



Department of Environmental Resources Management
 Pollution Regulation and Enforcement Division
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 Miami, Florida 33136-3912
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www.miamidade.gov/derm

IPR NO: _____ IWP #: _____ NAICS CODE (S): _____ CATEGORICAL STD: _____

**APPLICATION FOR A MINOR REVISION TO
 AN INDUSTRIAL PRETREATMENT FACILITY PERMIT**

Instructions: This application form is only used when requests for minor revisions to a permit or minor modifications to an existing pretreatment process. Any supporting document such as reports, plans and specifications may be submitted with this form. Any new pretreatment facility and substantial improvement project must use a complete set of IWP Permit Application form. If you have question regarding the type of forms to be used or a permit processing fee, please contact this office at the above phone number.

I. GENERAL INFORMATION:

IWP Permit Number: _____ Approved Construction Permit Number: _____

Name of Facility: _____

Facility Address: _____

Owner or Authorized Person _____ Title: _____

Business Mailing Address: _____ Telephone No. _____

Estimated Time for Completion of Construction: _____ Expected Date to Start Operation: _____

Certificate of Occupancy No. _____ Occupational License No. _____

II. REVISION INFORMATION:

1. Provide a type of revision or a description of the proposed modification:

2. Major changes in the pretreatment process and impact on the effluent quality:

3. List type of wastes generated by this modification: _____

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Water and Wastewater Engineering Section – Pollution Regulation and Enforcement

Name of Company

4. List ONLY new or changes of the existing or approved pretreatment processes. Use additional sheets if necessary.

TREATMENT OR DISPOSAL UNITS	DIMENSIONS, AREAS, CAPCITIES, ASSOCIATED EQUIPMENT AND OTHER DESCRIPTIVE DATA	DESIGN CRITERIA

5. List NEW Raw Material /Chemical Storage (Attach Material Safety Data Sheets)

Name	Quantity & Container Size	Type (Acids, Solvents, Etc.)

III. OPERATION

Name of Operations & Supervisors	Qualifications	Telephone

III. CERTIFICATIONS

1. Applicant

I, the undersigned owner or authorized representative of _____ am familiar with this facility and I am fully aware that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

Name of Owner / Responsible Official: _____

Title: _____

Signature: _____ Date: _____

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2. Professional Engineer Registered in Florida

I hereby certify that the engineering features of this facility industrial waste pretreatment system have been designed by me or an individual(s) under my direct supervision in conformity with sound engineering principles and good engineering practices.

Signature

Name and Florida Registration Number (Please Type)

Address (Please Type)

(Seal, Signature, Date & Registration #)

Date

Telephone Number