

Industrial Waste Operating Permit Application

A. Business and Appin	icant information			
1. Applicant Name (Oper	rating Authority, Corp/LLC	C/LP) ¹ :		
2. Business Address:				No
		4. City:		
		10. E-Mail:		
11. Emergency Contact:		12. Phone:	13. Title:	
B. Business Mailing A	ddress			
Mailing address same as I	business address? Yes	No If yes, skip to section C.		
1. Mailing Address:				No
2. City:		3.State:		4. Zip Code:
Commercial Laundr	pair Other (specify in specify in	care Commercial food processing space below)	ng and distribution (ex gories listed in Chapte	ccluding restaurants)
	•	dustrial Waste Pretreatment (IWP) p R Environmental Permitting Section	•	1 1
		cation(s) including type(s) of finishe		
5. North American Indus	2	pertinent to operations: (NAICS) code(s) pertinent to operat		
6. Days/Times of Operati	ion:		7. Nur	ber 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).

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 Type (caustic, acid, coolant, oil, fuel, etc)	Container Size	Quantity
	Material Type (caustic, acid, coolant, oil, fuel, etc)	Material Type (caustic, acid, coolant, oil, fuel, etc) Container Size Image: Container Size Image: Container Size Image: Container Size <td< td=""></td<>

Attach Material Safety Data Sheets (MSDS) for all listed raw materials.

2. Describe all proposed industrial waste/wastewater generating processes in the space below; attach separate sheet(s) if necessary.

Business Name:

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?
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?
(ii) Facility to provide treatment for industrial wastewater discharges in order to meet local limits?
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

Pollution Regulation Division Industrial Waste (IW-O) Program

Business Name:

5. Indicate approximate volume of discharges, in gallons per day (GPD), for all regulated and non-regulated wastewater sources in the spaces below. For additional wastestreams, specify type and source in item (i).

	Industrial Wastewater ¹ (regulated)	Domestic Wastewater (non-regulated)		Other (specify below)	Total Estimated Disch	narge
Average Usage:	GPD +		GPD +		_GPD =	GPD
Maximum Usage:	GPD +		GPD +		_GPD =	GPD
(i) If any linghly in	diasts toms and sources of sur-)			

(i) If applicable, indicate type and source of any additional wastestream(s) in the space below.

Note: Facilities with maximum daily discharges of Industrial Wastewater in <u>excess</u> of 25,000 GPD are subject to Industrial Waste Pretreatment (IWP) program requirements and must file a separate IWP permit application package. Please contact the DRER Environmental Permitting Section at (305) 372-6600 for more information.

6. Indicate type, size and location of a suitable sampling point(s) (e.g., manhole, dedicated tee, etc) to monitor the facility's industrial wastewater discharge to sanitary sewers.

F. Storage Tank Inventory and Secondary Containment Information

1. List all tanks larger than 55 gallons that will be used as part of the proposed operations and/or treatment system(s). Verify that all tank numbers provided below match the equipment schedule and/or layout provided in the plans. Attach separate sheet(s) if necessary.

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)

Business Name:

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 <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.

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

2. Name(s) of contracted waste hauler(s)²:

3. In accordance with 40 CFR 261.5 and 262, indicate facility's waste generator status (select one):

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 facility³:
- 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

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 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 oaths, personally appeared	s of the State ofto administer Being by me duly sworn, deposes and says the contents thereof, and that the same is true of his/her own knowledge. IN y hand and affixed my official seal thisday of A.D., (year)
My Commision 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 trequirements of Chapter 24 of the Code of Miami Dade Co Regulations.	11 5 1 5
Name:	
Florida Registration No:	Phone:
Email:	
Date: Signature:	SEAL