



WASTEWATER APPLICATION FORM 2A FOR A DOMESTIC WASTEWATER FACILITY PERMIT

Instructions for selected items are included in the "INSTRUCTIONS FOR FORM 2A". Refer to these instructions before filling out each item.

SECTION 1. APPLICANT AND FACILITY DESCRIPTION

1. Application Type

- New
- Substantial Modification
- Permit Renewal

2. Facility Type

- Wastewater Treatment
- Reuse or Disposal
- Limited Wet Weather Discharge
- Residuals/Septage Management

3. Treatment Facility Information

a. Name _____

b. Facility Identification Number _____

c. Location

Number and Street _____

City/State/Zip Code _____

Telephone _____

Latitude _____ ° _____ ' _____ "N

Longitude _____ ° _____ ' _____ "W

Dates Coordinates Determined _____

Method Used to Obtain Coordinates _____

d. Ownership Type

- Municipal
- County
- State
- Private

e. Contact

Name _____
Title _____
Telephone _____

f. Facility Mailing Address

Number and Street _____
City/State/Zip Code _____

g. Year Facility Began Operation _____

4. Applicant or Authorized Representative

Legal Name _____
Number and Street _____
City/State/Zip Code _____
Telephone _____
Contact Person _____
Title _____
Telephone Number _____

Is the applicant the owner or operator (or both) of the facility? Owner Operator

Indicate whether correspondence regarding this facility should be directed to the facility or the applicant.
 Facility Applicant

5. Project Name and Description

6. Municipalities or Areas Served

Name of Municipality or Area	Ownership	Population Served
Total Population Served		

7. Reclaimed Water Reuse and Effluent Disposal

Method of Reuse or Disposal	Number of Reuse or Disposal Points	Total Design Capacity (mgd)	Basis of Design Flow
Surface Waters - Excluding Ocean Outfalls and Wetlands (Rule 62-600.510, F.A.C.)			
Ocean Outfalls (Rule 62-600.520, F.A.C.)			
Wetlands (Rule 62-600.620, F.A.C.)			
Reuse of Reclaimed Water and Land Application (Rule 62-600.530, F.A.C.)			
Ground Water Disposal by Underground Injection (Rule 62-600.540, F.A.C.)			
Other (Describe)			
Total			

8. Flows to Another Wastewater Facility

a. Does the facility discharge or transport treated or untreated wastewater to another treatment facility?
 Yes No

b. If yes, describe the mean(s) by which the wastewater from the treatment facility is discharged or transported to the other treatment facility (e.g., collection/transmission system, reclaimed water distribution system)?

If transport is by a party other than the applicant, provide the following:

Transporter name: _____
Mailing Address: _____

Contact person: _____
Title: _____
Telephone number: _____

c. For each treatment facility that receives this discharge, provide the following:

Name: _____
Mailing Address: _____

Contact person: _____
Title: _____
Telephone number: _____

d. Facility Identification Number of Facility Which
Receives the Flow _____

e. Average Daily Flow Rate to the Receiving Facility _____ mgd

9. Residuals Use or Disposal

a. Amount of Residuals Generated by the Facility _____ dry tons/year

b. Does this facility receive residuals from another facility for further treatment and disposal? Yes No

c. Method of Residuals Use or Disposal

Method	Number of Sites or Number of Receiving Facilities	Dry Tons Used or Disposed per Year
Land Application (Chapter 62-640, F.A.C.)		
Distribution and Marketing (Chapter 62-640, F.A.C.)		
Landfill Disposal (Chapter 62-701, F.A.C.)		
Incineration (Chapter 62-200 Series, F.A.C.)		
Transport to Another Treatment Facility		
Other (Describe)		
Total		

d. If residuals are transported to another facility for landfill disposal, incineration, or treatment, provide the facility name, Facility identification number and address.

Name _____
 Facility Identification Number _____
 Number and Street _____
 City/State/Zip Code _____
 County _____
 Telephone _____
 Treatment Processes Used by Receiving Facility _____

10. Permits and Applications

a. Expiration Date of Current NPDES Permit _____

b. Expiration Date of Current DEP Permit _____

c. Permit Number of Any Existing Environmental Permits

NPDES	_____	PSD	_____
UIC	_____	Other	_____
RCRA	_____	Other	_____

d. Orders and Notices

Type or Order or Notice	Issuing Agency	Date of Order or Notice
Notice or Violation		
Consent Order		
Administrative Order		
Other (Describe.)		

SECTION 2. TREATMENT FACILITY DESCRIPTION

1. Flow

a. Design Capacity

Current Design Capacity		mgd
Proposed Incremental Design Capacity	+	mgd
Proposed Total Design Capacity	=	mgd

b. Basis of Design Flow

- Annual Average Daily Flow
- Maximum Monthly Average Daily Flow
- Three-Month Average Daily Flow
- Other. If other, specify.

	Two Years Ago	Last Year	This Year	
c. Annual Average Daily Flow Rate				mgd
d. Maximum Daily Flow Rate				mgd

2. Design Treatment Levels

Parameter	Effluent Concentration	Units	Basis	Percent Removal
pH		Standard Units		
CBOD ₅		mg/L		
TSS		mg/L		

3. Disinfection Level Provided

- Low-level
- Basic
- Intermediate
- High-level
- High-level Alternative

If the facility disinfects by chlorination and the discharge is to surface waters, is dechlorination provided?

- Yes No

4. Residuals Treatment

- a. Class of Residuals
- Class AA (Rule 62-640.850, F.A.C.)
 - Class A (Rule 62-640.600, F.A.C.)
 - Class B (Rule 62-640.600, F.A.C.)
 - Other

If other, describe _____

- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

- c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- Option 9 (Injection below land surface)
- Option 10 (Incorporation into soil within 6 hours)
- Option 11 (Covering active sewage sludge unit daily)
- None or unknown

- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

e. Parameter Concentrations

POLLUTANT	CONC.	UNITS
Total Nitrogen		% dry weight
Total Phosphorus		% dry weight
Total Potassium		% dry weight
Arsenic		mg/kg dry weight
Cadmium		mg/kg dry weight
Chromium		mg/kg dry weight
Copper		mg/kg dry weight
Lead		mg/kg dry weight
Mercury		mg/kg dry weight
Molybdenum		mg/kg dry weight
Nickel		mg/kg dry weight
Selenium		mg/kg dry weight
Zinc		mg/kg dry weight
pH		standard units
Total Solids		%
Other Parameters		

Date of Sample _____

5. Reliability Class

- Class I
- Class II
- Class III
- Other Equivalent Reliability

SECTION 3. A. DISCHARGES TO SURFACE WATERS (including wetlands)

1. Discharge Serial Number and Name

Discharge Serial Number

2. Discharge Location

County _____
Street or Description _____
City or Town (if applicable) _____
Zip Code _____
Latitude _____ ° _____ ' _____ "N
Longitude _____ ° _____ ' _____ "W
Dates Coordinates Determined _____
Method Used to Obtain Coordinates _____

3. Design Capacity of the Outfall

Current Design Capacity _____ mgd
Proposed Incremental Design Capacity + _____ mgd
Proposed Total Design Capacity = _____ mgd

4. Basis of Design Flow

- Annual Average Daily Flow
- Maximum Monthly Average Daily Flow
- Three-Month Average Daily Flow
- Other

If other, specify _____

5. Basis for Effluent Limitations

- TBEL
- Level I WQBEL
- Level II WQBEL
- Other

If other, specify _____

Date Effluent Limitations Established _____

6. Description of Receiving Waters

a. Name of Receiving Water _____

b. Type of Receiving Waterbody Fresh
 Brackish or Marine

c. Classification of Receiving Waterbody Class I
 Class II
 Class III
 Class IV
 Class V

Is the receiving waterbody contiguous to, or identified as, an Outstanding Florida Water (OFW) or an Outstanding National Resource Water? Yes No

If yes, name and locate on a USGS map. _____

Does this facility discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flow through) Indian Country? Yes No

d. Name of Watershed (if known) _____

United States Soil Conservation Service 14-digit Watershed Code (if known) _____

e. Name of State Management/River Basin (if known) _____

United States Geological Survey 8-digit Hydrologic Cataloging Unit Code (if known) _____

f. Critical low flow of receiving stream (if applicable)

acute _____ cfs chronic _____ cfs

g. Total hardness of receiving stream at critical low flow (if applicable) _____ mg/l of CaCO₃

7. Outfall Information

Description of Outfall and Diffuser

Construction Materials
Length From Shore _____ feet
Diameter _____ inches
Discharge Depth Below Water Surface _____ feet
Receiving Water Bottom Depth Below Water Surface _____ feet
Is the outfall equipped with a diffuser? Yes No

8. Surface Water Improvement and Management (SWIM)

a. Will the discharge affect any SWIM plan waterbodies? Yes No

b. If yes, name the waterbody _____

c. Has the SWIM plan been approved by a water management district and the Department? Yes No

d. If yes, attach documentation that the proposed discharge is consistent with the SWIM plan.

9. Additional Information Required for Intermittent or Periodic Discharges

Frequency
Duration
Volume
Occurrence

_____ Times Per Year
_____ Days
_____ Thousand Gallons Per Incident

	Jan		May		Sep
	Feb		Jun		Oct
	Mar		Jul		Nov
	Apr		Aug		Dec

10. Additional Information Required for Limited Wet Weather Discharges Permitted in Accordance with Rule 62-610.860, F.A.C.

a. Downstream Waterbody

Name of nearest downstream lake, estuary, reservoir, OFW, or Class I water. Show location on a USGS map.

Classification of Downstream Waterbody

- Class I
- Class II
- Class III
- Class IV
- Class V

Distance Downstream

_____ miles

Average Flow Velocity During Anticipated Periods of Discharge

_____ feet per second

Travel Time During Anticipated Periods of Discharge

_____ hours

b. Rainfall Information

Rainfall Gauging Station Location

Period of Record Analyzed:

Beginning Year

Ending Year

Number of Years

Average Annual Rainfall

_____ inches per year

- c. Simulation of Operation of the Reuse, Storage, and Limited Wet Weather Discharge for an Average Rainfall Year

Year Simulated _____

Annual Rainfall During Average Year _____ inches

Number of Days Limited Wet Weather Discharge is Used During Average Rainfall Year (N) _____ days

Percent of the Days of the Year that the Limited Wet Weather Discharge will Occur During Average Rainfall Year (P) _____ %

Note:

$$P = [(N) / (365)] \times 100\%$$

P cannot exceed 25% or be less than 1%.

- d. Reclaimed Water Quality (maximum monthly average)

CBOD₅ _____ mg/L

TKN (as Nitrogen) _____ mg/L

- e. Minimum Acceptable Stream Dilution Factor (SDF) _____

Note:

$$SDF = P(0.085 \times CBOD_5 + 0.272 \times TKN - 0.484)$$

The values for CBOD₅ and TKN should be in terms of maximum monthly average limitations as provided in 14.d. above. The value of P should be as calculated in 14.c. above.

- f. Adjusted Stream Dilution Factor _____

Note:

If the travel time shown in 14.a., above, is less than 24 hours, provide the adjusted minimum acceptable stream dilution factor.

$$\text{Adjusted SDF} = SDF \times (24 \text{ hours}) / (\text{travel time in hours})$$

11. Additional Information Required for Wetland Discharges

- a. Is the wetland a jurisdictional wetland (i.e. within the landward extent of waters as defined in Rule 62-301.400. F.A.C., or isolated and not owned entirely by one person, or owned entirely by the State)?

Yes No

- b. Will the wetland be used as a treatment wetland or receiving wetland? Treatment
 Receiving

If the wetland is to be used as a treatment wetland, attach documentation showing ownership or the applicant's legal interest in the treatment wetland.

- c. If the wetland is to be used for treatment, identify the type. Man-made
 Hydrologically Altered
 Unaltered

- d. Is the wetland herbaceous or woody? Herbaceous
 Woody

- e. Identify the classification of surface waters within the wetland. Class I
 Class II
 Class III
 Class IV
 Class V

- f. Are the waters within the wetland part of an OFW? Yes No

12. Effluent Testing Information.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.	-	-	-
pH (Maximum)		s.u.	-	-	-
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

* For pH, please report a minimum and maximum daily value.

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	MDL/PQL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
CARBONACEOUS BIOCHEMICAL OXYGEN DEMAND (CBOD)							
TOTAL SUSPENDED SOLDS (TSS)							
FECAL COLIFORM							

13. Additional Application Information for Applicants with a Design Flow Greater Than or Equal to 0.1 mgd

a. Effluent Testing Data

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	MDL/PQL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE							
NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER PARAMETERS							

b. Inflow and Infiltration

Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration _____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

c. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

14. Expanded Effluent Testing Data: 1.0 mgd and Pretreatment Treatment Works.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLORODIBROMOMETHANE											
CHLOROETHANE											
2-CHLOROETHYL VINYL ETHER											
CHLOROFORM											
DICHLOROBROMOMETHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLOROETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPAN											
1,3-DICHLOROPROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											

SECTION 3. B. REUSE AND LAND APPLICATION SYSTEMS

1. Reuse or Land Application System Serial Number and Name

Reuse or Land Application System Serial Number _____

2. Reuse or Land Application System Location

County _____
 City or Town (if applicable) _____
 Street or Description _____

Latitude _____ ° _____ ' _____ "N
 Longitude _____ ° _____ ' _____ "W
 Dates Coordinates Determined _____
 Method Used to Obtain Coordinates _____

3. Design Capacity of the Reuse or Land Application System

Current Design Capacity _____ mgd
 Proposed Incremental Design Capacity + _____ mgd
 Proposed Total Design Capacity = _____ mgd

4. Basis of Design Flow

- Annual Average Daily Flow
- Maximum Monthly Average Daily Flow
- Three-Month Average Daily Flow
- Other

If other, specify _____

5. Is land application continuous or intermittent? Continuous Intermittent

6. Underdrains and Perimeter Ditches

a. Is the reuse or land application system underdrained? Yes No

b. Are perimeter ditches used? Yes No

If yes, will they be excavated to a depth which will intersect the seasonal high ground water table or the ground water mound during any portion of the year? Yes No

7. Type of Reuse or Land Application System

- Slow-rate land application system/restricted public access (Chapter 62-610, F.A.C., Part II)
- Slow-rate land application system/public access areas, residential irrigation, and edible crop irrigation (Chapter 62-610, F.A.C., Part III)
- Rapid-rate land application system (Chapter 62-610, F.A.C., Part IV)
- Absorption field system (Chapter 62-610, F.A.C., Part V)
- Overland flow system (Chapter 62-610, F.A.C., Part VI)
- Other land application system with additional levels of preapplication treatment (Rule 62-610.660, F.A.C.)
- Other land application system with lower levels of preapplication treatment (Rule 62-610.670, F.A.C.)

8. Application Areas and Rates

Site/Use Type/Major User	Area (acres)	Rate (inches/week)	Capacity (mgd)
Total			

9. Additional Information Required for Reuse Systems Permitted Under Part III of Chapter 62-610, F.A.C.

a. Areas Irrigated

- Residential lawns
- Golf courses
- Cemeteries
- Parks, playgrounds
- Landscape areas
- Highway medians, rights-of-way
- Edible crops
- Others

If other, specify _____

b. Other Uses of Reclaimed Water

- Toilet flushing
- Fire protection
- Construction dust control
- Aesthetic purposes (decorative ponds, fountains, etc.)
- Others

If other, specify. _____

c. How many hours per day, seven days per week, is or will an operator be on-site at the wastewater treatment facility?

_____ hours per day

If the treatment facility is or will be staffed by an operator less than 24 hrs/day, describe the additional levels of reliability included within the treatment or reuse systems (See Rule 62-610.462, F.A.C.)

d. For permit renewals, list the dates on which the operating protocols (as described in Rule 62-610.463, F.A.C.) were submitted to the Department and the date of the Department's approvals during the last five years.

Date Submitted	Date Approved

e. For each site where edible crops are or will be irrigated with reclaimed water, describe the crops grown; the type of application system used; provisions for crop washing and for processing, if any; and provisions for control of public access, if any. (See Rule 62-610.475, F.A.C.)

SECTION 3. C. GROUND WATER DISPOSAL BY UNDERGROUND INJECTION

1. Underground Injection Well Facility Serial Number and Name

Underground Injection Well Facility Serial Number _____

2. Underground Injection Well Facility Location

County _____
City or Town (if applicable) _____
Street or Description _____

Latitude _____ ° _____ ' _____ "N
Longitude _____ ° _____ ' _____ "W
Dates Coordinates Determined _____
Method Used to Obtain Coordinates _____

3. Underground Injection Well Facility DEP Identification Number or Permit Application Number

4. Design Capacity of the Underground Injection Well Facility

Current Design Capacity _____ mgd
Proposed Incremental Design Capacity + _____ mgd
Proposed Total Design Capacity = _____ mgd

5. Basis of Design Flow

- Annual Average Daily Flow
- Maximum Monthly Average Daily Flow
- Three-Month Average Daily Flow
- Other

If other, specify. _____

6. Is injection continuous or intermittent?

Continuous Intermittent

SECTION 4. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

1. Improvements Required

a. Discharge Serial Numbers, Reclaimed Water Reuse or Land Application System Serial Numbers, and Underground Injection Well Facility Serial Numbers Affected _____

b. Authority Imposing Requirement

- Local
- State
- Federal
- Developed by Applicant
- Other

If other, specify. _____

2. Implementation Schedule and Actual Completion Dates

Implementation Steps	Schedule	Actual Completion
a. Preliminary Plans Complete		
b. Final Plans and Specifications Complete		
c. Financing Complete		
d. Site Acquired		
e. Begin Construction		
f. End Construction		
g. Begin Reuse or Disposal		
h. Operational Level Attained		

3. Have appropriate permits/clearances concerning other Federal/State requirements been obtained?

Yes No

If so, describe briefly:

SECTION 5. INDUSTRIAL WASTEWATER CONTRIBUTIONS

1. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes No

2. Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

3. Significant Industrial User Information

Name _____
Number and Street _____
City/State/Zip Code _____
County _____

4. Industrial processes Affecting or Contributing to the SIU's Discharge

5. Principal Product(s) and Raw Material(s)

Principal product(s): _____

Raw material(s): _____

6. Flow Rate

a. Process wastewater flow rate.

_____ gpd Intermittent Continuous

b. Non-process wastewater flow rate.

_____ gpd Intermittent Continuous

7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits Yes No

b. Categorical pretreatment standards Yes No

If subject to categorical pretreatment standards, which category and subcategory?

8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g. upsets, interference) at the treatment works in the past three years?

Yes No

If yes, describe each episode.

9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

Yes No If no, go to question 12.

10. Waste Transport. Method by which RCRA waste is received (check all that apply):

Truck Rail Dedicated Pipe

11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Remediation Waste. Does the treatment works currently (or has it been modified that it will) receive waste from remedial activities?

Yes (complete 13. through 15.) No

Provide a list of sites and the requested information (13. – 15.) for each current and future site.

13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

15. Treatment.

- a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes No

If yes, describe the treatment (provide information about the removal efficiency):

- b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous Intermittent

If intermittent, describe discharge schedule.

SECTION 6. ADDITIONAL INFORMATION REQUIRED FOR PERMIT RENEWALS

1. Have there been any modifications to the treatment facilities or reuse or disposal system, since the issuance of the current permit? If yes, describe on a separate sheet and attach. Yes No

2. For limited wet weather discharges, have any modifications been made to the operation, frequency of discharge, or stream hydrology since the original limited wet weather discharge permit or the most recent permit. If yes, describe on a separate sheet and attach. Yes No NA

3. Have there been any violations during the last six months? If yes, describe on a separate sheet and attach. Yes No

4. Have there been any treatment facility interferences due to the discharge of industrial wastewater to the treatment facility during the last six months? If yes, describe on a separate sheet and attach. Yes No

5. Is there any enforcement action pending against these treatment, reuse, or disposal facilities? If yes, describe on a separate sheet and attach. Yes No

6. Have all previous permit conditions, including pretreatment requirements, monitoring requirements, and operator attendance been complied with? If no, describe on a separate sheet and attach. Yes No

7. For permit renewals involving a limited wet weather discharge permitted under Rule 62-610.860, F.A.C., list the number of days during each of the last five years that the limited wet weather discharge was used. Also, list the total annual rainfall for each year.

Year	Number of Days Used	P (%)	Annual Rainfall (inches)
1.			
2.			
3.			
4.			
5.			
Total/Average			

8. For permit renewals involving a limited wet weather discharge permitted under Rule 62-610.860, F.A.C., provide the number of days during each of the last five years that the actual dilution ratio, as defined in Rule 62-610.860, F.A.C., was less than the minimum SDF and the number of months in which the monthly average CBOD₅ or TKN in the limited wet weather discharge exceeded the permit limitations.

Year	Number of Days the Dilution Ratio Was Less Than SDF	Number of Months the Limits Were Exceeded	
		CBOD ₅	TKN
1.			
2.			
3.			
4.			
5.			

**SECTION 7. ADDITIONAL INFORMATION REQUIRED
FOR RESIDUALS/SEPTAGE MANAGEMENT FACILITIES**

1. Location of Residuals Treatment Processes _____

(Describe in relation to the wastewater treatment processes.)

2. Type and Amount of Waste Treated at this Facility

Type	Amount (dry tons/day)	Amount (gallons/day)
Residuals	or	
Septage		
Food Establishment Sludge		
Portable Toilet Waste		
Holding Tank Waste		
Boat or Marina Waste		
Other (Describe.)	or	
Total	or	

Is the total amount estimated or actual? Estimated
 Actual

3. Information on Treatment Facilities Transporting Residuals

a. DEP Permit Number _____

b. Facility Name _____
 Number and Street _____
 City/State/Zip Code _____
 County _____
 Telephone _____

c. Facility Type Type I
 Type II
 Type III

d. Amount of Residuals Received From This Facility _____ dry tons/day or _____ gpd

Is this amount estimate or actual? Estimated
 Actual

e. Describe the treatment provided by this facility before transport

f. Parameter Concentrations

POLLUTANT	CONC.	UNITS
Total Nitrogen		% dry weight
Total Phosphorus		% dry weight
Total Potassium		% dry weight
Arsenic		mg/kg dry weight
Cadmium		mg/kg dry weight
Chromium		mg/kg dry weight
Copper		mg/kg dry weight
Lead		mg/kg dry weight
Mercury		mg/kg dry weight
Molybdenum		mg/kg dry weight
Nickel		mg/kg dry weight
Selenium		mg/kg dry weight
Zinc		mg/kg dry weight
pH		standard units
Total Solids		%
Other Parameters		

Date of Sample _____

4. Describe the manifest system used for tracking residuals during transport from the facilities.

SECTION 8. DOCUMENTATION SUBMITTED

1. General Application Requirements	Attached	
	Yes	No
a. Process Flow Diagram		
b. Site Plan		
c. Location Map		
d. Agricultural Use Plan or Dedicated Site Plan		
e. Capacity Analysis Report		
f. Results of Whole Effluent Biological Toxicity Testing		
g. Reuse Feasibility Study		
h. Binding Agreements and Documentation of Controls on Individual Users of Reclaimed Water		

2. Additional Application Requirements for New Facilities and Modifications to Existing Facilities	Yes	No
	a. Preliminary Design Report	
b. Documentation of Compliance with Antidegradation Requirements		
c. Public Service Commission Certification Number and Copy of Certificate or Order Number and Copy of Order		
d. Letter from the Management and Storage of Surface Waters Permitting Agency		
e. Request for Approval of Monitoring Plans for Discharge of Domestic Wastewater to Wetlands		
f. Concurrent Application for Ground Water Disposal by Underground Injection		
g. Application for Monitoring Plan Approval		

3. Additional Application Requirements for Permit Renewals	Yes	No
	a. Operation and Maintenance Performance Report	
b. Reclaimed Water or Effluent Analysis Report		
c. Technical Evaluation of Need to Revise Local Pretreatment Limits		
d. Results of Mechanical Integrity Testing		

SECTION 9. CERTIFICATIONS

1. Certifications for Construction of New Facilities or Modifications to Existing Facilities

a. Applicant or Authorized Representative

I certify that the statements made in this application for a permit and all attachments are true, correct, and complete to the best of my knowledge and belief. I agree to retain the design engineer, or another professional engineer registered in Florida, to conduct on-site observation of construction, to prepare a notification of completion of construction, and to review record drawings for adequacy as referenced in Rule 62-620.630, F.A.C. Further, I agree to provide an appropriate operation and maintenance manual for the facilities pursuant to Rule 62-620.630, F.A.C., and to retain a professional engineer registered in Florida to examine (or to prepare or revise, if necessary) the manual. For projects regulated by Chapter 62-610, F.A.C., I agree to provide the additional operation requirements of that Chapter.

(Signature of Applicant or Authorized Representative ¹)	Date
Name (please type)	Company Name
Title	Company Street Address or P O Box
Telephone No. (including area code)	City, State, Zip Code

b. Professional Engineer Registered in Florida

I certify that the engineering features of this domestic wastewater project have been (designed) (examined) by me and found to conform to engineering principles applicable to such projects. In my professional judgment, this facility, when properly constructed, operated, and maintained, will comply with all applicable statutes of the State of Florida and rules of the Department.

Name (please type):	Company Name:
Florida Registration Number:	Company Street Address or P O Box
Telephone No. (including area code)	City/State/Zip Code:
	(Seal, Signature, Date, Registration No.)

¹ If signed by the authorized representative, attach a letter of authorization.

c. Professional Engineer Registered in Florida

I certify that this firm or individual has been retained by the applicant to prepare a notification of completion of construction, to prepare operation and maintenance manuals, and to review record drawings for adequacy as referenced in Rules 62-620.630, 62-600.717, and 62-600.720, F.A.C.

Name (please type):	Company Name:
Florida Registration Number:	Company Street Address or P O Box
Telephone No. (including area code)	City/State/Zip Code:
	(Seal, Signature, Date, Registration No.)

2. **Certifications for Permit Renewals**

a. Applicant or Authorized Representative

I certify that the statements made in this application for a permit and all attachments are true, correct and complete to the best of my knowledge and belief. I agree to operate and maintain these wastewater facilities in such a manner as to comply with the provisions of Chapter 403, F.S., Chapter 62-600, F.A.C., and all other applicable rules of the Department. Further, an appropriate operation and maintenance manual which has been examined by a professional engineer as certified below is available and located at _____ and can be submitted upon request as part of the permit procedure. A copy of the record drawings or other plans (as applicable) showing modifications to existing facilities, as referenced in Rule 62-600.717, F.A.C., is available at the same location. I also understand that a permit if granted by the Department, is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C., and I will notify the Department in accordance with this rule upon sale or legal transfer of the permitted facilities. In the event of abandonment or inactivation of the facilities, I will notify the Department and ensure that public health and safety are protected as required by Rule 62-620.610, F.A.C.

(Signature of Applicant or Authorized Representative ²)	Date
Name (please type)	Company Name
Title	Company Street Address or P O Box
Telephone No. (including area code)	City, State, Zip Code

² If signed by the authorized representative, attach a letter of authorization.

b. Professional Engineer

I certify that the engineering features of these domestic wastewater facilities have been examined by me and found to conform to engineering principles applicable to such projects. I certify that the operation and maintenance manual for these wastewater facilities has been prepared or examined by me or by individual(s) under my direct supervision and that there is reasonable assurance, in my professional judgement, that the facilities, when properly operated and maintained in accordance with this manual, will comply with all applicable statutes of the State of Florida and rules of the Department.

_____ Name (please type):	_____ Company Name:
_____ Florida Registration Number:	_____ Company Street Address or P O Box
_____ Telephone No. (including area code)	_____ City/State/Zip Code:
_____	(Seal, Signature, Date, Registration No.)