Public Works and Environmental Services Department
Environmental Permitting Division
1 North University Drive, Mailbox 201 • Plantation, Florida 33324
954-519-1483 • FAX **954-519-1412** • ***broward.org/environment***

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. Is the facility connected to a sanitary sewer? Yes ☐ No ☐
   If so, to what treatment plant are you connected: _____
   Continuous Discharge? 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 to ground, surface water, septic, or sanitary?
   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 wastewater 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 Public Works and Environmental Services Department?

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 ensure 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 to ensure compliance 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 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 Chapter 62-302, F.A.C.): _____
   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 ..... $720.00
(2)5,001 to 10,000 ..... $1,650.00
(3)10,001 to 25,000 ..... $2,850.00
(4)Greater than 25,000 ..... $3,825.00

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

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