



City of Fort Myers, Florida

Stormwater Management
P.O. Drawer 2217
Ft. Myers, FL 33902
FAX# (239) 344-5943

Stormwater Industrial Questionnaire

(please print or type clearly)

Date: _____

Business Name: _____

Address: _____

Phone: (_____) _____

SIC Code (required) _____ NAICS Code: _____

(Refer to <http://www.osha.gov/pls/imis/sicsearch.html>)

Proprietor: _____

Address: _____

Phone: (_____) _____

Person Filling Out This Form: _____ Title: _____

Business Location: **Lee County** _____ Yes _____ No, **City of Fort Myers** _____ Yes _____ No

Business Days: _____ thru _____ Hours: _____ am/pm to _____ am/pm. # Employees _____

Give Brief Description of Process or Business Function: _____

STORMWATER DISCHARGE SOURCE(S)

Describe the anticipated discharges to the City's Stormwater System, which consists of: swales, catch basins, canals, etc. (Note: State any point source discharges, such as outfalls from any: ponds, retention areas, tanks, drain field from septic tank, storage areas, etc. that will be directly discharged to stormwater system.)

EPCRA Section 313

Note: If "NO" is answered on any of these questions, proceed to the next section.

Do you have 10 or more full time employees? _____ Yes _____ No

Does your company use, manufacture, process or use any of the toxic chemicals listed in 40 CFR Section 372.65? _____ Yes _____ No

Does your NAICS fall within the major codes listed on EPA's website at:

<https://www.epa.gov/epcra/epcra-non-section-313-guidance> ? _____ Yes _____ No

** If you answer "Yes" to all of these questions, your facility may be designated a 313 Facility and subject to EPCRA Section 313 reporting. Please refer to <https://www.epa.gov/epcra/epcra-non-section-313-guidance> for additional guidance. Facilities that are classified as a 313 are required to submit a report, known as "Form R" for each chemical that exceeds thresholds for the manufacture, process or "otherwise use" of the chemicals during a calendar year. Facilities must file reports each July 1 for releases that occurred during the previous calendar year. Reports must be filed with both EPA headquarters and the state designated Section 313 coordinator.)

List all chemicals that will be onsite (50 gallons or more) _____

Describe all chemicals that will be stored outside (not under a roof) _____

Do you Employ A Waste Disposal Service? _____ Yes _____ No

If So. Name: _____ Phone: _____

Address: _____

_____ Frequency: _____

What Types Of Waste Does This Service Take Care Of? _____

Are Grease Traps/Oil Separators In Service? _____ Yes _____ No How Many: _____
Cap. In Gallons: _____ An Environmental Waste Hauler Service? _____ Yes _____ No
If So; Name: _____ Phone: _____
Address: _____ Frequency: _____

List any additional items or processes onsite that could potentially impact the City's stormwater system.

I have completed this form to the best of my knowledge and confirm that it states all potential stormwater impacts that this facility may cause. Should the processes of this business change and affect the stormwater impacts to a greater degree, I will notify the City of Fort Myers Engineering Department / Stormwater Division as soon as possible.

Date

Signature of Applicant

Date

Signature of Owner (If different from Applicant)
Seal (if applicable)

**CITY OF FORT MYERS
P.O. DRAWER 2217
FORT MYERS, FL 33902-2217
ATTN: ENGINEERING DEPT/ STORMWATER DIVISION**

Please direct any questions on this questionnaire to Bill Porter of the Engineering Dept. at 239-321-7461 or e-mail: wporter@cityftmyers.com.