CITY OF ST. PETERSBURG

TRANSPORTED WASTE DISCHARGE PERMIT APPLICATION FORM

for discharge at the

ALBERT WHITTED WATER RECLAMATION FACILITY

Note: Please read all attached instructions prior to completing this application.

RETURN THIS FORM TO:

INDUSTRIAL PRETREATMENT COORDINATOR
1650 THIRD AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713.

1. Facility Name:___________________________________________________________

2. Facility Address:
   Street: ________________________________________________________
   City: ____________________ State: _________ Zip: __________

3. Business Mailing Address:(if different from 2. above)
   Street or P.O. Box: _____________________________________________
   City: ____________________ State: _________ Zip: __________

4. Designated signatory authority of the facility:
   [See instructions]
   Name: _____________________________________________________________
   Title: _____________________________________________________________
   Address: _________________________________________________________
   City: ____________________ State: _________ Zip: __________
   Phone #: ____________________________

5. Designated facility contact:
   Name: _____________________________________________________________
   Title: _____________________________________________________________
   Phone #: ____________________________
6. Give a brief description of ALL operations at this facility including primary products or services (attach additional sheets if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Have you been issued any Federal, State, or local environmental permits?
[ ] Yes
[ ] No
If yes, please list the permit(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Complete the following description for ALL of your trucks that will use the Albert Whitted Water Reclamation Facility. [see instructions]

<table>
<thead>
<tr>
<th>Truck #</th>
<th>Description</th>
<th>Tank Size (gals)</th>
<th>Tag No.</th>
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9. Permit fee enclosed: $______________ (Note: cost of annual permit is $50 for EACH TRUCK listed on this application form. Each additional truck added to the list throughout the duration of the permit shall also be subject to a $50 fee. Replacement trucks shall not be subject to this fee throughout the duration of the permit.)
Authorized Representative Statement:

I certify that I have read Section 27-314 of the St. Petersburg City Code and understand that the only acceptable wastes that may be discharged at the Albert Whitted Water Reclamation Facility are those domestic wastes generated within the sanitary sewer service area of the City of St. Petersburg from septic tanks and portable toilets.

I further 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(s)                                             Title

______________________________________           __________________
Signature                                             Date

FOR CITY USE

Application complete       YES  NO
Permit fee correct           YES  NO
Permit to be granted or rejected
Explanation for rejection:

Date: ______________________   ______________________________________
Application Reviewer - Signature