GENERAL INSTRUCTIONS
PERMIT APPLICATION
INDUSTRIAL USER INITIAL BASELINE MONITORING REPORT (BMR)

1. The Information requested in the enclosed form is mandated under City of _____ Wastewater Regulations and/or Federal and State Regulations.

GENERAL INSTRUCTIONS

2. Please complete the attached form and return it within 30 days to the following address:
   [Pretreatment Program Contact and Address]

If you have any questions, please contact the following Person(s):
[Pretreatment Program Contact(s) and Phone Number(s)]

SPECIFIC INSTRUCTIONS

Item 1. A.-N. Provide all requested information about the facility.

Item 2. A.-B. Provide a listing of all raw materials and chemicals used in the facility's operations. Avoid use of trade names of chemicals. If trade names are used, provide information regarding the active ingredients including the MSDS.

C. Please describe each process in sufficient detail: Use additional sheets if necessary.

D. List each component process, the production rate (i.e., (product name) #/year), as well as the SIC code for each process.

Item 3. A. Provide the total plant flow rate (average and maximum) to the sanitary sewer in gallons per day (GPD). If accurate flow measurements are unavailable, provide the best estimate. Mark "estimated" if this method is used.

B. Provide a breakdown of the sources of the total plant flow to the sanitary sewer including process flows, sanitary wastewater, cooling water, etc. Also indicate the flow rate (GPD) and the type of discharge (batch, continuous or none).

C. Self- explanatory.

D. In order to provide City with a complete understanding of the facility's processes, location of pretreatment facilities and sampling points, the discharger is required to submit a schematic of each process and a schematic of wastewater flows. Flow rates may be estimated. Be sure to indicate sample locations on the flow or process schematic.

Item 4. A. The facility must provide information on or sample, analyze and report the concentration of all pollutants. Include results from any sampling performed by the Water Department. All samples must be representative of normal operations and be of sufficient number to allow process evaluation. Samples should be collected immediately after the named process (after treatment, if applicable or "end of pipe") before being combined with other wastestreams. Type of sample (i.e., grab, composite), sample location, number of samples and methods of analysis should be adequately described. See 40 CFR 136 for applicable methods. If analytical data is provided for more than one sampling point, identify the location of all sampling points in the schematic diagram required in Question 3D above.

Note: If the facility is unable to sample the wastewater before being mixed with other wastewater flows, the facility may sample the total plant flow and calculate an equivalent concentration limit using the combined wastestream formula. The combined wastestream formula will be applied by the Water Department in instances where the samples taken include wastewater from diluting streams (i.e. sanitary flow).

Item 5&6. Self-explanatory. If pretreatment of wastewater is performed, provide full details. If no pretreatment is used, this should also be clearly indicated.

Item 7. This report must be signed by an authorized representative, which may include a principal executive officer of at least the level of vice president; a general partner or proprietor; or a duly authorized representative that is responsible for the overall operation of the facility.

PERMIT APPLICATION
INDUSTRIAL USER INITIAL BASELINE MONITORING REPORT (BMR)

Instructions: Please complete this Form in as much detail as possible. Use additional sheets as necessary. Refer to General Instructions. Return the Form to the address shown in the instructions.

1. COMPANY INFORMATION

A. Legal Name: _____ B. Facility Name: _____
Mailing Address: _____ Location:_____
_____ _____
_____Zip_____ _____Zip _____

C. Name or Owner(s): _____ D. Name of Operators_____

E. Phone Number_____ F. Fax Number _____

G. Facility Contact (provide the name, title, phone number, and e-mail address of a designated person to contact if additional information is necessary.)
_____

H. Number of Employees_____
I. Number of Shifts _____
J. Number of Days of Operation Per Week _____
K. Hours of operation of plant _____
L. Hours of operation of pretreatment_____
M. Operating At This Location Since _____ (mm/dd/yy)

N. Provide the name of the publicly owned treatment works (sewage authority, municipality, etc.) that receives the wastewater discharge from this facility. (If this facility is not connected to a sewage system, describe where wastewater is discharged.)
_____

2. NATURE OF OPERATION

A. List Raw Materials Used. Include Average & Maximum Used per Day: (Include MSDS)
_____
_____
_____
_____
_____

B. List of Chemicals Used: (Include MSDS)
_____
_____
_____
_____
_____

C. Fully Describe Manufacturing or Service Activities and Processes Conducted and the Final products. Use additional sheets to elaborate, if necessary.
_____
_____

_____
_____
_____

D. Summarize Each Component Process:

Process Description	*Production Rates*	*SIC Code &Subpart if Applicable*

E. List all environmental permits held._____

3. WASTEWATER FLOW (Estimated? Yes ___ No ___)

A. Total Plant Flow In Gallons Per day (GPD) Average _____Maximum _____

B. Individual Process Flows In Gallons Per day (GPD)

Component Process	**Average Flow Rate (GPD)**	**Maximum Flow Rate (GPD)**	**Type of Discharge** (Batch, Continuous, None) **Time & Duration**	**Peak Flow Rate (30 Minute Duration)**
Cooling Water				
Sanitary Wastewater				

List any daily, monthly and/or seasonal variations in flow if any
_____
_____

C. List All Water and/or Sewer Account numbers. (Provide a copy of a recent water/sewer bill.)
_____

D. Provide on a separate sheet(s):

1) a schematic drawing or flow chart of each regulated process.
2) a schematic drawing showing all wastewater flows (regulated and unregulated), location of any treatment system and sampling locations.
3) a water balance indicating amount of intake water, discharges to sewer, losses, and water retained in products.
4) site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location and elevation.

4. NATURE AND CONCENTRATION OF POLLUTANTS

The industrial user must perform sampling and analysis of the effluent (after treatment if applicable). Provide the analytical data in the space provided below. Units should be indicated in mg/l *. Attach additional sheets.

Component Process: _____

Pollutant					
Max.*					
Avg.*					

Sample Location(s): _____

Sample Type (composite samples are required except where not feasible or appropriate):_____

Number of Samples and Frequency Collected:_____

Analytical Methods Used: _____

Does sample include wastewater from other non-process streams (such as sanitary wastewater, non contact cooling water), if so, what streams from those listed in Item #3 are included?
_____

Provide a list of all materials that are or could be discharged. _____
_____

5. WASTEWATER TREATMENT

Fully describe any and all pretreatment utilized (show treatment system location in relation to process flows on schematic drawing required by Question 3.D) _____
_____

6. COMPLIANCE CERTIFICATION

A. Is the facility meeting applicable categorical pretreatment standards on a consistent basis?
sYES _____
NO_____
B. If No, do you require:

1) additional operation and maintenance (O&M) to achieve compliance? YES _____ NO _____
2) new or additional pretreatment equipment facilities to achieve compliance? YES _____ NO _____

Where additional pretreatment and/or O&M will be required to meet the Pretreatment Standards, on a consistent basis, attach a schedule on a separate sheet. The completion date in this schedule shall not be later than the compliance date established for the applicable Pretreatment Standard.

The following conditions shall apply to this schedule:

(1) The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and operation of additional pretreatment required for the User to meet the applicable Pretreatment Standards (e.g., completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc.).

(2) No increment referred to in paragraph (1) shall exceed 9 months.

(3) Not later than 14 days following each date in the schedule and the final date for compliance, the User shall submit a progress report to the Department including, at a minimum, whether or not it complied with the increment of progress to be met on such date and, if not, the date on which it expects to comply with this increment of progress, the reason for delay, and the steps being taken by the User to return the construction to the schedule established. In no event shall more than nine (9) months elapse between such progress reports to the Department.

7. SIGNATORY REQUIREMENT

All applications, reports or information submitted to the city as required by this Permit shall be signed and certified by an authorized representative as specified at 62-625.600(11), F.A.C.

Any person signing a document shall make the following certification: -
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision In accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

_____	_____
NAME - AUTHORIZED REPRESENTATIVE	SIGNATURE
_____	_____
OFFICIAL TITLE	DATE

BMR Checklist

For checking compliance with Rule 62-625.600(1)(a) - (g), F.A.C.

Industrial User Name: _____

Classification: _____

Submission Requirements	**Y or comment number**	**Document reference and page #**
A. Facility identification information		
1. Facility name		
2. Address		
3. Phone		
4. Contact		
5. Owner or operator		
B. Environmental permits issued		
C. Description of operation		
1. Production rates		
2. SIC codes		
3. Schematic drawing of facility with wastewater lines		
4. Discharge point identification		
D. Flow measurements		
1. Regulated processes		
2. Other wastestreams needed for CWF or FWA calculations		
E. Pollutant measurements		
1. Identification of applicable standards		
2. Sampling results		
F. Certification statement that facility is in compliance		
G. Compliance schedule (if needed to bring facility into compliance)		

Notes: