



**APPLICATION FOR:**  
**(check all that apply)**

- Hazardous Material Facility License**
- Storage Tank Facility License**
- Transfer Station License**
- Hazardous Material Wellfield Facility License**

1. Purpose of application (check one)  New license  
 Amend license number

2. General information:

Name of business or facility to be licensed: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of on-site contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business or facility owner (if different from above): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner or Landlord (if different from above): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Authorized agent or certified contractor (Applicant or co-applicant for license if not identified above):

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

Title: \_\_\_\_\_ Company name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Letter of authorization attached?  Yes  No

4. Type of business or facility to be licensed: \_\_\_\_\_

Is the business or facility currently in operation?  Yes  No If no, expected date: \_\_\_\_\_

5. Describe those activities at the site which involve the generation, use, storage, handling, processing, manufacturing or disposal of hazardous material (attach additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How many employees handle hazardous materials at this site? \_\_\_\_\_

**7. Hazardous material inventory: (If application is for a wellfield license, please skip to question 8)**

Indicate below all hazardous materials generated, used, stored, handled, processed, or manufactured at the site. Hazardous materials are any products or substances which pose a potential risk to water supplies, the environment, or to public health and safety, as defined in Section 27-352 of the Broward County Code. Examples are petroleum products, solvents, paints, chemicals, and pesticides. **Indicate gallons or pounds.** Attach additional sheets if necessary.

HAZARDOUS MATERIAL INVENTORY							
TRADE NAME	CHEMICAL NAME	CONTAINER SIZE		MAXIMUM QUANTITY ON SITE		MAXIMUM MONTHLY USAGE	
		GAL	LBS	GAL	LBS	GAL	LBS
		<b>TOTALS</b>					

**8. Waste Disposal:** Indicate below all companies used for hauling, transfer, storage, or disposal of hazardous material, petroleum or chemical waste and sludge products. Attach additional sheets if necessary.  Not applicable

WASTE DISPOSAL		
COMPANY NAME	ADDRESS	TELEPHONE NO.

- 9. Is the facility now or will it be a large quantity generator of hazardous waste?  Yes  No
- 10. Are there monitoring wells on site?  Yes  No  
If yes, what is the number of compliance wells on site? \_\_\_\_\_
- 11. **Storage tanks:** Are there storage tanks at this site?  Yes  No  
Are new storage tanks being constructed or installed?  Yes  No  
Are existing storage tanks being closed?  Yes  No

If "Yes" to any in 11 above, complete questions 12, though 15. Otherwise, skip two pages to number 16.

12. **Storage tanks:** Indicate below all storage tanks on site. Include existing tanks, tanks to be constructed, and tanks to be permanently closed. Refer to attached Storage Tank Code Tables for completing this information. Attach additional sheets if necessary.

Facility type (Table 2 for codes): \_\_\_\_\_

STORAGE TANKS						
TANK INFORMATION	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5	TANK 6
Existing (E), New (N), or Closure (C)						
Aboveground (AG or Underground (UG)						
Capacity (x 1000 gallons)						
Submersible (subm) or Suction Pump (suct)						
Product to be stored (Table 11 for codes)						
<b>Materials</b>						
Tank (Table 14 for codes)						
Piping (Table 15 for codes)						
Secondary Containment (Yes or No)						
<b>Installation Dates (Month/Year):</b>						
Tank						
Liner Leak Detector						
Overfill Protection						
Secondary Containment						
Cathodic Protection						
Stage II Vapor Recovery System						
Leak Detection System (Table 16 for codes)						
Tank Status (Table 17 for codes)						
No. of Compliance Monitoring Wells						
Automatic Leak Detectors in Wells (Y/N)						
Average Product Used/Pumped (gal/day)						

13. Are there any tanks with a capacity greater than thirty thousand (30,000) gallons? [ ] Yes [ ] No

14. **Stage II Vapor Recovery:** If tank systems include a Stage II Vapor Recovery System, complete the information below:

California Air Resources Board Executive Order # \_\_\_\_\_

Dispenser Manufacturer and Model: \_\_\_\_\_

Nozzle Number(s): \_\_\_\_\_ to \_\_\_\_\_

Stage II Vapor Recovery System: \_\_\_\_\_ Balance \_\_\_\_\_ Hirt \_\_\_\_\_ Assist  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Nozzle (check manufacturer and enter model number): \_\_\_\_\_ OPW 111V- \_\_\_\_\_ 111V- \_\_\_\_\_  
\_\_\_\_\_ EMCO WHEATON \_\_\_\_\_ A4005/ \_\_\_\_\_ RA4005  
\_\_\_\_\_ HUSKY Model V  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Coaxial Hose Assembly Manufacturer and Model: \_\_\_\_\_

Liquid Removal System: Yes (specify) \_\_\_\_\_ No \_\_\_\_\_  
Pressure-Vacuum (P/V Vents, P= \_\_\_\_\_ oz. Pressure  
Pressure and Vacuum V= \_\_\_\_\_ oz. Vacuum

Retractor Manufacturer and Model: \_\_\_\_\_

Remote Check Valves: Yes (specify) \_\_\_\_\_ No \_\_\_\_\_

Maximum Flow Rate: \_\_\_\_\_ gpm  
Flow Limiter Yes (specify) \_\_\_\_\_ No \_\_\_\_\_

Height of Hose Loop from Drive Surface: \_\_\_\_\_ inches

Height of Hose Loop from Island: \_\_\_\_\_ inches

Inside Diameter of (galvanized) Vapor Riser: \_\_\_\_\_ inches

Breakaway: Yes (specify) \_\_\_\_\_

Secondary Flow Shut-off: Yes (specify) \_\_\_\_\_

Customer Operating Instructions: \_\_\_\_\_ Yes

15. If new tank installation/construction, will construction require dewatering? [ ] Yes [ ] No

16. If application is for a **wellfield facility**, please complete the Inventory of Regulated Substances attached.

17. If application is for a **transfer station**, indicate type of facility: [ ] sludge  
(Else, skip to question 16) [ ] discarded hazardous material  
[ ] biomedical waste

**Include construction plans** indicating containment, liners, tanks and appurtenances, the location of ground and Surface waters in relation to the site, including depth and depth of casing of all potable water supply wells within a one mile radius of the proposed facility, monitoring wells and other features that bear on pollution considerations. Note: Monitoring wells shall be designed to provide ground water samples that are representative of the quality of background water and waters most likely to become polluted by the facility.

Also **attach an operational plan** for the proposed facility which includes the following:

- a. General description of methods of operation.
- b. Expected date to commence operation.
- c. Process for cleaning and/or disinfecting vehicles and handling associated cleaning effluent. NOTE: Discharge of effluent to the ground is prohibited.
- d. Copy of PPRAQD air license or application. NOTE: Only required if incinerators are to be installed/used on site.
- e. Nature of the materials to be received, including source, quantity, and analysis.
- f. If legal owner differs from applicant, attach a letter of authorization, lease or other verifiable document from legal owner which permits the applicant to use the site as a transfer station.
- g. A maintenance program designed to prevent a discharge including a spill contingency plan for emergency situations.
- h. A letter of approval from the zoning and planning department of the municipality where the proposed facility is to be constructed.
- i. If the facility proposes to treat contaminated waters prior to discharge to Public Owned Treatment Works, attach a copy of the discharge permit or document which permits the applicant to discharge.
- j. A letter of authorization, contract or other verifiable document from disposal facilities to be used which demonstrates acceptance of identified waste.

18. Attach a site diagram showing the following:

- a. Location of all buildings;
- b. Location of all hazardous material storage/operation areas and containment;
- c. Location of storage tanks and lines numbered consistently with question 11;
- d. Location of monitoring wells

19. If this application is for **new** construction of storage tanks or transfer station, three sets of construction plans must be included. **Plans must be sealed by an engineer registered in the State of Florida.**

20. **Indicate the total payment enclosed with this license application. \$ \_\_\_\_\_**

**Make check payable to: Broward County Board of County Commissioners.** Be sure to refer to the request for fees. If you have questions concerning the required fee, call the Pollution Prevention, Remediation and Air Quality Division at (954) 519-1260.

21. **Applicant's certification:**

The undersigned(s) certify(ies) that the statements made in this application are correct and complete to this or her knowledge and belief, and understands that false or misleading statements may result in denial or revocation of a license and/or civil action including assessment of a civil penalty as prescribed in Chapter 27 of the Broward County Code of Ordinances.

The undersigned further agrees to comply with the provisions of Chapter 27 of the Broward County Code of Ordinances. In particular, as specified in Section 27-9, reasonable entry shall be provided to PPRAQD personnel for the purpose in inspection and testing to determine compliance.

Effective April 23, 2013, if you are applying for a license to construct, operate or make a major modification to a Significant Environmental Impact Facility, you may be required to provide public notices. For more information, go to

<http://www.broward.org/PollutionPrevention/Pages/Notice.aspx>

If applying for activity requiring a certified contractor, complete both signature sections below:(Else, skip to Owner/operator or Authorized Signature) Note: Changes in Pollutant Storage System Contractor requires re-application.

Pollutant Storage System Contractor Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Please print: \_\_\_\_\_ PSSC# \_\_\_\_\_

**Owner/operator or Authorized Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Please print: \_\_\_\_\_ [ ] Business or facility owner [ ] Authorized Agent

**TABLE 2 FACILITY TYPE CODES – choose one**

A. Retail station	G. State government	M. Agricultural
B. Residence	H. Local government	N. Indian land
C. Fuel user / non-retail	I. County government	P. UST residential (>1100 gallons)
D. Inland bulk petroleum storage	J. Collection station	T. Coastal bulk petroleum/chemical storage
E. Industrial plant	K. Inland bulk chemical storage	V. Marine fueling facility
F. Federal Government	L. Chemical user	Z. Other

**TABLE 11 CONTENT CODES – choose one for each tank**

A. Leaded gasoline	K. Kerosene	S. Chlorine compound
B. Unleaded gasoline	L. Waste oil / Used oil	T. Hazardous substance (CERCLA)
C. Gasohol	M. Fuel oil; on-site heating only	U. Mineral acid
D. Vehicular diesel	N. Fuel oil; distribution; or on-site heating	V. Grades 5 & 6, bunker 'C' residual oils
E. Aviation gasoline	O. New & lube oil	W. Petroleum-base additive product
F. Jet diesel fuel	P. Generic gasoline – grade unknown	X. Miscellaneous petroleum – base product
G. Diesel; emergency generator	Q. Pesticides	Y. Unknown substance
H. Diesel; generator or pump	R. Ammonia compound	Z. Other substance, please identify

**TABLE 14 TANK CONSTRUCTION CODES – choose one primary construction and all other codes that apply.**

<b>Primary Construction:</b>	C. Steel D. Unknown E. Fiberglass F. Fiberglass-clad steel X. Concrete Y. Polyethylene Z. Other approved tank material
<b>Overflow/Spill:</b>	A. Ball check valve M. Spill containment bucket N. Flow shut-off P. Level gauges, high-level alarms O. Tight fill Q. Other approved protection method
<b>Corrosion Protection:</b>	G. Cathodic protection-sacrificial anode H. Cathodic protection-impressed current
<b>Secondary Containment:</b>	I. Double wall construction: single material (outer tank material same as inner tank material) R. Double wall construction: dual material (outer tank-concrete, approved synthetic material or tank "jacket") J. Synthetic liner in tank excavation K. Concrete, synthetic material, and/or offsite clays beneath AST and in containment area S. Other DEP approved secondary containment system V. Pipeless UST with secondary containment
<b>Miscellaneous Attributes:</b>	B. Internal lining L. Compartmented T. Small use tank U. Field erected tank

**TABLE 15 PIPING CONSTRUCTION CODES – choose one primary construction and all other codes that apply.**

<b>Primary Construction:</b>	B. Steel or galvanized metal C. Fiberglass N. Approved synthetic material Y. Unknown Z. Other approved piping material
<b>Corrosion Protection:</b>	D. External protective coating E. Cathodically protected with sacrificial anode or impressed current
<b>Secondary Containment:</b>	F. Double wall construction: single material (outer pipe material same as inner pipe material) M. Double wall construction: dual material (outer pipe-approved synthetic material or pipe "jacket") G. Synthetic liner or box/trench liner in piping excavation or pipe containment area P. Internal piping: directly connected to tank
<b>Miscellaneous Attributes:</b>	A. Aboveground, no contact with soil H. Airport/seaport hydrant system I. Suction piping system J. Pressurized piping system K. Dispenser liners L. Bulk product system

**TABLE 16 LEAK DETECTION CODES – choose all that apply.**

<b>Site / general:</b>	A. Site Suitability Plan B. Site Suitability Plan Exemption C. Groundwater Monitoring Plan D. SPCC Plan N. Groundwater monitoring wells O. Vapor monitoring wells P. Vapor monitoring with dilution Q. Visual inspection of AST systems W. Fiber-optic technologies I. Not required – see rule for exemptions X. None Y. Unknown Z. Other approved monitoring method.
<b>Tank monitoring:</b>	E. Interstitial space-tank liner F. Interstitial space-double wall tank L. Automatic tank gauging USTs M. Manual tank gauging (USTs) R. Interstitial AST tank Bottom monitoring S. Statistical Inventory Reconciliation T. Annual tightness test with inventory (USTs)
<b>Piping monitoring:</b>	G. electronic line lead detector with flow shutoff H. Mechanical line lead detector J. Interstitial space – piping/liner K. Interstitial monitoring – double wall piping U. Bulk product piping pressure test V. Suction pump check valve 6. External monitoring V. Pipeless UST with secondary containment
<b>Miscellaneous:</b>	I. Not required - exempt X. None Y. Unknown 1. Continuous electronic sensing 2. Visual inspection of piping sumps 3. Electronic monitoring of piping sumps 4. Visual inspection of dispense liners 5. Electronic monitoring of dispenser liners

**TABLE 17 TANK STATUS & DISPOSAL CODES – choose one for each tank.**

<b>A. Properly closed in place:</b>	UST filled with sand or concrete; AST rendered unusable *B. Removed from the site
<b>E. Construction modified:</b>	AST modified to non-regulated status (mobile tank or enclosed in a building; no longer regulated).
<b>F. Unmaintained tank:</b>	Not in use, not properly closed, not to be returned to service (must be properly closed within 90 days).
<b>T. Out-of-service tank:</b>	Locked and monitored U. In-Service V. Temporary out-of-service - Field-erected ASTs, >= 50,000 gal.
<b>Z. Non-regulated product</b>	

\*A or B: Closure Assessment is required unless application is for an EDI/FPLRIP/PCPP site.