



Environmental Protection and Growth Management Department- Pollution Prevention Remediation and Air Quality Division  
One N. University Drive, Suite 102, Plantation, FL 33324 • 954-519-12670 • FAX 954-519-1494

**APPLICATION FOR RENEWAL OF 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. Have there been any modifications to the licensed facility that affect the handling, storing, processing or disposing of hazardous materials?  
Yes [ ] No [ ] If Yes, describe on a separate sheet and attach.
5. 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)**

<u>Average</u>	<u>Maximum</u>	<u>Design</u>
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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.

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

**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**