



**Environmental Protection and Growth Management Department**  
**Environmental Engineering and Permitting Division**  
 1 North University Drive, Mailbox 201 • Plantation, Florida 33324  
 954-519-1483 • FAX 954-519-1412 • [broward.org/environment](http://broward.org/environment)

## Application for Renewal of License to Operate a Direct Discharge from Non-Domestic (Industrial) Activity

Existing License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Facility Location: Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Facility Telephone: \_\_\_\_\_

Applicant Name and Title: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_

1. Are you connected to a sanitary sewer? Yes [ ] No [ ]  
 If so, to what treatment plant are you connected: \_\_\_\_\_

Continuous Flow? Yes [ ] No [ ]      Periodic Batch Discharge? Yes [ ] No [ ]

Discharge Frequency/Interval: \_\_\_\_\_

2. Have there been any modifications to the licensed facility that affect any processes or treatment or disposal of wastewater or sludge?

Yes [ ] No [ ] If Yes, describe on a separate sheet and attach.

3. Has there been any unlicensed discharge of wastewater to ground or surface waters?

Yes [ ] No [ ] If yes, describe on a separate sheet and attach.

4. Have there been any modifications to the licensed facility that affects the handling, storing, processing or disposing of hazardous materials?

Yes [ ] No [ ] If Yes, describe on a separate sheet and attach.

5. Has there been any unlicensed discharge of hazardous materials?

Yes [ ] No [ ] If yes, describe on a separate sheet and attach.

## General Information

(applies to all licenses)

A. Type of Operation: \_\_\_\_\_

1. Type of Industry: \_\_\_\_\_

2. Raw Materials and Chemicals used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Production Rate of Finished Product

Normal (tons or lbs/day) \_\_\_\_\_

Peak (tons or lbs/day) \_\_\_\_\_

4. Normal Operation (hrs/day, days/wk) \_\_\_\_\_

5. If operation is seasonal, explain \_\_\_\_\_

\_\_\_\_\_

B. Is there any non-domestic discharge to ground or surface water? Yes [ ] No [ ]

C. Do you use a septic tank? Yes [ ] No [ ]

D. Are there storage tanks at this facility?

Yes [ ] No [ ] If Yes, are they: Above ground [ ] Underground [ ]

E. Are any chemicals, solvents, paints, etc. used, handled, or stored at the facility?

Yes [ ] No [ ] If Yes, provide inventory list (see attached form – Page 5)

F. Do you have any licenses from the Broward County Environmental Protection?

Yes [ ] No [ ] If Yes, give type and license number: \_\_\_\_\_

G. Provide drawings, sketches and other documents that describe the facility (attach to application)

# Industrial Wastewater Characteristics

A. Wastewater Flow Rate (Gal/Day):

_____	_____	_____
Average	Maximum	Design

B. Method(s) and location(s) of flow measure: \_\_\_\_\_  
\_\_\_\_\_

C. Submit emergency plan to be followed to insure adequate waste treatment during emergencies such as power loss and equipment failure causing shutdown of pollution abatement equipment of the proposed facilities.

D. Water Quality Characteristics of Effluent.

The following are parameters which should be considered for effluent analysis. Specific parameters required may include others not listed below.

Concentration (note units)

	Parameters	Minimum	Maximum	30-Day Average
	pH	_____	_____	_____
	BOD	_____	_____	_____
Oil & Grease	_____	_____	_____	_____
	COD	_____	_____	_____
	Cadmium	_____	_____	_____
	Chromium	_____	_____	_____
	Copper	_____	_____	_____
	Lead	_____	_____	_____
	Nickel	_____	_____	_____
	Silver	_____	_____	_____
	Zinc	_____	_____	_____
	Cyanide	_____	_____	_____
	Phenols	_____	_____	_____
	Chlorides	_____	_____	_____
	TDS	_____	_____	_____
	TSS	_____	_____	_____
Temperature	_____	_____	_____	_____
	VOCs	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

E. Laboratory designated for testing. \_\_\_\_\_

# Effluent Disposal

A. If effluent is discharge to surface waters, complete the following for each discharge point.

1. Immediate receiving body of water (RBW):

a. Name: \_\_\_\_\_

b. Type of Receiving Waters:

- |   |   |
|---|---|
| <input type="checkbox"/> Fresh                  | <input type="checkbox"/> Salt/Brackish    |
| <input type="checkbox"/> Drainage Ditch         | <input type="checkbox"/> Landlocked Lake  |
| <input type="checkbox"/> Creek                  | <input type="checkbox"/> Lake with Outlet |
| <input type="checkbox"/> River                  | <input type="checkbox"/> Tidal Estuary    |
| <input type="checkbox"/> Other (specify): _____ |   |

c. Classification of receiving water (in accordance with FAC 173): \_\_\_\_\_

d. Minimum 7 day 10 year low of the RBW at the discharge point (if appropriate): \_\_\_\_\_ cfs

2. Outfall Information

a. Discharge location: \_\_\_\_\_

Latitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W

b. Distance from shore: \_\_\_\_\_

c. Diameter: \_\_\_\_\_

d. Elevation of discharge invert: \_\_\_\_\_ MSL

B. If effluent is discharged to groundwater, complete the following.

1. Disposal Method:

Drainfield \_\_\_\_\_

Percolation/Evaporation Pond \_\_\_\_\_

Combination (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

2. Location(s) of application area(s): \_\_\_\_\_

\_\_\_\_\_

3. Provide a sketch showing the design and location of the effluent disposal method (attach to application).

4. Ownership of Land (if different from applicant):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Fee Schedule Section 27-201(b)

(a) License fee based on designed wastewater flow (gallons per day).

- (1) Up to and including 5,000..... \$480.00
- (2) 5,001 to 10,000..... \$1,100.00
- (3) 10,001 to 25,000..... \$1,900.00
- (4) Greater than 25,000 ..... \$2,550.00

## Inventory List

List all hazardous materials stored, handled, processed, used, manufactured or generated.

Hazardous materials as defined in Chapter 27-352 of the Broward County Code of Ordinances.

Trade Name Haz Materials	Generic Name Haz Materials	Container Size	Total Quantity Onsite	Monthly Onsite

## Application Certification

The undersigned applicant is fully aware that the statements made in this Application for Renewal of License to Operate a Direct Discharge Industrial Wastewater Treatment Facility are true, correct and complete to the best of his/her knowledge and belief. The applicant understands that a license to Operate a Direct Discharge Industrial Wastewater Treatment Facility, if granted, will be non-transferable and he/she will promptly notify the division upon sales or legal transfer of the licensed facilities.

Date: \_\_\_\_\_  
Signature of Applicant

Before me personally appeared \_\_\_\_\_ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that \_\_\_\_\_ executed said instrument for the purpose therein expressed.

Witness my hand and official seal, this \_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
State of Florida at Large  
My Commission Expires: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Reviewed and Approved for License by: \_\_\_\_\_ Date