

# 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](http://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](mailto: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.

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