

**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]

<u>Truck #</u>	<u>Description</u>	<u>Tank Size (gals)</u>	<u>Tag No.</u>

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