

**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?

Type of sanitary facility	Number	Type of sanitary facility	Number	Type of sanitary facility	Number
Toilets		Hand Washing Sinks		Floor Drains	
Urinals		Utility Sinks		Garbage Grinder/Disposal	
Showers		2-Compartment Sinks		Commercial Dish Machines (heat sanitizing)	
Laundry Facilities		3-Compartment Sinks		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.

Name	Gal or lbs. / Month	Amt. on Hand	Storage Method	Disposal Method	SIC Code

List licensed waste haulers removing wastes from your site.

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