

Department of Regulatory and Economic Resources

Environmental Resources Management 701 NW 1st Court • Suite 700 Miami, Florida 33136-3912 T 305-372-6600 F 305-372-6630

Industrial Waste Operating Permit Application

A. Business and Applic	ant Information			
1. Applicant Name (Operat	ting Authority, Corp/LLC	/LP) ¹ :		
2. Business Address:				No
3. Folio Number ² :		4. City:	5. Zip Co	de:
6. Authorized Representati	ve ³ :		7. Title:	
		10. E-Mail:		
11. Emergency Contact:		12. Phone:	13. Title:	
B. Business Mailing Ad	dress			
Mailing address same as bu	isiness address?	No If yes, skip to section C.		
1. Mailing Address:				No
2. City:		3.State:	4. Zip Co	ode:
	air Other (specify in s	pace below) the applicability criteria of the category	vories listed in Chanter I. Subch	canter N of Title 40
of the Code of Federal Reg	gulations are subject to Inc	dustrial Waste Pretreatment (IWP) p E Environmental Permitting Section	rogram requirements and must	complete a separate
3. Indicate scope of propose	ed operation(s) or modific	eation(s) including type(s) of finished	d product(s) and manufacturing	process(es).
4. Standard Industrial Class 5. North American Industrial	, , , , ,	ertinent to operations: NAICS) code(s) pertinent to operati	ions:	
6. Days/Times of Operation	n:		7. Number of Em	nployees:

- 1. Applicant name specified in this field shall be that of a State of Florida registered corporation; visit www.sunbiz.org for corporate registration information.
- 2. Folio number (13 digits) can be retrieved from the Miami-Dade County property records search tool at http://www.miamidade.gov/pa/property_search.asp
- 3. A notarized letter of authorization from a corporate official must be provided if the applicant is not a registered officer of the business entity referenced in item A(1).

Pollution Regulation Division
Industrial Waste (IW-O) Progran

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Busi	ness	Na	me:

D. Raw Materials Inventory and Industrial Waste Generating Processes

1. List name, type and quantity of all raw materials stored on-site. Attach separate sheet(s) if necessary.

Material Name	Material Type (caustic, acid, coolant, oil, fuel, etc)	Container Size	Quanti
Matarial Cafata Data Chasta (1	MCDC) for all listed many metagining		
	MSDS) for all listed raw materials. aste/wastewater generating processes in the space below; attach	congrate cheet(s) if nece	ccaru
Tioc an proposcu muusutat wa	sic/ wasiewater generating processes in the space below, attach	separate sheet(s) if fiece	osai y .

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E. Sanitary Sewer Discharge Information	a

Business Name:			

industrial waste (1 w 0) 1 logialii	Business rume.	
E. Sanitary Sewer Discharge Inf	ormation and Relevant Treatment Systems	
1. Indicate all applicable information spaces below.	pertinent to the potable water system and sanitary sewer collection sys	stem serving the facility in the
(i) Name of utility providing water ar	d sewer services:	
	d location(s):	
	es (v) Connection Type: Gravity Force Main via private pump/	
3. Facility operation(s) to result in dis If yes, proceed to answer the remai(i) Discharges to meet local limits(ii) Facility to provide treatment for	rater production well(s)? Yes No If yes, indicate total number charges of industrial (non-domestic) wastewater to the sanitary sewer ning questions of this section. Otherwise skip to section F. in accordance with Section 24-42.4 of the Code of Miami-Dade Coupr industrial wastewater discharges in order to meet local limits?	system?
4. Indicate all equipment to be used to	treat discharges of industrial wastewater to the sanitary sewer system	in the table below.
Equipment Name and/or Type	Treatment Method(s), Capacity and Relevant Descriptive Data	Target Parameter(s) ¹

	egulation Division aste (IW-O) Progra	ım	Business Name:			
			gallons per day (GPD) type and source in item		l non-regulate	d wastewater sources in the
		Vastewater ¹ lated)	Domestic Wastewater (non-regulated)	Other (specify below	w)	Γotal Estimated Discharge
Average Us	age:	GPD + _		GPD +	GPD =	GPI
Maximum U	Jsage:	GPD + _		GPD +	GPD =	GPI
(i) If applica	ble, indicate type a	nd source of any add	litional wastestream(s)	in the space below.		
	discharge to sanitar		impling point(s) (e.g.,	mannoie, dedicated t	ee, etc) to me	onitor the facility's industria
1. List all tar	Tank Inventory	and Secondary C		sed operations and/or		em(s). Verify that all tank
1. List all tar numbers pro	Tank Inventory nks larger than 55 govided below match apacity	and Secondary C	dule and/or layout prov			
1. List all tar numbers pro	Tank Inventory nks larger than 55 govided below match apacity	and Secondary Content	ced as part of the propodule and/or layout prov Construction Type (single/double	sed operations and/or ided in the plans. Atta	Location (above/under	Type of Use
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^{1.} Operating permit permit fees may be based on the Maximum Usage value; refer to the DRER Environmetal Fee Schedule for more information.

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Business	Name:
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Tank No.	Capacity (Gallons)	Content (gasoline, acid, caustic, etc)	Construction Type (single/double walled)	Tank Material (fiberglass, plastic, etc)	Location (above/under ground)	Type of Use (process, storage, etc)

2. Provide net volume of all on site dedicated secondary containment areas. Attach separate sheet(s) if necessary.

Containment Area ID/ Number	Location (outdoor/indoor)	Gross Containment Volume (Gal)	Volume of Largest Tank Inside Containment Area (Gal.)	Total Containment Volume Displaced by Tanks (Gal)	Net Containment Volume Available (Gal)	Net Containment Volume At Least 110% of Largest Tank?

Note: 1 cubic foot = 7.48 Gallons

Note: 1 edule 1001 7.40 danons
3. For all outdoor secondary containment areas <u>exposed to rainfall events</u> , describe all methods of stormwater disposal to be implemented on site in the space below. If discharging to ground, provide information about applicable stormwater treatment systems prior to discharge (i.e., system type and capacity), location of final point of discharge relative to the containment area(s) and relevant groundwater monitoring features. Specify "not applicable" if no outdoor secondary containment areas are to be used on site.
momentum reactives. Specify not applicable in no outdoor secondary contaminent areas are to be used on site.

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Industrial Waste (IW-O) Program	Business Name:

G. Waste/Wastewater Disposal Information

1. For all wastes generated on-site, list the type, physical characteristic, classification, approximate quantity generated per month and disposal method. Attach separate sheet(s) if necessary.

Waste Type (solvent, oil, etc)	Physical Characteristics (liquid, solid, sludge, etc)	Waste Classification ¹ (hazardous, non-hazardous, etc)	Quantity Generated Per Month	Method and Final Location of Disposal
	40 CFR 261.5 and 262, indicat			
	Conditionally Exempt Small Quantity Generator (CESQG) Small Quantity Generator (SQG) Large Quantity Generator (LQG) 4. If considered SQG or LQG, indicate EPA Identification Number assigned to facility ³ :			

^{1.} Refer to Section of 24-5 of the Code of Miami-Dade County for the "Hazardous Waste" definition.

^{2.} Listing of licensed waste haulers in Miami-Dade County is available upon request. Contact the DRER Permitting Section at (305) 372-6600 for more information.

3. For registration information contact the Division of Waste Management of the Florida Department of Environmental Protection or visit www.dep.state.fl.us. Page 6 of 7

Pollution Regulation Division	
Industrial Waste (IW-O) Program	n

Business Name:

H. Facility Contact Information

Specify facility personnel responsible for on-site operations and/or treatment system(s) in the table below.

Contact Name	Title / Responsibilities	Phone	Email Address

I. Application Certifications

1. Certification by Applicant	NOTE: THIS DOCUMENT MUST BE NOTARIZE
The undersigned representative for the Operating Authority is fully aware that	t the statements made in this application for an operation

The undersigned representative for the Operating Authority is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of his/her knowledge. Furthermore, the undersigned agrees to maintain and operate the facility in such a manner as to comply with the provisions of Chapter 24 of the Code of Miami-Dade County and all applicable State and Federal regulations. The representative also acknowledges that a permit, if granted by the Department, will be non-transferable and that a prompt notification shall be provided to the Department upon sale, change of location, or legal transfer of the permitted facility.

Name of Responsible Official:		Title:	
Signature:		Date:	
Before me, a Notary Public duly qualified oaths, personally appeared that he/she has read the foregoing applica WITNESS WHEREOF, I have her	d under the laws of the State oftion and knows the contents thereof, and	to admini Being by me duly sworn, deposes and so ad that the same is true of his/her own knowledge. It my official seal thisday	ster ays IN of
My Commision Expires:			
Notary Public Name:			
		NOTARY SEAL	
2. Certification by Professional Engineer R	egistered in the State of Florida		
I hereby certify that the pollution control for requirements of Chapter 24 of the Code of Regulations.			
Name:			
Florida Registration No:			
Email:			
Date:			

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