



City of Apopka

Oil and Grease Management / Surcharge Program Permit Application Dental Facilities

Company Name: _____ d/b/a _____

Street Address: _____

City, State, Zip: _____ Phone _____

Contact Name: _____

Position of authority: _____

Facility is: Owned: _____ Leased/Rented: _____

If Leased/Rented: Landlord Name: _____

Landlord Address: _____

City, State, zip: _____

Telephone Number: _____

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

Facility has a Septic Tank System? Yes _____ No _____

Facility has Amalgam trap? Yes _____ No _____

Any production of plates or partials at your facility? Yes _____ No _____

Trap size _____ gallons. Drawings of the trap / plumbing system? Provide 1 copy

Disposal Company:

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.

Name

Title

Date