



Environmental Protection and Growth Management Department
POLLUTION PREVENTION, REMEDIATION AND AIR QUALITY DIVISION
Mailing Address: One North University Drive, Suite 203, Plantation, FL 33324
954-519-1260 • FAX 954-765-4804

APPLICATION FOR
(check all that apply)

Please type or print in ink. All applicable items must be filled in or marked "not applicable" in order to avoid delay in processing this application. Attach hereto a check for the license filling fee, in accordance with the Broward County Code of Ordinances Chapter 27-216(b)(1) and payable to the Broward County Board of Commissioners. A minimum of four copies of the application shall be submitted to the PPRAQD.

Purpose of application (check one): [ ] New [ ] Renewal [ ] Modification

[ ] BORROW PIT RECLAMATION PROJECTS (Complete Sections A, B, C, I & J)

[ ] LANDFILLS (Complete Sections A, B, D, I & J)

[ ] MATERIAL RECOVERY FACILITY OR TRANSFER STATION (Complete Sections A, B, E, I & J)

[ ] COMPOST FACILITY (Complete Sections A, B, F, I & J)

[ ] WASTE TIRE FACILITY (Complete Sections A, B, G, I & J)

[ ] CONSTRUCTION AND DEMOLITION DEBRIS DISPOSAL FACILITY
(Complete Sections A, B, H, I & J)

Section A: General Information for All Facilities

1. Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of On-site Contact: \_\_\_\_\_

2. Applicant Name: (Business Owner or Representative): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tel: \_\_\_\_\_

3. Authorized Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tel: \_\_\_\_\_

Letter of Authorization (check if attached) [ ]

4. **Facility Operator Name:** (If different than applicant): \_\_\_\_\_  
Address: \_\_\_\_\_ Company Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tel: \_\_\_\_\_  
Letter of Authorization (check if attached)

5. **Landowner Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tel: \_\_\_\_\_

6. List EPGMD, Florida Department of Environmental Protection, and all other permits or licenses for this facility:  
\_\_\_\_\_  
\_\_\_\_\_

7. Site located in:  Wetlands  Flood plain  Other: \_\_\_\_\_

8. Area within property boundary: \_\_\_\_\_ Area within facility boundary: \_\_\_\_\_

9. Number of operating staff: \_\_\_\_\_

10. Final residue is \_\_\_\_\_ % of waste intake.  
Residue is disposed of at (site name and location): \_\_\_\_\_

11. Spotters:  Yes  No Number of spotters used: \_\_\_\_\_

12. Security to prevent unauthorized use:  Yes  No

13. Weighing scales used:  Yes  No

**Section B: General Information for All Facilities**

Note: The information required in this section does not have to be resubmitted for a renewal license if the information has not changed since the last license was issued. All engineering drawings shall be signed and sealed by a professional engineer registered with the State of Florida.

(check if attached)

1. \_\_\_ A vicinity map or aerial photograph current within one year. This map shall show all airports located within five (5) miles, and the land use and zoning category within one (1) mile of the facility;
2. \_\_\_ A site plan showing dimensions and details of the proposed areas for receiving, processing, production, storage, and disposal;
3. \_\_\_ Topographic maps showing contour interval used, original elevations and proposed final contours, general outline of facility area, access roads, grades required for proper drainage, any special drainage devices, and all other pertinent information;
4. \_\_\_ Designed capacity (volumetric) of the proposed facility, including the receiving, processing, storage, and disposal areas;
5. \_\_\_ Anticipated type, quantity, and source of material to be received;

6. \_\_\_ Detailed engineering drawings of the site that indicate location of roads, buildings, equipment to be installed or used, fences and gates, landscaping, sewer and water lines, fire lanes, storm water system, and monitoring wells, if required. The drawings shall show final grade contours, as applicable;
7. \_\_\_ A copy of permit applications or permit(s) for storm water control issued by the appropriate federal, state, regional, or local agencies, or documentation that no such permit is required;
8. \_\_\_ Documentation that the applicant either owns the property or has notarized authorization from the property owner to use the land and conduct long term care, as applicable, for the activity proposed in the application. Such authorization shall include proof of ownership;
9. \_\_\_ Documentation from the local zoning authority stating that the facility is in conformance with local zoning requirements;
10. \_\_\_ An operation plan which includes at a minimum:
  - a. Designation of persons responsible for operation, control and maintenance of the facility;
  - b. Proposed equipment and manufacturers specifications;
  - c. Description of the facility's in-house training program to operate the facility and to identify any hazardous or prohibited materials received at the facility;
  - d. Inspection procedures for controlling waste at the facility;
  - e. Number and location of spotters and procedures to be followed if prohibited wastes are discovered;
  - f. Vehicle traffic control and unloading;
  - g. An emergency plan which shall contain, at minimum, the following elements:
    - 1) A list of names and telephone numbers of persons to be contacted in the event of a fire, flood, or other emergency;
    - 2) A list of the emergency response equipment at the site, its location, and how it should be used. In the event of a fire or other emergency; and
    - 3) A description of the procedures that should be followed in the event of a fire, including procedures to contain and dispose of the material generated as a result of the fire; and
    - 4) Contingency operations, including reserve or alternate equipment, or alternate waste handling and disposal methods in case of emergency such as a natural disaster, equipment failure or receipt of prohibited materials; and
    - 5) Describe the flow of solid waste expected during regular facility operations, including procedures for start up and shut down and inspection procedures for controlling waste at the facility; and
  - h. Discussion of potential safety hazards and control methods;
  - i. Identification and capacity of temporary on-site storage areas for materials handled and provisions for solid waste and leachate containment;
  - j. Identification of potential ground water and surface water contamination;
  - k. Plan for disposal of unmarketable recyclables and residue; and
  - l. Other necessary details to support the engineering report.

### **Section C: Borrow Pit Reclamation Projects**

Note: Requirements of Chapter 27 of the Broward County Code apply to all borrow pit reclamation projects. (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 100 yd of fill material   | <input type="checkbox"/> 10,001 to 100,000 yd of fill material    |
| <input type="checkbox"/> 101 to 1,000 yd of fill material    | <input type="checkbox"/> greater than 100,000 yd of fill material |
| <input type="checkbox"/> 1,001 to 10,000 yd of fill material |   |

1. Directions to locate site: \_\_\_\_\_
2. Names, addresses and zip codes of adjacent property owners whose property also adjoins the pit (excluding applicant):  
 a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_
3. Describe the general operation of the borrow pit reclamation project: \_\_\_\_\_
4. Describe how the incoming material will be inspected prior to depositing in the borrow pit and what will be done with unacceptable material which may inadvertently be received on site:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Turbidity, erosion, and sedimentation controls proposed: \_\_\_\_\_
6. Fill Area: \_\_\_\_\_ sq.ft. \_\_\_\_\_ acres \_\_\_\_\_
7. Amount of fill required for the project: \_\_\_\_\_ cu. yds. Provide calculations used to determine the amount of fill required.
8. Type of fill: \_\_\_\_\_ Source of fill: \_\_\_\_\_
9. Provide four sets of drawings on 8 1/2" X 11" sheets and include:
  - a. A site plan clearly identifying the existing boundaries of the borrow pit and the proposed area to be filled.
  - b. Plan view and cross-sectional view drawings which identify existing and proposed water depth and borrow pit banks and slopes.
10. Provide a ground water monitoring plan (include the following):
  - a. A site plan with the proposed monitoring well locations.
  - b. Proposed monitoring well construction specifications.

**Section D: Landfills**

**Note:** Requirements of Chapter 27 of the Broward County Code and Sec. 62-701 FAC, apply to all landfills.  
 (check one)  Class I  Class II  Class III

1. Describe the general operation of the landfill: \_\_\_\_\_
2. Types of waste received:
 

<input type="checkbox"/> Residential	<input type="checkbox"/> Construction and Demolition Debris
<input type="checkbox"/> Commercial	<input type="checkbox"/> Shredded/cut tires
<input type="checkbox"/> Incinerator/WTE ash	<input type="checkbox"/> Yard trash
<input type="checkbox"/> Treated biomedical waste	<input type="checkbox"/> Septic tank waste
<input type="checkbox"/> Water treatment sludge	<input type="checkbox"/> Industrial <input type="checkbox"/> Other _____

3. Number of spotters used: \_\_\_\_\_ Days working face covered: \_\_\_\_\_

4. Number of monitoring wells: \_\_\_\_\_ Number of surface monitoring points: \_\_\_\_\_

5. Gas controls used:  Yes  No Type of controls:  Active  Passive  
Gas flaring:  Yes  No Gas recovery  Yes  No

6. Storm water collected:  Yes  No  
Type of treatment: \_\_\_\_\_ Name of class of receiving water: \_\_\_\_\_

7. Landfill Unit - liner type:

Natural soils  Double geomembranes  Single composite  
 Single clay liner  Geomembrane & composite  Slurry wall  
 Single geomembrane  Double composite  None  
 Other \_\_\_\_\_

8. Leachate collection method:

Collection pipes  Sand layer  Geonets  
 Gravel layer  Well points  Interceptor trench  
 Perimeter ditch  Other \_\_\_\_\_

9. Process water/leachate management: Recycled: Yes No

Storage method: Tanks: Type \_\_\_\_\_ Size \_\_\_\_\_  Other \_\_\_\_\_

Treatment method used: \_\_\_\_\_

10. Leachate disposal method:

Recirculated  Pumped to WWTP  Transported to WWTP  
 Discharged to surface water  Injection well  Evaporation  
 Other: \_\_\_\_\_

**Section E: Material Recovery Facility or Transfer Station Note:** Requirements of Chapter 27 of the Broward County Code and Sec. 62-701 FAC, apply to all material recovery facilities and transfer stations. (check all that apply)

Construction and demolition debris  Vegetative debris and yard trash  
 Commercial waste  Residential bulky waste  
 Industrial waste  Household waste  
 Other \_\_\_\_\_

1. Describe the general operation of the material recovery facility or transfer station: \_\_\_\_\_

2. Disposal area: Total \_\_\_ acres Used \_\_\_ acres Available \_\_\_\_\_ acres

3. Processing rate: \_\_\_\_\_ yd<sup>3</sup>/day \_\_\_\_\_ ton/day \_\_\_\_\_ gal/day\_\_\_\_\_

4. Attach proof of financial responsibility as required by Sec. 62-701 FAC or a calculation showing that financial assurance documents currently on file with the Department are sufficient to assure closing of the material recovery facility as well as any other solid waste management facility at the location.

**Section F: Compost Facilities**

**Note:** Requirements of Chapter 27 of the Broward County Code, and Sections 62-701 and 709 FAC, apply to all compost facilities. (check all that apply)

- Vegetative debris or yard trash                      Manure
- Other solid waste Specify \_\_\_\_\_

1. Facility type: In-vessel    Static pile    Windrow    Other\_\_\_\_\_

2. Describe the general operation of the compost facility: \_\_\_\_\_

**Section G: Waste Tire Facilities**

**Note:** Requirements of Chapter 27 of the Broward County Code; and Sections 62-701 and 711, FAC, apply to all waste tire facilities. (check all that apply)

- Waste Tire - Processing Facility                      ( > 1,000 tires are stored or processed during a 30 day period)
- Waste Tire - Small Processing Center    ( <= 1,000 waste tires to be stored at any one time and <= 1,000 waste tires to be processed during any 30 day period)
- Waste Tire - Collection Center                      ( <=1,000 tires to be stored at any one time)

1. Describe the general operation of the waste tire facility: \_\_\_\_\_

2. Type of processing facility: (check all that apply):

- Shredder                      Cutter                      Incinerator only                      Pyrolysis                      Chopper
- Supplemental fuel user                      Incinerator with energy recovery
- Other:(explain ) \_\_\_\_\_

3. For reporting quantity of tires in tons, tires will be (check all that apply):

- weighed on site                      weighed off site                      weights will be calculated

4. Indicate the maximum quantities of whole waste tires, processed waste tires, and processing residuals, expressed in tons, to be stored at the facility, in accordance with Rule 62- 711.530(2), F.A.C.

	<b>Outdoor Storage (tons)</b>	<b>Outdoor Storage (sq. ft.)</b>	<b>Indoor Storage (tons)</b>	<b>Indoor Storage (sq. ft.)</b>	<b>Total Storage (tons)</b>
<b>Whole waste tires:</b>					
<b>Processed tires:</b>					
<b>Processing residuals:</b>					
<b>TOTALS</b>					

- 5. Provide copy of the fire safety survey.
- 6. Provide a description of how 75% of the annual accumulation of waste tires will be removed for disposal or recycling.
- 7. Attach proof of financial responsibility as required by Sec. 62-701 FAC or a calculation showing that financial assurance documents currently on file with the Department are sufficient to assure closing of the waste tire facility as well as any other solid waste management facility at the location.

**Section H: Construction and Demolition Debris Disposal Facility** Note: Requirements of Chapter 27 of the Broward County Code, and Sec. 62-701 FAC, apply to all construction and demolition debris disposal facilities.

- 1. Describe the general operation of the construction and demolition debris disposal facility:
- 2. Engineering Report
  - a. Geotechnical investigation
  - b. Hydrogeological investigation
  - c. Design/planned active life
- 3. Operational Plan
  - a. Description of operations
  - b. Operation manual
  - c. Training plan
- 4. Ground Water Monitoring Plan
- 5. Financial Assurance
  - a. Closure cost estimate
  - b. Financial assurance instrument
  - c. Long-term care documentation

**Section I: Certification by Applicant**

I, the owner/authorized representative of am aware that statements made in this form and attached exhibits are an application for a license from the Broward County Environmental Protection and Growth Management Department and certify that the information in this application is true, correct, and complete to the best of my knowledge and belief. Further, I, the undersigned, agree to comply with all the rules and regulations of Broward County. It is understood that the license is not transferable and, if granted, the PPRAQD will be notified prior to the sale or legal transfer of this licensed establishment.

\_\_\_\_\_  
Signature of Owner or \*Authorized Agent

\_\_\_\_\_  
Name and Title (Please Print)

\_\_\_\_\_  
Date

\* Attach letter of authorization if agent is not a governmental official, owner, or corporate officer.

**Section J: Certification by Engineer**

Professional Engineer Registered in Florida or Public Officer as required in Section 403.707 and 403.707(5), Florida Statutes.

This is to certify that the engineering features of this solid waste management facility have been designed / examined by me and found to conform to engineering principals applicable to such facilities. In my professional judgment, this facility, when properly maintained and operated, will comply with all applicable Broward County Environmental Protection Code, statutes of the State of Florida and rules of Florida Department of Environmental Protection. It is agreed that the undersigned will provide the applicant with a set of instructions of proper maintenance and operation of the facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name and Title (please print)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Florida Registration Number (affix seal)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date