



City of Apopka

Oil and Grease Management / Surcharge Program Permit Application AUTO FACILITIES

Company Name: _____ d/b/a _____

Street Address: _____

City, State, Zip: _____ Phone _____

Contact Name: _____

Position of authority: _____

Type of Facility: _____

Facility is: Owned: _____ Leased/Rented: _____

If Leased/Rented: Landlord Name: _____

Landlord Address: _____

City, State, zip: _____

Telephone Number: _____

Hours of Operation: _____ Days of Operation: (circle days) Sun Mon Tue Wed Thu Fri Sat

Estimate Monthly water usage: _____ gallons per month. Source: _____

Facility has an Oil/Water or Sand/ Grit Separator? Yes _____ No _____

Separator size _____ gallons. Drawings of the separator: Provide 1 copy

NOTE: The Sewer Use Ordinance requires you to have a contract for Separator cleaning each 90 days. Attach a copy of the contract to the application. It may be that oil/water and sand/grit units can be cleaned less frequently. We will consider process flows and water usage to determine frequency.

Does your facility have unit for cleaning parts or degreasing equipment? Yes _____ No _____

Solvents are recycled? Yes _____ No _____ Antifreeze recycled? Yes _____ No _____

Are Oils and lubricants recycled? Yes _____ No _____ Grease Rags? _____

Company: _____ Telephone: _____

CERTIFICATION

I hereby acknowledge the information contained on this survey is familiar to me, and to the best of my knowledge and belief, such information is true, complete and accurate. Please provide separate sheet for additional information.

Name

Title

Date