



Environmental Protection and Growth Management Department- Pollution Prevention Remediation and Air Quality Division
One N. University Drive, Suite 102, Plantation Florida 33324 • 954-519-1260 • FAX 954-519-1494

**APPLICATION FOR LICENSE TO OPERATE
A DIRECT DISCHARGE FROM NON-DOMESTIC (INDUSTRIAL) ACTIVITY**

Existing License No:
Expiration Date:

Facility Name: _____
Facility Location: Street: _____
City/State: _____ Zip Code _____ Facility Telephone: _____
Applicant Name and Title: _____
Mailing Address: _____ City/State: _____
Zip Code _____ Applicant Telephone: _____

1. Are you connected to a sanitary sewer? Yes [] No []
If so, to what treatment plant are you connected?
Continuous Flow Yes [] No [] Periodic Batch Discharge Yes [] No []
Discharge Frequency/Interval
2. Have there been any modifications to the licensed facility that affect any processes or treatment or disposal of wastewater or sludge
Yes [] No [] If Yes, describe on a separate sheet and attach.
3. Has there been any unlicensed discharge of wastewater to ground or surface waters?
Yes [] No [] If Yes, describe on a separate sheet and attach.
4. Has there been any unlicensed discharge of hazardous materials?
Yes [] No [] If Yes, describe on a separate sheet and attach.

General Information

(applies to all licenses)

A. Type of Operation:

1. **Type of Industry:** _____

2. **Raw Materials and Chemicals used:** _____

3. **Production Rate of Finished Product:** _____
Normal (tons or lbs/day) _____
Peak (tons or lbs/day) _____

4. **Normal Operation (hrs/day, days/wk)** _____

5. **If operation is seasonal, explain** _____

B. Is there any non-domestic discharge to ground or surface water? Yes [] No []

C. Do you use a septic tank? Yes [] No []

D. Are there storage tanks at this facility? Yes [] No []
If yes, are they: Above ground [] Underground []

E. Are any chemicals, solvents, paints, etc. used, handled, or stored at the facility? Yes [] No []

If Yes, provide inventory list (see attached form - Page 5)

F. Do you have any licenses from the Broward County Environment Protection Department?
If Yes, give type and license number: _____

Industrial Wastewater Characteristics

A. Wastewater Flow Rate (Gal/Day)

Average	Maximum	Design
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B. Method(s) and locations(s) of flow measure.

C. Submit emergency plan to be followed to insure adequate waste treatment during emergencies such as power loss and equipment failure causing shutdown of pollution abatement equipment of the proposed facilities.

D. Water Quality Characteristics of Effluent.

The following are parameters which should be considered for effluent analysis. Specific parameters required may include others not listed below.

Parameters	Concentration (note units)		30-Day Average
	Minimum	Maximum	
pH	_____	_____	_____
BOD	_____	_____	_____
Oil & Grease	_____	_____	_____
COD	_____	_____	_____
Cadmium	_____	_____	_____
Chromium	_____	_____	_____
Copper	_____	_____	_____
Lead	_____	_____	_____
Nickel	_____	_____	_____
Silver	_____	_____	_____
Zinc	_____	_____	_____
Cyanide	_____	_____	_____
Phenols	_____	_____	_____
Chlorides	_____	_____	_____
TDS	_____	_____	_____
Temperature	_____	_____	_____
VOCs	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

E. Laboratory designated for testing. _____

Effluent Disposal

A. If effluent is discharged to surface waters, complete the following for each discharge point.

1. Immediate receiving body of water (RBW):

a. Name _____

b. Type of Receiving Waters: Fresh Salt/Brackish
 Drainage Ditch Landlocked Lake
 Creek Lake with Outlet
 River Tidal Estuary
 Other (specify) _____

c. Classification of receiving water (in accordance with FAC 173). _____

d. Minimum 7 day 10 year low flow of the RBW at the discharge point (if appropriate). _____ cfs

2. Outfall Information

a. Discharge location
Latitude _____° _____' _____"N Longitude _____° _____' _____"W

b. Distance from shore _____

c. Diameter _____

d. Elevation of discharge invert _____ MSL

B. If effluent is discharged to groundwater, complete the following.

1. Disposal Method

Drainfield _____
 Percolation/Evaporation Pond _____
 Combination (specify) _____
 Other (specify) _____

2. Location(s) of application area(s) _____

3. Ownership of Land (if different from applicant)

Fee Schedule Section 27-201(b)

(a) License fee based on designed wastewater flow (gallons per day).

(1) Up to and including 5,000	\$ 450.00
(2) 5,001 to 10,000	\$1,025.00
(3) 10,001 to 25,000	\$1,775.00
(4) Greater than 25,000	\$2,375.00

Inventory List

List all hazardous materials stored, handled, processed, used, manufactured or generated. Hazardous materials as defined in Chapter 27-352 of the Broward County Code of Ordinances.

<u>Trade Name</u> <u>Haz. Materials</u>	<u>Generic Name</u> <u>Haz. Materials</u>	<u>Container</u> <u>Size</u>	<u>Total Quantity</u> <u>Onsite</u>	<u>Monthly</u> <u>Onsite</u>

APPLICATION CERTIFICATION

The undersigned applicant is fully aware that the statements made in this Application for Renewal of License to Operate a Direct Discharge Industrial Wastewater Treatment Facility are true, correct and complete to the best of his/her knowledge and belief. The applicant understands that a license to Operate a Direct Discharge Industrial Wastewater Treatment Facility, if granted, will be non-transferable and he/she will promptly notify the division upon sales or legal transfer of the licensed facilities.

Date: _____

Signature of Applicant

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purpose therein expressed.

Witness my hand and official seal, this _____ day of _____, A.D. _____.

Notary Public
State of Florida at Large

My Commission Expires _____
Date:

Reviewed and Approved for License by: _____ Date