS REQUIRED TO HAVE A PRETREATMENT SYSTEM, INDICATE BELOW IF A SYSTEM IS REQUIRED

	YES			NO (SPECIFY REASON BELOW)		UNDETERMINED (SPECIFY REASON BELOW)

PROVIDE A DETAIL REASON FOR INDICATING "NO" OR "UNDETERMINED"

NOTICE: INDICATING "NO" OR "UNDETERMINED" ABOVE DOES NOT RELIEVE THE OWNER FROM PROVIDING THE REQUIRED INFORMATION WITHIN THE RWWDP. IF FKAA DETERMINES THAT THE FACILITY IS REQUIRED TO HAVE A PRETREATMENT SYSTEM DURING THE RWWDP APPLICATION REVIEW, THE REMAINING INFORMATION THAT HAS NOT BEEN PROVIDED WILL BE REQUIRED AND A PERMIT MUST BE ISSUED PRIOR TO CONNECTION AND/OR DISCHARGE OF WASTEWATER TO THE FKAA WASTEWATER COLLECTION SYSTEM.

D02: CURRENT STATUS OF WASTEWATER PRETREATMENT SYSTEM

INDICATE BELOW THE CURRENT STATUS OF THE WASTEWATER PRETREATMENT SYSTEM

	NO, WASTEWATER PRETREATMENT SYSTEM IS PRESENT ON-SITE AND IS REQUIRED *NOTE: PROCEED TO SECTION D03 AND PROVIDE ALL REQUIRED INFORMATION*	
	YES, WASTEWATER PRETREATMENT SYSTEM IS PRESENT ON-SITE SPECIFY BELOW INTENTIONS OF WHAT WILL HAPPEN WITH THE EXISTING SYSTEM	
		NOT TO BE USED AS IT IS NOT REQUIRED
		NOT TO BE USED AS IT IS NOT ADEQUATE FOR FLOW AND/OR CHARACTERISTICS *NOTE: PROCEED TO SECTION D03 AND PROVIDE ALL REQUIRED INFORMATION*
		USE AS IS *NOTE: ONLY ALLOWED IF SIZE AND TREATMENT PROCESS IS APPROPRIATE, PROCEED TO SECTION D03 AND PROVIDE ALL REQUIRED INFORMATION*
		MODIFY TO ACCOMMODATE PROPOSED WASTEWATER FLOWS *NOTE: PROCEED TO SECTION D03 AND PROVIDE ALL REQUIRED INFORMATION*

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D03: EXISTING / PROPOSED WASTEWATER PRETREATMENT INFORMATION	
PROVIDE THE FOLLOWING INFORMATION IN THE APPROPRIATE APPENDIX AS INDICATED BELOW	
APPENDIX C	**PRETREATMENT SYSTEM INFORMATION**
	PROVIDE A DESCRIPTION OF THE PRETREATMENT SYSTEM (TYPE, FUNCTION, ETC.) AND DESIGN INFORMATION FOR THE WASTEWATER PRETREATMENT SYSTEM THAT INDICATES THAT THE WASTEWATER AFTER THE SYSTEM WILL BE IN ACCORDANCE WITH FKAA RULES AND REGULATIONS CHAPTER 48-304 AND FAC 62-625. DESIGN OF WASTEWATER PRETREATMENT FACILITIES MUST BE PREPARED BY A REGISTERED PROFESSIONAL ENGINEER IN THE STATE OF FLORIDA. ALL DESIGN DOCUMENTS, SPECIFICATIONS, AND DRAWINGS SHALL BE SIGNED AND SEALED BY A REGISTERED PROFESSIONAL ENGINEER IN THE STATE OF FLORIDA. *NOTE: IF DOCUMENTS ARE NOT AVAILABLE OR ARE NOT SIGNED AND SEALED BY A REGISTERED PROFESSIONAL ENGINEER IN THE STATE OF FLORIDA, FKAA MAY REQUIRE THE SYSTEM(S) TO BE CERTIFIED BY AN REGISTERED PROFESSIONAL ENGINEER IN THE STATE OF FLORIDA.*
APPENDIX D	**FACILITY DRAWINGS**
	PROVIDE DRAWINGS THAT INDICATE AT A MINIMUM THE FOLLOWING (THE USE OF MULTIPLE SHEETS IS ALLOWED): 1. FULL SITE LAYOUT INDICATING ALL EXISTING AND PROPOSED IMPROVEMENTS (BUILDINGS, PAVEMENT, ETC.), 2. LOCATION OF ALL PRETREATMENT SYSTEMS, 3. LOCATION OF ALL CLEANOUTS, TEST LOCATIONS, ETC., 4. LOCATION OF THE TIE-IN TO THE FKAA WASTEWATER COLLECTION SYSTEM, 5. LABEL ALL ABOVE ITEMS AS NEEDED FOR CLARITY OF WHAT IS BEING INDICATED, 6. ALL DRAWINGS SHALL BE IN ACCORDANCE WITH FKAA ENGINEERING STANDARDS MANUAL (LATEST VERSION)
APPENDIX E	**ACCIDENTAL DISCHARGE PLAN AND PROCEDURE** *(IF REQUIRED)*
	REFER TO FKAA RULES AND REGULATIONS CHAPTER 48-304.011 FOR REQUIRED INFORMATION
APPENDIX F	**MONITORING AND REPORTING REQUIREMENTS**

SECTION E: CERTIFICATION STATEMENTS

REFER TO APPENDIX H FOR DOCUMENT

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APPENDIX A: WASTEWATER FLOWS

INSERT AFTER THIS SHEET THE DOCUMENTATION THAT REQUIRED.

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APPENDIX B: SAFETY DATA SHEETS

INSERT AFTER THIS SHEET THE DOCUMENTATION THAT REQUIRED.

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APPENDIX C: PRETREATMENT SYSTEM INFORMATION

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APPENDIX D: FACILITY DRAWINGS

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APPENDIX E: ACCIDENTAL DISCHARGE PLAN AND PROCEDURE

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APPENDIX F: MONITORING AND REPORTING REQUIREMENTS

INSERT AFTER THIS SHEET THE DOCUMENTATION THAT REQUIRED.

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APPENDIX H: CERTIFICATION STATEMENTS

AH01: PROPERTY OWNER CERTIFICATION

CERTIFICATION:

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS APPLICATION AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE. I CERTIFY THAT I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF FKAA RULES AND REGULATIONS CHAPTER 48-304: WASTEWATER PRETREATMENT (LATEST VERSION).

PRINTED NAME AND TITLE

_____ _____

PRINTED NAME OF APPLICANT OR AGENT | TITLE

SIGNATURE AND DATE

_____ ____ / _____ / _____

SIGNATURE OF APPLICANT OR AGENT | DATE (MTH / DAY / YEAR)

AH02: BUSINESS OWNER CERTIFICATION

CERTIFICATION:

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS APPLICATION AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE. I CERTIFY THAT I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF FKAA RULES AND REGULATIONS CHAPTER 48-304: WASTEWATER PRETREATMENT (LATEST VERSION).

PRINTED NAME AND TITLE

_____ _____

PRINTED NAME OF APPLICANT OR AGENT | TITLE

SIGNATURE AND DATE

_____ ____ / _____ / _____

SIGNATURE OF APPLICANT OR AGENT | DATE (MTH / DAY / YEAR)

END OF INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION