

City of Boynton Beach Utilities



124 E. Woolbright Road
Boynton Beach, Florida 33435
Office: (561) 742-6405
FAX: (561) 742-6298
www.boynton-beach.org/ipp

Industrial Pretreatment Program Survey Short Form

The Industrial Pretreatment Program (IPP) is a federally mandated program designed to control the discharge of pollutants from non-residential sources into the public sewer system. This program ensures that industrial users comply with local, state, and federal regulations by monitoring and managing the types of waste entering the sewer system. **This form is shared with your business to determine the types and sources of wastewater that will be entering the Boynton Beach Sewer System.** In accordance with Chap. 26, City of Boynton Beach Code of Ordinance; Chap. 62-6, Florida Administrative Code; and Chap. 403, Florida Statutes; this form is required to be completed by current and potential industrial and commercial users of the City's system.

A copy of the Sewer Use Ordinance can be obtained at <https://www.boynton-beach.org/ipp> or by contacting the Boynton Beach Utilities Department at (561) 742-6405 or Fog@bbfl.us.

Facility Information:

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Email: _____ Property Owner Tel.: _____

Business Name: _____

Business Address: _____

Business Owner E-mail: _____ Business Owner Tel.: _____

Contact information of personnel authorized to represent this company in official dealings with City's IPP:

Name, Title: _____ Tel.: _____ Email: _____

Name, Title: _____ Tel.: _____ Email: _____

Number of Employees: _____ Number of Shifts: _____

Startup date at present address: _____ / _____ (month/year)

Facility Type:

What Standard Industrial Classification (SIC) Code(s) do you report under? _____
(Reference <https://www.osha.gov/pls/imis/sicsearch.html> for codes)

Indicate the general type(s) of business function(s) at this address by checking the appropriate activities:

Industrial/Manufacturing Service Provider Dental Office

Commercial/Retail Warehouse/Distribution Office Functions Only

Please select all applicable categories below for "Industrial/Manufacturing", "Service Provider" or "Dental Office" types of businesses.

ASSEMBLY <input type="checkbox"/> Describe: _____	HEALTH CARE <input type="checkbox"/> Describe: _____
BUILDING MATERIALS <input type="checkbox"/> Concrete <input type="checkbox"/> Roofing <input type="checkbox"/> Lumber/Wood <input type="checkbox"/> Other: _____	MEDICAL PRODUCTS <input type="checkbox"/> Devices <input type="checkbox"/> Diagnostics <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Other: _____
CHEMICAL PRODUCTS <input type="checkbox"/> Abrasive Materials <input type="checkbox"/> Adhesives/Sealants <input type="checkbox"/> Coatings <input type="checkbox"/> Fertilizers/Pesticides <input type="checkbox"/> Organic Chemicals <input type="checkbox"/> Petroleum and/or Asphalt <input type="checkbox"/> Other: _____	METAL PRODUCTS <input type="checkbox"/> Electroplating/metal finishing <input type="checkbox"/> Machine Shop <input type="checkbox"/> Metal Recovery <input type="checkbox"/> Painting <input type="checkbox"/> Porcelain Enameling <input type="checkbox"/> Vehicle Manufacturing <input type="checkbox"/> Other: _____
LEATHER PRODUCTS <input type="checkbox"/> Describe: _____	LAUNDRY <input type="checkbox"/> Describe: _____
EDUCATIONAL <input type="checkbox"/> Describe: _____	LABORATORY <input type="checkbox"/> Describe: _____
ELECTRONIC PRODUCTS <input type="checkbox"/> Printed Circuit Board Assembly <input type="checkbox"/> Sensors/Controls <input type="checkbox"/> Other: _____	DENTAL OFFICE <input type="checkbox"/> Dental Office <input type="checkbox"/> Orthodontist, Surgeon, Periodontist <input type="checkbox"/> Other: _____
GLASS PRODUCTS <input type="checkbox"/> Describe: _____	PLASTIC PRODUCTS <input type="checkbox"/> Describe: _____
PAPER/PACKAGING <input type="checkbox"/> Describe: _____	PRINTED PRODUCTS <input type="checkbox"/> Describe: _____
SERVICE <input type="checkbox"/> Cabinet Manufacturing <input type="checkbox"/> Furniture Repair/Refinishing <input type="checkbox"/> Other: _____	TRANSPORTATION <input type="checkbox"/> Auto Body/ Vehicle Repair <input type="checkbox"/> Car / Truck/ Tanker Wash <input type="checkbox"/> Other: _____
PUBLIC FACILITIES <input type="checkbox"/> Describe: _____	UTILITIES <input type="checkbox"/> Describe: _____
FOOD PRODUCTS <input type="checkbox"/> Bakery <input type="checkbox"/> Beverages <input type="checkbox"/> Fish/Seafood <input type="checkbox"/> Meat/Poultry <input type="checkbox"/> Prepared Food Products <input type="checkbox"/> Other: _____	OTHER <input type="checkbox"/> Advertising <input type="checkbox"/> Animal/ Agriculture <input type="checkbox"/> Biological Products <input type="checkbox"/> Design Fabrication <input type="checkbox"/> Water Treatment Equipment <input type="checkbox"/> Other: _____

Wastewater Information:

Does this facility have any floor drains in the chemical or manufacturing storage area? Yes No

Do you use any chemicals on site? Yes No

If yes, list them: _____

This facility discharges to: City Sanitary Sewer Septic Tank Waste Haulers Other

Waste Haulers (list) _____

Other (explain) _____

Average water use (in gallons per month): _____ Measured Estimated

Please describe any existing or planned pretreatment equipment in line with your wastewater discharge (e.g. grease interceptor/trap, sand interceptor/filter, oil/water separator, dental amalgam separator).

This facility generates the following types of wastewater (check all that apply):

Domestic waste from employees (e.g., restroom, shower, lunchroom)

Non-Contact Cooling Water (Used for cooling – no contact with raw materials, parts or products)

Industrial Waste (Wastewater other than sanitary or non-contact cooling water; please describe sources of Industrial Waste in space below):

Other (Please describe in space below):

Certification:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, the information on this form is true and accurate to the Best of my knowledge.

Printed Name: _____ Title: _____

Phone: _____ E-mail: _____

Signature: _____ Date _____

Please return this form within 30 days to:

Boynton Beach Utilities Department
Environmental Inspector
124 E. Woolbright Rd
Boynton Beach, Florida 33435

Or email: Fog@bbfl.us