Broward County
Water and Wastewater Services
Water and Wastewater Operations Division

WASTEWATER DISCHARGE PERMIT APPLICATION FORM

In accordance with Broward County Code Chapter 34-142 (A) 2., this application must be completed, executed by an authorized representative, and submitted within ten (10) days of receipt, along with a $75.00 filing fee (made payable to "Broward County Board of Commissioners") to:

Manager, Enforcement Section
Water and Wastewater Services / Water and Wastewater Operations Division
2401 N. Powerline Road,
Pompano Beach, FL 33069

The Broward County Permitting staff is available to assist you. For industrial user permitting questions, please contact the Permitting section at (954) 831-3035 or (954) 831-3049.

SECTION A - GENERAL INFORMATION

1. Facility Name: _____________________________________________________________
   a. Operator Name: _________________________________________________________
   b. Is the operator identified in 1.a., the owner of the facility? ☐ Yes ☐ No
      If no, provide the name and address of the operator and submit a copy of the contract
      and/or other documents indicating the operator’s scope of responsibility for the facility.
      ____________________________________________________________
      ____________________________________________________________

2. Facility address:
   Street: _________________________________________________________________
   City: ______________________ State: ______ Zip: __________

3. Business Mailing Address:
   Street or P.O. Box: _______________________________________________________
   City: ______________________ State: ______ Zip: __________
4. Designated facility contact:
   Name: __________________________________________________________
   Title: __________________________________________________________
   Telephone #:____________________________ Fax #:___________________
   E-Mail Address: ______________________________

5. Registered Agent of the facility:
   Name: __________________________________________________________
   Title: __________________________________________________________
   Address: _______________________________________________________  
   City: __________________________ State: ______ Zip: ______________
   Telephone #:____________________________ Fax #:___________________

SECTION B - ENVIRONMENTAL PERMITS AND/OR LICENSES HELD

1. | Type | Issued by | Exp. Date |
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</table>
SECTION C - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

**Industrial Categories**

- Adhesives
- Aluminum Forming *
- Asbestos Manufacturing *
- Auto and Other Laundries
- Battery Manufacturing *
- Beverage Bottler
- Can Making *
- Carbon Black *
- Coal Mining *
- Coil Coating *
- Copper Forming *
- Dairy Products *
- Electric & Electronic Components Manufacturing *
- Electroplating *
- Fertilizer Manufacturing *
- Food/Edible Products Processor *
- Foundries (Metal Molding and Casting) *
- Glass Manufacturing *
- Grain Mills *
- Hospital *
- Inorganic Chemicals *
- Iron and Steel *
- Leather Tanning and Finishing *
- Mechanical Products
- Other, Type__
- Metal finishing *
- Nonferrous Metals Forming & Manufacturing *
- Ore Mining *
- Organic Chemicals Manufacturing *
- Paint and Ink Formulating *
- Paving and roofing Manufacturing *
- Pesticide Manufacturing *
- Petroleum Refining *
- Pharmaceutical *
- Photographic *
- Plastic & Synthetic
- Materials Manufacturing *
- Plastics Processing Manufacturing *
- Porcelain Enamel *
- Printing and Publishing
- Pulp, Paper and Fiberboard Manufacturing *
- Rubber *
- Seafood Processor *
- Slaughter/meat Packing/Rendering *
- Soap and Detergent Manufacturing *
- Steam Electric *
- Sugar Processing *
- Textile Mills *
- Timber Products *
- Centralized Waste Treatment/Processing *

* A facility with processes inclusive in these business areas may be covered by the Environmental Protection Agency’s (EPA) categorical pretreatment standards. These facilities are called "categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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3. If this is a New Facility, Please Enter the Anticipated Date this facility will be operational

________________________

4. Please Identify from the following List, the Type and Approximate Volume of Chemicals Stored at your facility.

<table>
<thead>
<tr>
<th>CHEMICALS</th>
<th>VOLUME STORED AT YOUR FACILITY</th>
<th>CONTAINER SIZE</th>
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<tbody>
<tr>
<td>Acids</td>
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<tr>
<td>Alcohol, Xylene</td>
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<tr>
<td>Anti-Freeze</td>
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<tr>
<td>Bases/Caustic Chemicals</td>
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<tr>
<td>Batteries</td>
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<tr>
<td>Benzene, Toluene</td>
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<tr>
<td>Bio Hazardous Waste</td>
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<tr>
<td>Carburetor Cleaners</td>
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<td>Crushed Filters</td>
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<td>Deoxidizers</td>
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<td>Electro Slued</td>
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<tr>
<td>Herbicides</td>
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<tr>
<td>Hydrogen Peroxide</td>
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<tr>
<td>Ink Waste</td>
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<tr>
<td>Mineral Spirits</td>
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<tr>
<td>Oil/Lubricants</td>
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<td>Other</td>
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<td>Paint Thinners</td>
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<td>Paints</td>
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<td>Parts</td>
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<tr>
<td>Cleaners/Degreasers</td>
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<td>Perchloroethylene</td>
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<td>Pesticides</td>
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<td>Silver Fixer</td>
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<td>Soak Cleaners</td>
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<tr>
<td>Spent Anti-Freeze</td>
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<td>Spent Plating Waste</td>
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<td>Spent Solvents</td>
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<td>Used Oil</td>
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<td>Wash Waters</td>
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<td>Wasted Paint Products</td>
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</table>
SECTION D - WATER SUPPLY

1. Water Sources: (Check all that apply)

   - □ Private Well
   - □ Surface Water
   - □ Municipal Utility (City): ____________________________
   - □ Other (Specify): ____________________________

Name on water bill: ____________________________
Street: ____________________________
City: ____________________________ State: _______ Zip: _______
Account # ____________________________

2. Water Usage: PLEASE ATTACH COPIES FOR 6 MONTHS OF WATER BILLS

   USE                        AVERAGE (PD)
   a. Contact cooling water__________________________
   b. Non-contact cooling water_________________________
   c. Boiler feed__________________________
   d. Process__________________________
   e. Sanitary ____________________________
   f. Air pollution control ____________________________
   g. Contained in product ____________________________
   h. Plant & equipment wash down ____________________________
   i. Irrigation & land watering ____________________________
   j. Other ____________________________

   k. Total, a – j ____________________________

3. TOTAL PERMITTED FLOW: ____________________________

SECTION E - SEWER INFORMATION

1. Is the building presently connected to the sanitary sewer system?

   Yes □
   No □

2. List size, descriptive location and flow of each facility sewer which connects to the County’s sewer system.

<table>
<thead>
<tr>
<th>Sewer size</th>
<th>Descriptive Location</th>
<th>Av. Flow</th>
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<tbody>
<tr>
<td>________</td>
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3. Does (or will) this facility discharge any wastewater other than from restrooms to the County sewer or haul wastewater to the Broward County WWS Septage Receiving Facility?
   
   Yes ☐
   No ☐

4. Provide the following information on wastewater flow rate.
   
a. Hours/Day Discharged (e.g., 8 hours/day)
   M_____ T_____ W_____ R_____ F_____ S_____ S_____

   b. Hours of discharge (e.g., 9 a.m. to 5 p.m.)
   M_____ T_____ W_____ R_____ F_____ S_____ S_____

   c. Peak hourly flow rate ________ (GALLONS PER DAY)

   d. Annual daily average ________ (GALLONS PER DAY)

5. If batch discharge occurs, indicate:
   
a. Number of batch discharges _______ per _____

   b. Average discharge/batch _______ gallons

   c. Flow rate _______ (GALLONS PER DAY)

SECTION F - FACILITY OPERATIONAL CHARACTERISTICS

1. Employee information:
   
a. Work Days: M T W R F S S
   
   Employees per shift
   1st. ______ ______ ______ ______ ______ ______ ______
   2nd. ______ ______ ______ ______ ______ ______ ______
   3rd. ______ ______ ______ ______ ______ ______ ______

   b. Indicate whether the business activity is

   Continuous through the year 9, or Seasonal 9

   Comments: ____________________________________________
   ____________________________________________
   ____________________________________________

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c. Does operation shut down for vacation, maintenance, or other reason?

   9 Yes, indicate the reason and the period shutdown occurs
   _____________________________________________________________
   _____________________________________________________________

   9 No

2. Please provide site plans or as-builts that clearly outline the location of all floor drains, Oil/Water Separators, grease traps and their connections to the sanitary sewer.

   Describe in detail the facilities operation and the origin of all the regulated wastewater (including all of the pretreatment processes, use separate sheet if necessary).

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Authorized Representative Statement:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations."

________________________________________  __________________________
Name                                                                 Title

________________________________________  ____________  ______________
Signature                                                Date                     Phone

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