



INDUSTRIAL FACILITIES PERMIT APPLICATION

Folio Number: - - - - Date: _____

Application for PERMIT TO CONSTRUCT _____, TO OPERATE _____,
ALL INDUSTRIAL WASTE POLLUTION SOURCES.

Name of Establishment: _____

Location: _____

Type of Business: _____ Tel. No.: _____

Owner or Authorized Person: _____ Title: _____

Business Mailing Address: _____ Tel. No.: _____

Finished Product: _____ Estimated Production Rate: _____

Certificate of Occupancy No. _____ Occupational License No. _____

New Source _____ Existing Source _____ Modification _____ Relocation _____

Days per year in Operation _____ No. Of Shifts _____ (Normally, per day)

Days per week in Operation _____

Hours per day in Operation _____ SEASONAL OPERATION
From _____ To _____

Type of Waste Generated
(Check all that apply)

- Acids
Waste Oil
Solvents
Wastewater From Steam Cleaning Operations
Dry Cleaning Liquids
Transmission Fluid
Chemicals
Pigments
Pesticides
Other (Please Specify)

Type of Material Stored
(Check all that apply)

- Acids
Oil
Solvents
Caustics
Dry Cleaning Liquids
Transmission Fluid
Chemicals
Pigments
Pesticides
Other (Please Specify)

NOTE: ALL CHANGES OF ADDRESS, OWNERSHIP PRODUCTION LEVELS OR STORAGE
QUANTITIES REQUIRE A NEW APPLICATION. NOTIFY, THE INDUSTRIAL FACILITIES
WITHIN 10 DAYS AT 305-372-6600.

MIAMI-DADE COUNTY
ENVIRONMENTAL RESOURCES MANAGEMENT

NAME OF COMPANY:

Raw Waste Daily Flow

GPD _____ Average

GPD _____ Maximum

GENERAL

Water Supply

1. Sources: _____ Public Water _____ Potable Water Well _____ Other _____

Utility Company Name: _____ Number of Own Water Wells _____

2. Volume Used (Gal./Day) _____ or Gal./mo. _____

Ultimate Storm Water Effluent Disposal: Effluent shall be specified as to industrial waste or storm water.

1. Surface Water Disposal

River _____, Canal _____, Ditch _____, Lake _____, Bay _____, Ocean _____

Give Name of Receiving Body of water and Location of Effluent Point:

2. Storm Water Ground Disposal

Soakage Pit _____ (State Permit No. _____)

Percolation Pond _____

Other _____

Ultimate Waste Water Effluent Disposal:

3. Public Sanitary Sewer System:

Name of Utility: _____

Location of Sewer Connection: _____

Date of Approval by Utility to Connect to their sewer:

4. Holding Tank(s): ___ Raw Material tank ___ Waste tank ___ Process tank

Capacity of Tank(s): _____

Location: Under Ground _____ Above Ground _____

A Spill Prevention and Response Plan (SPRP) must be submitted for all aboveground storage tanks.

Volume of largest tank on site: _____

(Attach a Sketch with details)

MIAMI-DADE COUNTY
ENVIRONMENTAL RESOURCES MANAGEMENT

NAME OF COMPANY:

Holding capacity of containment area: _____
(Provide volume calculations)
Groundwater Monitoring Wells On-site: (Attach sketch of locations)

OTHER INFORMATION:

Hazardous Waste Generator EPA ID No. _____
Sludge Disposal

1. Does facility generate sludge? _____
2. List sludge treatment units (if any):
3. Volume and composition of final sludge: (Attach copy of analysis)
4. Method and location of ultimate sludge disposal:
5. Name of Disposal Company:

(Include Manifests of hazardous wastes disposals for the previous six months, for existing facilities)

OTHER WASTES

Solid Waste:

1. Composition:
2. Quantity per Month:
3. Method & location of Disposal:
4. Name of Disposal Company:

