

# ELECTRONIC EQCB APPLICATION SUBMITTAL GUIDELINES

Please use the following instructions to prepare your EQCB application and supporting documents for submittal via the RER-DERM Plan Status and Application Submittal Portal: [DERM Program Review Portal Link](https://www.miamidade.gov/Apps/RER/EPSPortal)  
<https://www.miamidade.gov/Apps/RER/EPSPortal>

## Submittal Requirements

- All documents and drawings must be in **PDF** format without encryption or password protection
- PDF files shall have only one layer (flattened) without any embedded objects
- Documents should be scanned at **300 dpi**
- Adobe Portfolio PDF types are not accepted
- The total upload for the submittal is not to exceed **4 GB**

## File Name Requirements

### Naming Documents

- Prefix each filename with the discipline code **EQCB** followed by a **DASH** and then the **APPLICATION CODE**.
- Do not include any leading or trailing spaces
- Do not use any special characters such as ( ) ? @ \* etc.

REQUIRED DOCUMENTS	APPLICATION DOCUMENTS	Example Filenames w/Discipline Code
✓	Application	EQCB-APP.pdf
✓	Letter of Intent	EQCB-LOI.pdf
If Applicable	Individual Affidavit	EQCB-IAFF.pdf
If Applicable	Corporation Affidavit	EQCB-CAFF.pdf
If Applicable	Partnership Affidavit	EQCB-PAFF.pdf
If Applicable	Trustee Affidavit	EQCB-TAFF.pdf
If Applicable	Attorney Affidavit	EQCB-AAFF.pdf
If Applicable	City, County, State Agency Affidavit	EQCB-OAFF.pdf
If Applicable	Members, Managing Members and Managers of Florida Limited Liability Company Affidavit	EQCB-MAFF.pdf
If Applicable	Members, Managing Members and Managers of Non-Florida (Foreign) Limited Liability Company	EQCB-MFAFF.pdf
✓	Water & Sewer Availability Form	EQCB-WSAF.pdf
✓	Copy of Recorded Warranty Deed	EQCB-RWD.pdf
✓	Boundary Survey	EQCB-SUR.pdf
If Applicable	Construction Cost Estimates	EQCB-CCE.pdf
✓	Site Plan	EQCB-SP.pdf
If Applicable	Septic Tank and Drainfield Evaluation	EQCB-STDE.pdf
If Applicable	Photographs	EQCB-PHO.pdf
If Applicable	Certificate of Use	EQCB-CU.pdf
If Applicable	Miscellaneous Documents	EQCB-MISC.pdf

## Submitting Revisions, Corrected or Updated Documents

- Prefix each filename with the discipline code **EQCB** followed by a **DASH**, **REV** with **DATE** and then the **APPLICATION CODE**  
**EX: EQCB-REV0852020-APP.pdf**

Questions or need assistance? Contact by email at: [egcb@miamidade.gov](mailto:egcb@miamidade.gov)

# Environmental Quality Control Board Hearing

Miami-Dade County Department of Regulatory and Economic Resources  
Division of Environmental Resources Management



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## Applications Accepted

Any person aggrieved by any action or decision of the Director of Environmental Resources Management (DERM) – see Filing an Appeal.  
A request for a variance from the provisions of Chapter 24 of the Code of Miami-Dade County.  
A request for an extension of time for compliance with the provisions of Chapter 24 of the Code of Miami-Dade County.  
A request to modify an existing Environmental Quality Control Board Order.  
A request for approval of an Interim Package Sewage Treatment Plant.  
An appeal from a decision of the Director of DERM pursuant to a denial of an administrative request for a variance to the requirements of the Federal Insurance Program as established under Chapter 11C of the Code of Miami-Dade County.

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## Filing an Appeal

Pursuant to Section 24-11 of the Miami-Dade County Code, any person aggrieved by any action or decision of the Director of Environmental Resources Management may appeal to the Environmental Quality Control Board within fifteen (15) days after the date of the action or decision complained of. The word “action” and “decision” shall not include the filing of any action by the Director in any court.

**Online** A request for an appeal shall be filed online at: [DERM Program Review Portal Link](#).

**Other methods of filing** If the request cannot be filed online, the appeal may also be submitted via US postal mail or hand delivered to:

RER-Environmental Resources Management  
Code Coordination and Environmental Initiatives  
701 N.W. 1st Court, 4th Floor  
Miami, Florida 33136.

A complete request for an appeal includes: a copy of the notice, letter or decision being appealed, a written notice of appeal describing the action or decision to include grounds or reasons for the appeal and the required filing fee. A request for an appeal does not need to complete the application.

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## Filing an Application

**Online** application shall be filed online at: [DERM Program Review Portal Link](#).

**Other methods of filing** - If the request cannot be filed online, the application may be submitted via US postal mail or hand delivered to:

RER-Environmental Resources Management  
Code Coordination and Environmental Initiatives  
701 NW 1st Court, 4th Floor  
Miami, Florida 33136

An application shall be filed by the property owner(s) as shown on the warranty deed. An application for property(ies) owned by a General Partnership, Limited Partnership, Limited Liability Corporation or Trust shall be filed by an attorney representing the property owner(s). If the property is located within an association, then the association shall be a co-applicant to the application and submit the by-laws and the Declaration of Covenants, Conditions and Restrictions of the association. An incomplete application will not be scheduled on an agenda for consideration by the Board.

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## Fees

All requests for a public hearing before the Environmental Quality Control Board have a \$200.00 upfront fee, associated filing fees and surcharges. The upfront fee will be deducted from the overall fee total. All fees are non-refundable regardless of the Board’s decision. The schedule of filing fees is attached to this application (see page 9). For additional information regarding filing fees, please contact the Clerk of the Environmental Quality Control Board at [egcb@miamidade.gov](mailto:egcb@miamidade.gov) or 305-372-6764.

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<b>Appointments</b>	Applicants should meet with DERM staff prior to filing an application to obtain information on the hearing process and filing requirements and to thoroughly review completed applications and forms. It is essential to have properly completed applications at the time of filing. To schedule an appointment, please contact the Clerk of the Environmental Quality Control Board at <a href="mailto:eqcb@miamidade.gov">eqcb@miamidade.gov</a> or 305-372-6764.
<b>Scheduling</b>	A petition for a public hearing is dependent on the completeness of the application or request for appeal at the time of filing. An incomplete application or an incomplete request for an appeal will not be placed on an agenda or scheduled to be heard before the Board. An appeal will be scheduled at the earliest possible hearing date. A complete application requesting a variance(s), an extension of time, modification or other request will be scheduled for the next available hearing to be determined by the Clerk of the Environmental Quality Control Board.
<b>Hearing Dates</b>	The Environmental Quality Control Board is regularly scheduled to meet the second Thursday of the month, unless otherwise approved by the Board. The schedule of hearing dates is attached to this application or available online at <a href="#">EQCB Website Link</a> . For additional information regarding hearing dates please contact the Clerk of the Environmental Quality Control Board at <a href="mailto:eqcb@miamidade.gov">eqcb@miamidade.gov</a> or 305-372-6764.
<b>Advertisement and Notices</b>	<p>The agenda for the hearing will be published ten (10) days before the hearing date in a newspaper of major circulation and posted on the Miami-Dade County website: <a href="#">EQCB Website Link</a></p> <p>The Clerk of the Environmental Quality Control Board may also provide a Notice of the Hearing (Agenda) to the applicant, via email, to the email address provided in this application. Please include email addresses of all parties to receive Notice of the Hearing. If an email address is not provided the applicant can access the website for information on the hearing date and time or, a copy of the Notice of Hearing can be mailed to the address listed in the application or appeal.</p> <p><b>Interim Sewage Treatments Plant</b> A notice will be posted on the subject property in a manner to notify the public of the purpose, time and place of hearing for the proposed interim sewage treatment plant. Approximately ten (10) days prior to the hearing, an applicant for an interim package sewage treatment plant will receive the Director of Division of Environmental Resources Management's recommendation.</p>
<b>Department Recommendation</b>	<p>Approximately five (5) days prior to the hearing, the applicant or appellant may view the recommendation with exhibits of the Director of Division of Environmental Resources Management's on the Miami-Dade County website: <a href="#">EQCB Website Link</a>.</p> <p>If you do not have access to a computer, you can obtain a hard copy of the recommendation with exhibits at 701 NW 1<sup>st</sup> Court, 4<sup>th</sup> Floor, Miami, FL 33136.</p> <p>The applicant may request an appointment prior to the hearing to discuss the recommendation by contacting the Clerk of the Board at <a href="mailto:eqcb@miamidade.gov">eqcb@miamidade.gov</a> or 305-372-6764.</p>
<b>Accommodations for Applicants</b>	To request accommodations for vision, hearing, or speech challenged individuals such as materials in accessible format, sign language interpreters, and/or any accommodation to participate in any County-sponsored program or meeting, please contact the Department's ADA Coordinator, Alain Donderiz at (305) 372-6779 or via email at <a href="mailto:Alain.Donderiz@miamidade.gov">Alain.Donderiz@miamidade.gov</a> , five (5) days in advance to initiate your request.

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**Emergency Hearing** An applicant may request at a regularly scheduled hearing that the Board consider their case as an emergency, provided the case has been properly advertised. It is up to the Board to decide to hear an item that is brought as an emergency case. For further information regarding this procedure, please contact the Clerk of the Environmental Quality Control Board at [eqcb@miamidade.gov](mailto:eqcb@miamidade.gov) or 305-372-6764.

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**Request to Continue or postpone** Once an application or an appeal is scheduled on an official published agenda, an applicant or appellant may request to have their application or appeal continued to another regularly scheduled hearing date. The written request shall be submitted any time prior to the hearing or shall be requested in person at the scheduled hearing. Written requests to continue an application or an appeal shall be submitted to the Clerk of the Environmental Quality Control Board online at: [DERM Program Review Portal Link](#).

If you do not have access to a computer, you can submit in writing a request to continue or postpone an item prior to the hearing at 701 NW 1<sup>st</sup> Court, 4<sup>th</sup> Floor, Miami, FL 33136.

At the scheduled hearing, the Board will decide if an application or an appeal can be continued to a future date certain hearing.

An application that is approved to be continued to a date certain shall pay the applicable continuance fee prior to the next hearing date.

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**Request to withdraw** An applicant may withdraw their application or appeal at any time in the process by submitting a formal written request prior to the hearing or withdraw the item in person at the hearing. Formal written requests shall be submitted to the Clerk of the Environmental Quality Control Board online at: [DERM Program Review Portal Link](#).

If you do not have access to a computer, you can submit a formal written request to withdraw an item prior to the hearing at 701 NW 1<sup>st</sup> Court, 4<sup>th</sup> Floor, Miami, FL 33136.

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**Questions** Applicants with questions related to filing an application, or the public hearing process, may contact the Clerk of the Environmental Quality Control Board at [eqcb@miamidade.gov](mailto:eqcb@miamidade.gov) or 305-372-6764.

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## Applicant's Checklist

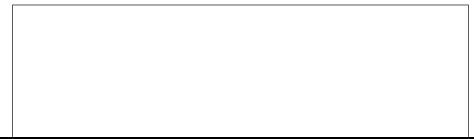
The following items must be submitted with a hearing application online [DERM Program Review Portal Link](#)

- Required** – Application filled out completely and properly executed. See pages 6, 7 and 8.
- Required** – Application Filing and surcharge fees. See page 9 for details.
- Required** - Letter of Intent signed by owner(s) or attorney representing owner(s). Letter of intent shall include the type of request (variance, extension of time, modification, class variance, approval of interim package sewage treatment plant), provide sections of Chapter 24 you are requesting a variance or extension of time, how the request meets the criteria in Section 24-12 of the Miami-Dade County Code. Requests for extensions of time shall provide length of time requested, and how the owner will comply with the extension of time requested.
- Required** – Letter of appeal shall detail the action or decision and the reasons or ground for appeal and a copy of the decision of the Director that is being appealed. Refer to [Municode Website Link](#).
- Required** - Ownership affidavit(s) for all owners and if application, associations. See page 10 for affidavit.
- Required** - Association documents - for properties that are governed by an association. Submit the Declaration of Covenants, Conditions and Restrictions of the association. Submit association approval of the request for EQCB, including voting information, meeting date and time that association approved action.
- Required** - Attorney affidavit required for properties owned by a General Partnership, Limited Partnership, Limited Liability Partnership, Limited Liability Corporation, Trust, and/or City, State or County agency. See page 14 for attorney affidavit.
- Required** – Deed, quit claim deed or warranty deed recorded in the Miami-Dade County Clerk of Courts for all properties including submerged lands. [Clerk of Courts Website Link](#).
- Required** – Copy of State of Florida Division of Corporation information of the business entity if the property is not owned by an individual. [Sunbiz Website Link](#).
- Required** – Legible boundary survey (signed and sealed by a professional land surveyor), not older than 1 year. Survey must include legal description of property(ies) of the request. Must show all structures, rights-of-way, easements, delineation of water and sewer lines, delineation of wetlands, lakes, covenanted preservation areas and any municipal boundary.
- Required – Copy of** Miami-Dade Property Appraiser Tax Information for all properties. [Property Appraiser Website Link](#).
- Required** – EQCB Water and Sewer Availability Form(s) properly executed by utility. Two forms are required if property is within or served by different water and sewer utility areas. See page 21.
- Required if requesting to utilize existing or proposed potable well**– drinking water analysis performed by a state certified laboratory for each existing or proposed potable (drinking) well. Results shall not be older than six months. See pages 19-20 for more details.
- Required if requesting to utilize existing septic tank**– Submit Existing Septic Tank Evaluation Form completed by a Florida Master Septic Tank Contractor. See page 22 for details.
- Recommended** - Site Plans. Show entire property and all dimensions measured to centerline of the streets, size and uses of existing and proposed buildings on land or over water. Location of proposed or existing septic tank systems, location of all drinking water wells and distances to any potential source(s) of contamination. If EQCB request is related to impacts to natural resources, show existing and proposed impacts to delineated wetlands, trees, coastal seagrasses or other marine resources on or off shore and designated Natural Forest Communities. Stormwater retention areas.
- Recommended** – Building Plans, depicting square footage of existing and proposed buildings, plumbing plans detailing all potable water and wastewater connections, areas where hazardous materials and wastes are or will be stored, handled, or generated.
- Recommended** – A copy of the plans that were disapproved which are subject to the request. Please submit a copy of the building permit plans, coastal plans, wetland plans (need clarification from programs what kind of plans are submitted).
- Recommended for existing commercial and industrial uses**- Copy of existing Miami-Dade County Certificate of Use or equivalent municipal occupational license if business/facility is in operation.
- Recommended for commercial, industrial or residential uses** – Submit the cost estimates associated with the sewage disposal system or systems that are being proposed (standard, advanced treatment unit, performance based treatment system).

- Optional - Name, address, telephone number and professional credentials of any expert witness who may testify at the hearing. Submit to the Clerk of the Board at least ten days prior to the scheduled hearing.
  - Optional - Any factual information on properties other than the property which is the subject of the petition that may be presented at the hearing.
  - Optional - Photographs of the property, including structures that may be the subject of the hearing.
  - Recommended for industrial uses** – list of all equipment to be used indoors or outdoors, stationary or non-stationary. Include all equipment used in the process to be implemented at the existing or proposed facility.
  - Recommended for industrial uses** – safety data sheets of all materials to be used, handled, stored, or generated at the existing or proposed facility.
  - Recommended for industrial uses** – description of hazardous materials and hazardous waste generated or to be generated by the facility. Include total amounts to be stored at any one time, total amounts within one calendar year, method of storage, and frequency of disposal of hazardous waste at the existing or proposed facility. This includes hazardous materials that may be stored within machinery or equipment on site.
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# Environmental Quality Control Board Hearing Application

Miami-Dade County Department of Regulatory and Economic Resources  
Division of Environmental Resources Management



## Property Owner Information

### NAME OF PROPERTY OWNER(S) AS SHOWN ON WARRANTY DEED

### PROPERTY OWNER(S) MAILING ADDRESS, TELEPHONE NUMBER, E-MAIL:

Name (title): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone no.: \_\_\_\_\_

E-mail: \_\_\_\_\_  I do not have access to a computer

### ATTORNEY REPRESENTING PROPERTY OWNER(S) MAILING ADDRESS, TELEPHONE NUMBER, E-MAIL:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone no.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CONTACT PERSON INFORMATION OTHER THAN PROPERTY OWNER OR ATTORNEY:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone no.: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Address or Location of Property

Street Address(es) \_\_\_\_\_ Unit, bay, office, suite # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

If no address, bounding or cross streets: \_\_\_\_\_

Miami-Dade County  
folio number(s)\* \_\_\_\_\_

Attach a separate typed copy on 8x11 white paper of a list of the addresses and folio numbers of each property.

## Legal description of Subject Property

Attached a separate typed copy on 8x11 white paper of the Miami-Dade County legal description as shown on deed. If the application contains multiple properties, a legal description for each property must be provided. Attach separate sheets as needed and clearly identify each legal description and associated folio number. If lengthy, legal description is required to be submitted in Microsoft Word via email or other digital media.

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**Request**

- Variance – Explain reason and justification in letter of intent
- Extension of Time – Explain reason and length of time in letter of intent
- Class Variance – Explain reason for class variance in letter of intent
- Modify existing Environmental Quality Control Board Order – Attach copy of Board Order. Explain reason for modifying in letter of intent.
- Approval of Interim Package Sewage Treatment Plant
- Other

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**Request in response to**

- DERM Denial of Building Permit Application: Plan Review Number: \_\_\_\_\_  
(Provide a separate legal description for each zone requested)
  - DERM Denial of Certificate of Use or Municipal Occupational License: \_\_\_\_\_
  - DERM Denial of DERM Permit. Attach copy of permit application and DERM denial \_\_\_\_\_
  - DERM Denial of Platting Action: Plat Number: \_\_\_\_\_
  - DERM Denial of Zoning Action. Zoning Number: \_\_\_\_\_
  - DERM Denial of Zoning Pre-application. Pre-application Number: \_\_\_\_\_
  - DERM Notice of Required Water/Sewer Connection. Attach a copy of the Notice.
  - DERM Notice of Violation and Orders for Corrective Action. Attach a copy of the Violation.
  - DERM Pollution Prevention Field Notice. Attach a copy of the field notice.
  - DERM Letter of Interpretation. Attach a copy of the DERM letter of Interpretation.
  - Other
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**Description of Existing and Proposed Conditions**

<b>Residential</b>	<b>Existing</b>	<b>Proposed</b>
If "yes", specify the following:		
Describe type of residential structures		
Number of dwelling units		
Gross floor area (sq. ft.)		
<b>Residential Subdivision</b>		
If "yes", specify the following:		
Describe type of residential structures		
Number of subdivided lots		
Maximum gross area (sq. ft.) of dwelling units based on existing or proposed zoning		
<b>Commercial</b>		
If "yes", specify the following:		
Describe type (retail, office, restaurant, daycare, school, etc.)		
Structures on the property		
Gross floor area (sq. ft.)		
When was use established		<b>N/A</b>
<b>Industrial/Manufacturing</b>		
Type of use (automotive or equipment repair, veterinary, resource recovery management facility, junkyard, industrial warehouse, truck parking, etc.)		
Structures on the property		
Gross floor area (sq. ft.)		
Outdoor/unenclosed activities, specify type and area (sq. ft.)		
When was use established		<b>N/A</b>
<b>Vacant Land</b>		
If "yes", describe:		
<b>Other Land Uses</b>		
If "yes", describe:		

## Environmental Quality Control Board Hearing Fee Schedule

<b>Application Upfront Fee</b>		\$200
<b>I. Appeals of Decision of Director</b>		\$660
<b>II. Residential Land Uses</b>		
Residential public water and septic tank	Per unit	\$430
Residential public water and septic tank wellfield protection area	Per unit	\$560
Residential potable water well and septic tank	Per Unit	\$530
Residential potable water and septic tank within wellfield protection area	Per unit	\$600
Existing Single Family Residence or Duplex with public water and/or public sanitary sewers abutting and required to connect	Per unit	\$200
Residential Coastal Construction Requirements	Per unit	\$320
<b>III. Commercial Land Uses</b>		
Variance Request for Commercial use requesting to use hazardous materials, generate hazardous waste, exceeds sewage loading, drainage features		\$1290
Commercial Use public water and septic tank *		\$990
Commercial Use public water and septic tank within wellfield protection area *		\$1125
*Additional fee if use generates a liquid waste other than domestic		\$110
*Additional fee if use exceeds allowable sewage loading		\$75
*Additional fee if property within feasible distance to public sanitary sewers		\$75
Commercial Use potable water and septic tank **		\$990
Commercial Use potable water and septic tank within wellfield protection area **		\$1125
**Additional fee if use generates a liquid waste other than domestic		\$110
**Additional fee if use exceeds allowable sewage loading		\$75
**Additional fee if property within feasible distance to public water and/or sanitary sewers		\$75
<b>III. Continuance Requested by Applicant</b>		\$265
<b>IV. Sewage Treatment Plant</b>		\$1125
<b>V. Appeals, Variances or Extensions of Time Stormwater Utility Bill</b>		
Residential per single-family residence		\$45
Residential multifamily 2-10 units per property or account		\$70
Residential multifamily 11-50 units per property or account		\$200
Residential multifamily 51 or more units per property or account		\$400
Non-residential per property		\$265
<b>VI. Other Variances or Extensions of Time</b>		\$1150
<b>VI. Regulatory and Economic Resources Surcharge</b> - applied to all requests including appeals		7.5%

### INDIVIDUAL AFFIDAVIT

I/We, \_\_\_\_\_, being first duly sworn, depose and say that I/We am/are the owner(s) of the property which is the subject matter of the proposed hearing; that all the answers to the questions in this application, all sketches, data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I/We understand this application must be complete and accurate before a hearing can be advertised. Furthermore, I/We intend to have \_\_\_\_\_ represent me/us at the subject public hearing. I/We understand that representation may only be through legal counsel.

**WITNESS**

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Date

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_

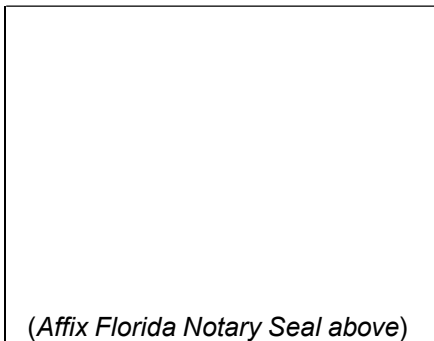
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):

physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

by \_\_\_\_\_  
(*name of individual swearing or affirming*)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_



\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

(Affix Florida Notary Seal above)

**CORPORATION AFFIDAVIT**

I/We, \_\_\_\_\_, being first duly sworn depose and say that I/we are the President/Vice-President and Secretary/Assistant Secretary of the aforesaid corporation, and as such, have been authorized by the Corporation to file this application for public hearing; that all answers to the questions in said application, all sketches, data and other supplementary matter attached to and made a part of this application are honest and true to the best of our knowledge and belief; that said Corporation is the owner of the property which is the subject matter of the proposed hearing. I/W e understand this application must be complete and accurate before a hearing can be advertised. Furthermore, I/W e intend to have \_\_\_\_\_ represent us at the subject public hearing. I/ W e understand that representation may only be through legal counsel.

**WITNESS**

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

ATTEST:

\_\_\_\_\_  
President's Signature (Corp. Seal)

\_\_\_\_\_  
Representative's Signature

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

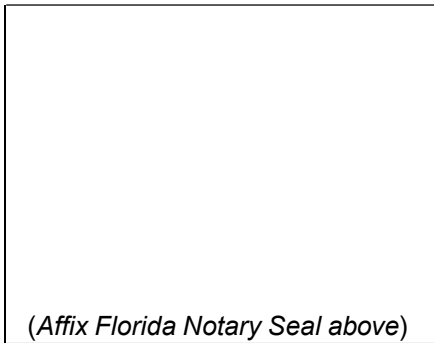
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):

physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

by \_\_\_\_\_  
(*name of individual swearing or affirming*)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_



\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

(Affix Florida Notary Seal above)

**PARTNERSHIP AFFIDAVIT**

We, the undersigned, being first duly sworn depose and say that we are partners of the herein after named partnership, and as such, have been authorized to file this application for a public hearing; that all answers to the questions in said application, all sketches, data and all other supplementary matter attached to and made a part of this application are honest and true to the best of our knowledge and belief; that said partnership is the owner of the property which is the subject matter of the proposed hearing. We understand this application must be completed and accurate before a hearing can be advertised. Furthermore, we intend to have \_\_\_\_\_ represent us at the subject public hearing. We understand that representation may only be through legal counsel.

\_\_\_\_\_  
Name of Partnership

By: \_\_\_\_\_ %

By: \_\_\_\_\_ %

By: \_\_\_\_\_ %

By: \_\_\_\_\_ %

**WITNESS**

Sign \_\_\_\_\_

Sign \_\_\_\_\_

Print \_\_\_\_\_

Print \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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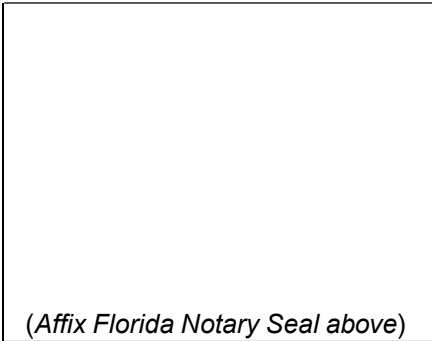
**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):

physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

by \_\_\_\_\_  
(*name of individual swearing or affirming*)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_



\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

(Affix Florida Notary Seal above)

**TRUSTEE AFFIDAVIT**

I, \_\_\_\_\_, as Trustee or co-trustee of \_\_\_\_\_ Trust, being first duly sworn depose and say that I have been authorized by the Trust to file this application for a public hearing; that said Trust is the owner of the property which is the subject matter of the proposed hearing; that all answers to the questions in said application, all sketches, data and all other supplementary matter attached to and made a part of this application are honest and true to the best of our knowledge and belief. I understand this application must be complete and accurate before a hearing can be advertised. Furthermore, I intend to have \_\_\_\_\_ represent us at the subject public hearing. I understand that representation may only be through legal counsel.

**WITNESS**

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):  
 physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

by \_\_\_\_\_  
(*name of individual swearing or affirming*)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_



\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

(Affix Florida Notary Seal above)

**ATTORNEY AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn, depose and say that I am a State of Florida Attorney at law, and I am the Attorney for the applicant and will represent the same at the proposed hearing; that all the answers to the questions in this application, all sketches, data and other supplementary matter attached and made a part of this application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before a hearing can be advertised.

**WITNESS**

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_

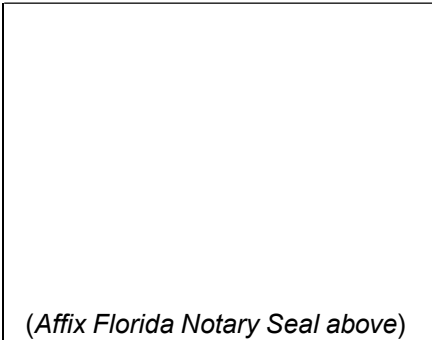
**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):

physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

by \_\_\_\_\_  
(*name of individual swearing or affirming*)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_



\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

(Affix Florida Notary Seal above)

**CITY, COUNTY, STATE AGENCY  
AFFIDAVIT**

We, \_\_\_\_\_, being first duly sworn depose and say that we are the \_\_\_\_\_  
and \_\_\_\_\_ of the \_\_\_\_\_, and as such, have been authorized by  
the \_\_\_\_\_ to file this application for public hearing; that all answers to the questions in said  
application, all sketches, data and other supplementary matter attached to and made a part of this application are honest and true  
to the best of our knowledge and belief; that said \_\_\_\_\_ is the owner of the property which is the  
subject matter of the proposed hearing. We understand this application must be complete and accurate before a hearing can be  
advertised. Furthermore, We intend to have \_\_\_\_\_ represent us at the subject public hearing. We  
understand that representation may only be through legal counsel.

**WITNESS**

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

ATTEST: \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

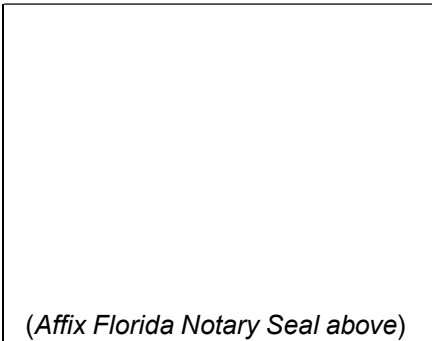
**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):

physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_  
(*name of individual swearing or affirming*)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_



\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

(Affix Florida Notary Seal above)



**MANAGER MANAGED LIMITED LIABILITY COMPANY (LLC)**

I, \_\_\_\_\_, being first duly sworn depose and say under penalty of perjury of the laws of the State of Florida that I am a manager of \_\_\_\_\_ LLC ("the company"), which is a manager-managed limited liability company as defined in chapter 605 of the Florida Statutes, and I have been authorized by the company to file this application for public hearing; and that as to the property which is the subject matter of the proposed hearing, there is no certified statement of authority recorded in the official records of Miami-Dade County which limits my authority, and that no such statement shall be recorded by or on the date of the proposed hearing; that this application concerns activities and affairs of the type that are carried on in the ordinary course of the company's activities and affairs or activities and affairs of the kind carried on by the company; that all answers to the questions in this application, all sketches, data and other supplementary matter attached to and made a part of this application are honest and true to the best of my knowledge and belief and that the company is the owner of the property which is the subject matter of the proposed hearing. I understand this application must be complete and accurate before a hearing can be advertised. Furthermore, the company intends to have \_\_\_\_\_ represent the company at the subject public hearing. The company acknowledges that representation at the public hearing may only be through legal counsel.

**WITNESS**

**Authorized Manager\***

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

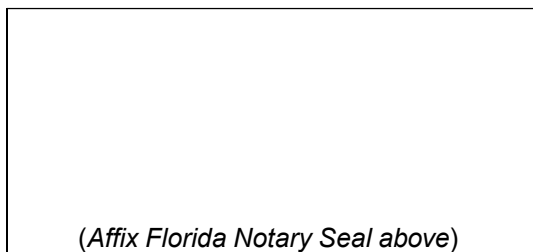
State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):

physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(date) (month) (year)

by \_\_\_\_\_  
(name of individual swearing or affirming)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_.  
(type)



\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

\*Attach copy of Secretary of State records (e.g., Sunbiz.org printout) showing signatory as manager, as well as any statement of authority which authorizes the signatory to enter into other transactions on behalf of, or otherwise act for or bind, the company.

**MEMBER MANAGED LIMITED LIABILITY COMPANY (LLC)**

I, \_\_\_\_\_, being first duly sworn depose and say under penalty of perjury of the laws of the State of Florida that I am a member of \_\_\_\_\_ LLC ("the company"), which is a member-managed limited liability company as defined in chapter 605 of the Florida Statutes and, pursuant to Florida law, I am an agent of the limited liability company for the purpose of its activities and affairs, and I am authorized by the company to file this application for public hearing; that as to the property which is the subject matter of the proposed hearing, there is no certified statement of authority recorded in the official records of Miami-Dade County which limits my authority, and that no such statement shall be recorded by or on the date of the proposed hearing; that there are no provisions in any Articles of Organization of the company or in any operating agreement, written or oral, which prohibit, restrict, or limit in any way my execution of this application, and that no such provisions shall be made by or on the date of the proposed hearing; that all answers to the questions in this application, all sketches, data and other supplementary matter attached to and made a part of this application are honest and true to the best of my knowledge and belief and that the company is the owner of the property which is the subject matter of the proposed hearing. I understand this application must be complete and accurate before a hearing can be advertised. The company acknowledges that representation at the public hearing may only be through legal counsel, and as such, the company intends to have \_\_\_\_\_ represent the company at the subject public hearing. Furthermore, the provisions of this Affidavit shall be construed in accordance with the laws of the State of Florida.

Further, (check one of the following):

This application concerns activities and affairs of the type that are carried on in the ordinary course of the company's activities and affairs or activities and affairs of the kind carried on by the company; OR

This application concerns activities and affairs of the type that are not carried on in the ordinary course of the company's activities and affairs or activities and affairs of the kind carried on by the company; Therefore, the act has been authorized by vote of all of the company's members, as defined by F.S. 605.0102, as same may be amended from time to time:

Full Name and title:

Vote:

Yay to authorize/Nay to deny authority

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed, print additional names, titles, and votes (Yay to authorize/Nay to deny authority) on separate paper marked as Exhibit A, which shall be attached to this Affidavit.

**WITNESS**

**Authorized Manager\***

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Sign \_\_\_\_\_  
Print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

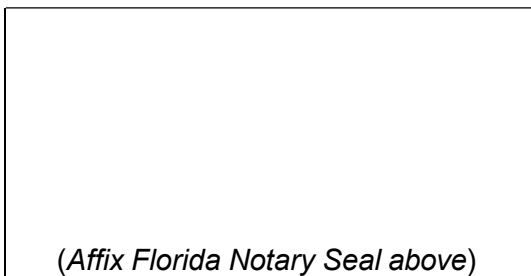
State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of (*how the individual appeared check one*):

physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(date) (month) (year)

by \_\_\_\_\_  
(name of individual swearing or affirming)

Individual identified by:  personal knowledge  satisfactory evidence \_\_\_\_\_.  
(type)



(Affix Florida Notary Seal above)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(typed, printed, or stamped name of Notary Public)

\*Attach copy of Secretary of State records (e.g., Sunbiz.org printout) showing signatory as member, as well as any statement of authority which authorizes the signatory to enter into other transactions on behalf of, or otherwise act for or bind, the company.

**LIST FOR DRINKING WATER ANALYSIS NON-COMMUNITY WATER SYSTEMS**

Unless otherwise indicated, analytical methods must conform with Chapter 62-550 Florida Administrative Code (DEP rules). Detection limits must be adequate to determine compliance with the following drinking standards:

**PHYSICAL LIMITS (MCL)**

- |                          |    |                                     |           |
|--------------------------|----|-------------------------------------|-----------|
| 1. Turbidity (NTU) ..... | 5  | 3. Threshold Odor Number .....      | 3         |
| 2. Color (Units).....    | 15 | 4. PH (at point of collection)..... | 6.5 – 8.5 |

**CHEMICAL CHARACTERISTICS (MCL in mg/l)**

- |                                  |       |                                 |       |
|----------------------------------|-------|---------------------------------|-------|
| 1. Foaming agents* .....         | 0.5   | 12. Manganese (Mn).....         | 0.05  |
| 2. Arsenic (As) .....            | 0.01  | 13. Nitrate (as N).....         | 10    |
| 3. Barium (Ba)* .....            | 1     | 14. Pentachlorophenol .....     | 0.001 |
| 4. Cadmium (Cd)* .....           | 0.005 | 15. Sulfate.....                | 250   |
| 5. Chloride .....                | 250   | 16. Selenium (Se)* .....        | 0.01  |
| 6. Copper (Cu).....              | 1     | 17. Silver (Ag)* .....          | 0.05  |
| 7. Cyanide (CN)*.....            | 0.2   | 18. Total Dissolved Solids..... | 500   |
| 8. Fluoride (F) .....            | 4     | 19. Zinc (Zn).....              | 5     |
| 9. Iron (Fe) .....               | 0.3   | 20. Mercury (Hg) .....          | 0.002 |
| 10. Lead (Pb) .....              | 0.015 | 21. Sodium (Na).....            | 160   |
| 11. Chromium (Hexavalent)* ..... | 0.05  |                                 |       |

**PESTICIDES (MCL in mg/l)**

- |                       |        |  |        |
|-----------------------|--------|--|--------|
| 1. Endrin .....       | 0.002  | 5. 2, 4-D .....  | 0.07   |
| 2. Lindane .....      | 0.0002 | 6. 2, 4, 5-TP (Silvex) .....                                 | 0.05   |
| 3. Methoxychlor ..... | 0.04   | 7. Dieldrin (Health Advisory Level – HAL) <sup>1</sup> ..... | 0.0002 |
| 4. Toxaphene.....     | 0.003  |  |        |

**VOLATILE ORGANICS (MCL in mg/l)**

- |                                 |       |                               |         |
|---------------------------------|-------|-------------------------------|---------|
| 1. Trichloroethene .....        | 0.003 | 6. 1, 2 Dichloroethane .....  | 0.003   |
| 2. Tetrachloroethene.....       | 0.003 | 7. Benzene.....               | 0.001   |
| 3. Carbon Tetrachloride .....   | 0.003 | 8. Ethylene Dibromide.....    | 0.00002 |
| 4. Vinyl Chloride.....          | 0.001 | 9. 0-Dichlorobenzene .....    | 0.6     |
| 5. 1, 1, 1-Trichloroethane..... | 0.2   | 10. 1, 1 Dichloroethene ..... | 0.007   |

\* Denotes parameter with MCL specified in Section 24-43.3 of the Code of Miami-Dade County, Florida and analytical method specified in current edition of Standard Methods for the Examination of Water and Waste Water [American Public Health Association (APHA), American Water Works Association (AWWA), and Water Environmental Federation (WEF)]

<sup>1</sup> EPA Human Health water quality criteria

## DRINKING WATER SUPPLY ANALYSIS

The on-site water supply water analysis is to be performed by a commercial laboratory with appropriate certification from the State of Florida Department of Health. For a complete list of State of Florida certified of laboratories visit:

[Florida Department of Protection Website Link](#)

For your convenience, below is a partial list of local commercial labs with current certification relating to the necessary analysis. Analysis from other Florida certified laboratories is acceptable.

### NELAP-Certified Organizations - Location Results

Database Version: 10/19/2013 8:22:19 AM

<b>DADE</b>							
<b>LAB ID</b>	<b>DOH ID</b>	<b>Organization</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
5649	E86198	All State Engineering and Testing Consultants, Inc.	9600 NW 79th Ave	Hialeah Gardens	FL	33016	(305) 512-1526
5817	E86795	EMSL Analytical, Inc. - FL	Skylake Executive Industrial Park	North Miami Beach	FL	33179	(305) 650-0577
6259	E86942	Kappa Laboratories, Inc. II	2577 NW 74th Avenue	Miami	FL	33122	(305) 599-0199

<b>BROWARD</b>							
<b>LAB ID</b>	<b>DOH ID</b>	<b>Organization</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
5646	E82535	Advanced Environmental Laboratories, Inc. - Miami	10200 USA Today Way	Miramar	FL	33025	(954) 889-2288
5807	E86772	E. M. Analytical, Inc.	8000 North Ocean Drive	Dania	FL	33004	(305) 751-1184
5827	E86563	Environmental Reagent Service	3860 SW 30th Avenue	Hollywood	FL	33312	(954) 316-8792
6006	E86006	Florida-Spectrum Environmental Services, Inc.	1460 West McNab Road	Ft. Lauderdale	FL	33309	(954) 978-6400
6322	E86100 5	Nationwide Laboratory Services	2030 West McNab Road	Ft. Lauderdale	FL	33309	(954) 633-3580
6042	E86240	Pace Analytical Services-South Florida	3610 Park Central N.	Pompano Beach	FL	33064	(954) 582-4300
5932	E86773	Patient Care Laboratories, Inc.; DBA: Micrim Laboratories, Inc.	800 East Cypress Creek Rd, Suite 202	Ft. Lauderdale	FL	33334	(954) 776-9479

**ENVIRONMENTAL QUALITY CONTROL BOARD PUBLIC HEARING APPLICATION**

**Environmental Quality Control Board – Water & Sewer Availability Form**



**Department of Regulatory and Economic Resources**  
**Division of Environmental Resources Management**  
 701 NW 1st Court • 4th Floor  
 Miami, Florida 33136-3912  
 T 305-372-6764

Property Owner:		Project Name:	
Proposed Development			
Engineer of Record:			

**Property Description (To Be Completed by Applicant)**

Folio Number (s)	Subdivision	Lot	Block	Address	Zip Code

**Please submit a survey with this form for Miami-Dade Water and Sewer Department reviews.**

**Water & Sewer Availability Information (To Be Completed by Utilities Reviewer)**

Water Availability Summary	Sewer Availability Summary
Name of Water Utility:	Name of Sewer Utility:
Water Acct No(s):	Sewer Acct No(s):
Water Meter Installed?	Receiving Pump Station:
Property currently connected to water? (1)	Property currently connected to sewer? (1)
Attach Atlas Page and As-built of Water Main:	Attach Atlas Page and As-built of Sewer Main:
Utility able to provide Water Service?	Utility able to provide Sewer Service?
Water Main Available For Connection?	Sewer Main Available For Connection?
Water Main Extension Planned? (2)	Sewer Main Extension Planned? (2)
<b>Point of Connection to Water Main:</b> This is to certify that the closest available water main connection point to serve this property in order of preference are as follows: <b>POC1</b> Location _____ Diameter _____ Distance _____ <b>POC2</b> Location _____ Diameter _____ Distance _____ <b>POC3</b> Location _____ Diameter _____ Distance _____  Attach Atlas Page and As-built of Water Main: _____	<b>Point of Connection to Sewer Main:</b> This is to certify that the closest available sewer connection point to serve this property in order of preference are as follows: POC1: Type GM/FM ____ Location _____ Diameter _____ Distance _____ POC2: Type GM/FM ____ Location _____ Diameter _____ Distance _____ POC3: Type GM/FM ____ Location _____ Diameter _____ Distance _____  There may be underground obstructions or differences in ground elevations that may prohibit extension. An engineering analysis may be necessary for final determination of availability) located at _____ at a distance of approximately _____ from the closest property line of the above described property.
Additional Comments / Remarks Regarding Points of Connection and Alternate Points of Connection:	Additional Comments / Remarks Regarding Points of Connection and Alternate Points of Connection:

Name of Utility Official		Date		Name of Utility Official		Date
--------------------------	--	------	--	--------------------------	--	------

(1) Attach latest water bill.  
 (2) Attach sketch and identify estimated completion date.

**EXISTING SEPTIC SYSTEM EVALUATION FORM**  
(To be completed by a State Licensed Septic Tank Contractor)

**PROPERTY INFORMATION**

Property address: \_\_\_\_\_ Property Folio Number: \_\_\_\_\_

**RESIDENTIAL**

Single Family: Number of bedrooms \_\_\_\_\_ Total living area \_\_\_\_\_ sq. ft  
 Duplex: Number of bedrooms per unit \_\_\_\_\_ Area unit 1 \_\_\_\_\_ sq. ft Area unit 2 \_\_\_\_\_ sq. ft  
 Multifamily: Number of units \_\_\_\_\_ Number of bedrooms/units \_\_\_\_\_

**COMMERCIAL**

Type of Establishment \_\_\_\_\_ Building area \_\_\_\_\_ sq. ft  
 Number of: Employees \_\_\_\_\_ Bathrooms \_\_\_\_\_ Chairs \_\_\_\_\_

**SETBACKS FROM SEPTIC SYSTEM**

Distance to: Surface Water \_\_\_\_\_ ft Public/Privet wells \_\_\_\_\_ ft Building Foundation \_\_\_\_\_ ft  
 Property Lines \_\_\_\_\_ ft Potable water lines \_\_\_\_\_ ft

**SITE PROPERTIES**

Potable water supply:  Public  Private well Estimated Sewage Flow (Table 1, 64E-6, FAC) \_\_\_\_\_ gal/day  
 Benchmark elev \_\_\_\_\_ ft Site elevation \_\_\_\_\_ ft Season High Water Table \_\_\_\_\_ ft SHWT Source \_\_\_\_\_  
 USDA Soil Series \_\_\_\_\_ Estimated Wet Season Water Table below existing grade \_\_\_\_\_ inches

**SEPTIC TANK**

Volume Septic tank 1 _____ gal	Dimensions _____ ft X _____ ft X _____ ft	Material _____
Volume Septic tank 2 _____ gal	Dimensions _____ ft X _____ ft X _____ ft	Material _____
Volume Grease interceptor _____ gal	Dimensions _____ ft X _____ ft X _____ ft	Material _____
Volume Dosing tank _____ gal	Dimensions _____ ft X _____ ft X _____ ft	Material _____

Pump out company \_\_\_\_\_ Pump out date \_\_\_\_\_ Contractor License number \_\_\_\_\_  
 Contractor name (print) \_\_\_\_\_ Contractor Signature \_\_\_\_\_

**DRAINFIELD**

Configuration:  Trench  Bed Type of system:  Standard  Filled  Mound  
 Drainfield area \_\_\_\_\_ sq. ft Elevation of bottom of drainfield in relation to existing grade \_\_\_\_\_ inches

**SYSTEM CONDITION**

System installation date \_\_\_\_\_ Is septic tank in good working condtions?  Yes  No  
 Is septic tank structurally sound?  Yes  No Are there cracks on walls or bottom?  Yes  No  
 Is drainfield area covered?  Yes  No Has system been repaired before?  Yes  No  
 Nature of failure \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contractor name/signature \_\_\_\_\_ License number \_\_\_\_\_ Date \_\_\_\_\_

## **ADDENDUM<sup>1</sup>**

### Section 24-12. Variances and extensions of time for compliance.

(1) The Environmental Quality Control Board shall have the power and authority to grant or extend from time to time variances and extensions of time for compliance with the requirements of this chapter to new or existing facilities, equipment and processes. Such variances or extensions may be granted to specific facilities, equipment, or processes or to a class. The Environmental Quality Control Board may grant such variances or extensions only if it is affirmatively established by competent factual data and information that strict compliance with the requirements of this chapter is impossible or inappropriate because of conditions beyond the control of the person or persons involved, or that strict compliance would result in substantial curtailment or closing down of plant, project or operation which would be detrimental to the public interest, or that the particular operation is essential for the public health or the national security, or that no technically feasible, economically reasonable means of compliance are available to the person or persons involved, or that the variance or extension will not be detrimental to the public health, welfare and safety and will not create a nuisance and will not materially increase the level of pollution in this County, or that a more unhealthy condition will occur if a variance or extension is not granted. Variances and extensions of time shall be considered and acted upon in accordance with the provisions of Sections 24-4, Section 24-12, 24-13 and the provisions of Section 24-8(5)(b).





**Department of Regulatory and Economic Resources  
Division of Environmental Resources Management**

**Environmental Quality Control Board (EQCB)**

**2024 EQCB HEARING DATES**

January 11, 2024  
February 8, 2024  
March 14, 2024  
April 11, 2024  
May 9, 2024  
June 13, 2024  
July 11, 2024  
September 12, 2024  
October 10, 2024  
November 14, 2024  
December 12, 2024

**CHAIRPERSON**

Claire M. Bradshaw-Sidran, Ph.D.

**MEMBERS**

Rose Mary Stiffin, Ph.D.  
Raymond J. Schnell, Ph.D.  
William H. Shelley, P.E.  
Daniel Flagler, Ph.D. MBA  
Rafael Robayna, P.E.

**SECRETARY**

Lisa M. Spadafina