



ENVIRONMENTAL PROTECTION DEPARTMENT- Water Resources Division
115 South Andrews Avenue, Room A-240 • Fort Lauderdale, Florida 33301 • 954-519-1270 • FAX 954-519-1496

**APPLICATION FOR 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. 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 Environment Protection Department?
If Yes, give type and license number: _____

Industrial Wastewater Characteristics

A. Wastewater Flow Rate (Gal/Day)

Average	Maximum	Design
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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.

<u>Parameters</u>	<u>Concentration (note units)</u>		<u>30-Day Average</u>
	<u>Minimum</u>	<u>Maximum</u>	
pH			
BOD			
Oil & Grease			
COD			
Cadmium			
Chromium			
Copper			
Lead			
Nickel			
Silver			
Zinc			
Cyanide			
Phenols			
Chlorides			
TDS			
Temperature			
VOCs			

E. Laboratory designated for testing. _____

Effluent Disposal

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

1. Immediate receiving body of water (RBW):

a. Name _____

b. Type of Receiving Waters: Fresh Salt/Brackish
 Drainage Ditch Landlocked Lake
 Creek Lake with Outlet
 River Tidal Estuary
 Other (specify) _____

c. Classification of receiving water (in accordance with FAC 173). _____

d. Minimum 7 day 10 year low flow 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. Ownership of Land (if different from applicant)

