



Industrial Waste Operating Permit Application

A. Business and Applicant Information

1. Applicant Name (Operating Authority, Corp/LLC/LP) ¹: _____

2. Business Address: _____ No. _____

3. Folio Number ²: _____ 4. City: _____ 5. Zip Code: _____

6. Authorized Representative ³: _____ 7. Title: _____

8. Phone: _____ 9. Fax: _____ 10. E-Mail: _____

11. Emergency Contact: _____ 12. Phone: _____ 13. Title: _____

B. Business Mailing Address

Mailing address same as business address? Yes No If yes, skip to section C.

1. Mailing Address: _____ No. _____

2. City: _____ 3. State: _____ 4. Zip Code: _____

C. Application Type and Operational Information

1. Indicate application type (select one): New Facility Modification of Existing Permitted Facility - IW Permit No: _____

2. Indicate proposed on-site operation(s). Select all that apply.

- Vehicle Fleet Maintenance Truck Washing Bulk Fuel/Chemical Storage served by aboveground tanks larger than 550 gal
- Commercial Laundry Hospital / Healthcare Commercial food processing and distribution (excluding restaurants)
- Aircraft overhaul/repair Other (specify in space below)

Please note that all proposed operations which meet the applicability criteria of the categories listed in Chapter I, Subchapter N, of Title 40 of the Code of Federal Regulations are subject to Industrial Waste Pretreatment (IWP) program requirements and must complete a separate IWP permit application package. Contact the DRER Environmental Permitting Section at (305) 372-6600 for more information.

3. Indicate scope of proposed operation(s) or modification(s) including type(s) of finished product(s) and manufacturing process(es).

4. Standard Industrial Classification (SIC) code(s) pertinent to operations: _____

5. North American Industrial Classification System (NAICS) code(s) pertinent to operations: _____

6. Days/Times of Operation: _____ 7. Number of Employees: _____

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).

E. Sanitary Sewer Discharge Information and Relevant Treatment Systems

1. Indicate all applicable information pertinent to the potable water system and sanitary sewer collection system serving the facility in the spaces below.

(i) Name of utility providing water and sewer services: _____

(ii) Potable water meter number(s) and location(s): _____

(iii) Abutting sewer line location(s): _____

(iv) Sewer line diameter: _____ inches (v) Connection Type: Gravity Force Main via private pump/lift station(s)

2. Facility served by on-site potable water production well(s)? Yes No If yes, indicate total number of wells used on-site: _____

3. Facility operation(s) to result in discharges of industrial (non-domestic) wastewater to the sanitary sewer system?..... Yes No

If yes, proceed to answer the remaining questions of this section. Otherwise skip to section F.

(i) Discharges to meet local limits in accordance with Section 24-42.4 of the Code of Miami-Dade County?..... Yes No

(ii) Facility to provide treatment for industrial wastewater discharges in order to meet local limits?..... Yes No

If no, provide justification as to why treatment is not necessary in the space below. Attach separate sheet(s) if necessary.

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

1. List all relevant parameters of concern (e.g. oil and grease, total suspended solids, metals, etc) targeted for removal by treatment equipment.

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

3. For all outdoor secondary containment areas exposed to rainfall events, 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.

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 NOTARIZED

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 under the laws of the State of _____ to administer oaths, personally appeared _____. Being by me duly sworn, deposes and says that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day of _____ A.D., (year) _____.

My Commission Expires: _____

Notary Public Name: _____

NOTARY SEAL

2. Certification by Professional Engineer Registered in the State of Florida

I hereby certify that the pollution control features listed in this application will fully comply with the requirements of Chapter 24 of the Code of Miami Dade County and any applicable State and Federal Regulations.

Name: _____

Florida Registration No: _____ Phone: _____

Email: _____

Date: _____ Signature: _____

