



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

Application for 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 |

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