

Industrial Waste Pretreatment Program Plan Review and Permitting Guidelines

1. Regulatory Information

The Department of Environmental Resources Management (DERM) is responsible for managing the Industrial Waste Pretreatment (IWP) program for Miami-Dade County (MDC) in agreement with the Miami-Dade Water and Sewer Department (MDWASD). The IWP program regulates facilities whose operations result in discharges of industrial wastes to MDWASD wastewater treatment plants, via sanitary sewer collection systems, which are subject to Federal pretreatment regulations and/or MDC sanitary sewer discharge limitations and pretreatment standards respectively in accordance with Title 40, Part 403 of the Code of Federal Regulations (40 CFR 403) and Section 24-42.4 of the Code of MDC.

2. Industrial Waste Pretreatment Program Applicability Criteria

Facilities subject to Federal Pretreatment regulations are defined as "Significant Industrial Users" (SIU) in accordance with 40 CFR 403.3(v). A facility is considered as being a SIU upon meeting at least one of the following criteria:

- A) Facility operations are subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR chapter I, subchapter N.
- B) Facility operations result in discharges of 25,000 gallons or more of process wastewater per day to the sanitary sewer collection system excluding domestic sewage, noncontact cooling and boiler blowdown wastewater.
- C) Facility operations result in discharges which make up 5 percent or more of the average dry weather hydraulic or organic capacity of local wastewater treatment plants.

Note: In accordance with 40 CFR 403.3(v)(ii), a facility may be designated as a SIU at the discretion of the Control Authority (DERM) even if it does not meet the above criteria.

3. Permit Application Package Applicability Criteria

Unless otherwise instructed by DERM, facilities which fall under one of the categories outlined below must comply with the scope and requirements referenced in this permit application package:

- A) New Source: Refers to a proposed or existing (unpermitted) operation that has been identified as a Significant Industrial User.
- B) Relocation of IWP Permitted Facility: Refers to a facility currently permitted with the DERM Industrial Waste Pretreatment Program which plans to operate at a location different from the one referenced in its current IWP permit.
- C) Operating Permit Upgrade: Refers to a facility currently permitted under a non-IWP DERM program which has been identified by the DERM to be conducting operations that satisfy the SIU applicability criteria as outlined in section #2.

4. Modifications of Existing Permitted Facilities

Permit modifications of existing IWP permitted facilities are not part of the scope of this package. To obtain a copy of the IWP operating permit modification application please visit <http://www.miamidade.gov/derm> and refer to the permit applications section.

5. Permit Application Package Contents

- A) Industrial Waste Pretreatment Operating Permit Application - New Sources form (8 pages)
- B) Spill/Slug Control Discharge Plan form (2 pages)
- C) Certificate of Completion of Construction (COC) form (1 page). Note, this form must be completed and submitted prior to commencement of operations.

6. Relevant Plan Review and Permit Application Submittal Requirements

SIUs subject to one of the categories listed in section #4 must submit a complete IWP permit application package which consists of the following:

A) Industrial Waste Pretreatment Operating Permit Application Form

Important information to consider when completing this form:

- (i) Corporate entity (e.g., LLC, LP, Corp., etc) soliciting the permit must be registered with the Division of Corporations (DOC) of the Florida Department of State. Refer to <http://www.sunbiz.org> for more information regarding corporate registration requirements.
- (ii) The name of corporate entity specified on the form must exactly match the name registered with the DOC. If specifying a registered fictitious name, said name must be preceded by the the name of the corporate entity owning said name and the "doing business as" (d/b/a) designation. Note, DERM may withhold issuance of an operating permit if the corporate and/or fictitious name specified on the form does not match DOC records.
- (iii) Form must notarized and signed by applicant specified on page 1. If the applicant is not an officer of the corporate entity registered with the DOC, a notarized letter from a registered officer granting permission to the applicant to act as an authorized corporate representative must be provided.
- (iv) Form must be signed and sealed by a Professional Engineer Registered in the State of Florida.

B) Engineering Plans (3 sets signed and sealed by a Professional Engineer registered in the State of Florida) to include:

- (i) Site plan (at an appropriate scale) showing:
 - All property boundaries and building structure(s).
 - Location of pervious/impervious areas and stormwater management structures (catch basins, exfiltration trenches, etc).
 - Location and sizing of sanitary sewer features including collection lines, point(s) of connection, manholes and cleanouts.
 - Location of potable water line(s) and meter(s).
 - Location of on-site water supply/production wells and groundwater monitoring wells.
 - Location of above/under ground tanks, secondary containment structures and other relevant items not shown on floor plan(s).
- (ii) Floor plan(s) (at an appropriate scale) showing:
 - Location of all process areas (e.g., production, manufacturing, assembly lines, etc) and non-process areas (e.g., bathrooms, offices, cafeterias, etc).
 - Location of all equipment, plumbing fixtures (e.g., sinks, toilets, etc), flow meters, pumps and any proposed treatment system(s).
 - Location and sizing of all proposed storage and process tanks; tank schedule(s) shall be reflected on plans.
 - Location and sizing of sanitary collection system serving all process, non process areas and treatment system(s).
 - Location of proposed industrial wastewater effluent sampling point(s). Facilities that generate cyanide wastes must also provide a dedicated sampling point immediately after cyanide destruction.
 - Location of all materials and waste storage areas and indicate size of containers to be stored in each area.
 - Location of secondary containment areas and other proposed containment measures.
- (iii) Process and Instrumentation (P&I) riser diagram(s) to include:
 - Identification of all process equipment to include name, size/capacity and description of proposed use.
 - Interconnections of all proposed process equipment and treatment systems.
 - Direction of flow for all process and treatment system piping.
 - Identification of all meters, flow control valves, pH monitoring systems and industrial wastewater sampling points.
- (iv) Isometric diagram(s) of proposed water distribution and sanitary sewer collection system(s)
- (v) Details of proposed equipment to include:
 - Details of sampling points
 - Schedule/Legend of process/storage tanks, treatment system(s) and relevant equipment.
 - Details of secondary containment areas/structures. Cross section detail(s) shall be included.
 - Stormwater management plan for containment areas receiving stormwater.

C) Engineer's Report (signed and sealed by a Professional Engineer registered in the State of Florida)

A comprehensive report describing the scope of proposed operations that includes design basis and data, and other pertinent information necessary to give an accurate understanding of the work to be undertaken. At a minimum, the report must include:

- (i) Description of on-site manufacturing processes (if applicable) and scope of operations to be permitted.
- (ii) Description of final products, materials used and wastes generated for all process area(s).
- (iii) Analysis of all industrial wastewater streams to include anticipated values of all chemical, physical and/or biological characteristics.
- (iv) Technical justification of all proposed treatment system(s) in order to meet applicable Federal and Miami-Dade County sanitary sewer discharge standards. Maximum rated capacity(ies) of any proposed treatment system must also be identified.
- (v) Specifications and relevant manufacturer catalog data for all proposed equipment.
- (vi) Characterization of wastes generated on-site and description of disposal practices.
- (vii) Daily Water Balance (DWB) for all sources of wastewater (i.e., regulated and non regulated wastestreams) which will be discharged to the sanitary sewer collection system. Said DWB must include basis of all calculations, approximations and/or assumptions and must reflect the proposed daily maximum discharge of industrial wastewater (in gallons per day).
- (viii) Material Safety Data Sheet(s) of all raw materials to be stored on site.

D) Slug/Spill Discharge Control Plan (refer to form)

7. Plans Submittal Locations and Procedures for New Sources

DERM West Dade Plan Review Office

11805 SW 26th Street

Miami, FL 33175

Phone: (786) 315-2800

Hours of Operation: 7:30 a.m. to 4 p.m.

DERM Downtown Plan Review Office

701 NW 1st Court, 2nd Floor

Miami, FL 33136

Phone: (305) 372-6789

Hours of Operation: 8:00 a.m. to 7:30 p.m.

A) Plans for facilities located in unincorporated Miami-Dade County must first be submitted to the Miami-Dade County Building Department (MDCBD) located at 11805 SW 26th Street, Miami, FL (adjacent to the DERM West Dade Plan Review Office). For more information on the MDCBD plans submittal procedures please visit <http://buildit.miamidade.gov>.

B) If the facility is not located in unincorporated Miami-Dade County, plans must first be submitted to the building department of the municipality (e.g., City of Hialeah, Town of Medley, etc) having jurisdiction over the property. Plans must be submitted in person to one of the two DERM offices referenced above once stamped by the building department of said municipality.

Note: Folio numbers which begin with the number "30" represent unincorporated Miami-Dade County properties. To determine the folio number corresponding to a, specific property please visit the property records search tool available from the Miami-Dade County Office of the Property Appraiser's website at <http://www.miamidade.gov/pa/>.

8. Certification of Completion

A signed and sealed Certificate of Completion of Construction (COC) form by the engineer of record must be submitted upon completion of construction of all DERM approved engineering features and prior to the commencement of operations. If applicable, as-built plans accounting for major deviations from DERM approved plans must be submitted along with the COC form. All documents must be forwarded to the DERM Permitting Section located at 701 NW 1st Court, 7th Floor, Miami, FL, 33136. For more information contact the Permitting Section of the Pollution Regulation and Enforcement Division at (305) 372-6600.

9. Final Inspection Requirements

A final inspection must be coordinated with DERM Permitting Section staff upon complying with the COC submittal requirements. Please contact the DERM Permitting Section at (305) 372-6600 for scheduling information.

10. Operating Permit Issuance Procedures and Applicable Fees

Issuance of an IWP Operating Permit is contingent upon completion of the following (in chronological order):

- A) COC form and relevant as-built plans.
- B) Final inspection and any outstanding permitting documents (evaluated on a case-by case basis).
- C) Payment of applicable IWP application and operating permit fees.
Note, an electronic copy of the latest approved DERM Fee Schedule is available at <http://www.miamidade.gov/derm>
- D) Application for Certificate of Use (if in unincorporated Miami-Dade County) or Occupational License (if in a municipality) is filed through a DERM Plan Review Office. Note that Certificates of Use can only be filed and processed through the West Dade Plan Review Office.

Industrial Waste Pretreatment Operating Permit Application - New Sources

A. Business and Applicant Information

1. Business Name (Corp/LLC/LP) ¹: _____

2. Business Address: _____ No. _____

3. Folio Number ²: _____ 4. City: _____ 5. Zip Code: _____

6. Name of Applicant ³: _____ 7. Title: _____

8. Phone: _____ 9. Fax: _____ 10. E-Mail: _____

11. Emergency Contact: _____ 12. Phone: _____ 13. Title: _____

B. Business Mailing Address

Mailing address same as business address? Yes No If yes, skip to section C.

1. Mailing Address: _____ No. _____

2. City: _____ 3. State: _____ 4. Zip Code: _____

C. Application Type and Summary of Proposed Operations

1. Indicate Application Type:

- New Source / Facility (no previous permit held)
- Relocation of Currently Permitted Industrial Waste Pretreatment Facility; Specify Current IWP Permit No.: _____
- Permit Upgrade of Existing DERM Permit No.: _____

2. In the space below provide a summary of the nature of the proposed operations including, but not limited to, information about services to be offered by the business, relevant manufacturing processes, types of finished products and corresponding production rates.

3. Standard Industrial Classification (SIC) code(s) pertinent to operations: _____

5. North American Industrial Classification System (NAICS) code(s) pertinent to operations: _____

6. Estimated time of completion for proposed operation(s): _____ Month(s) 7. Expected completion date: _____

8. Days/Times of Operation: _____ 9. No. of Employees: _____

1. Business name specified in this field shall match corporate name registered with the State of Florida; visit www.sunbiz.org for registration information.
 2. Folio number can be retrieved from the Miami-Dade County property records search tool at http://www.miamidade.gov/pa/property_search.asp
 3. A notarized letter of authorization must be attached to application if applicant is not a registered officer of the business entity referenced in item A(1).

D. Industrial Wastewater Discharge Information and Pretreatment Classification of Operations

1. Will facility operations result in the discharge of industrial wastes, as defined in Section 24-5 of the Code of Miami-Dade County, to the municipal sanitary sewer collection system? Yes No
 If Yes, summarize all processes that result in such discharges in the space below. If No, skip to item 2.

2. If the response to item 1 of this section is "Yes", provide the approximate daily maximum flow rate (in gallons per day) of all industrial waste discharges to the sanitary collection system in the table below. If "No", skip to item 3. Attach separate sheets if necessary.

Source / Process Name	Daily Maximum Discharge (Gallons Per Day)	Flow Rate Approximation/Calculation Basis

3. Indicate method of industrial wastewater discharge to the sanitary sewer system. Attach separate sheet(s) if necessary.

- Continuous Discharge Only
 Batch Discharge Only
 Combination of Continuous and Batch Discharges
 N/A (No Discharges)
 Other (provide details in space below)

4. Indicate the maximum daily combined volume of discharges (in gallons per day) of all wastewater generating sources in the spaces below.

	Industrial (regulated) Wastewater	Domestic Wastewater	Non-Contact Cooling Tower / Boiler Blowdown	Total Maximum Discharge
Maximum Total Daily Discharge (GPD):	_____	_____	_____	_____

Note: For more information on regulated and unregulated wastestreams, refer to section 3.2 of the EPA publication titled "Guidance Manual for the Use of Production-Based Pretreatment Standards and the Combined Wastestream Formula" (Publication No. 833B85201). An electronic copy of this guidance document can be retrieved from the EPA National Service Center for Environmental Publications (NSCEP) website at <http://www.epa.gov/nscep/index.html>.

5. Based on the information provided in sections C and D, which of the following criteria qualify the facility as a Significant Industrial User as defined in 40 CFR 403.3(v) of the Code of Federal Regulations? (select all that apply)

- (a) Proposed operation(s) to result in discharges of industrial wastewater to the sewer system in excess of 25,000 gallons per day.
 (b) Proposed operation(s) is(are) subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR chapter I, subchapter N.

List applicable categorical part(s): _____

Note: In accordance with 40 CFR 403.3(v)(ii), a facility that does not meet the above criteria may still be subject to Federal pretreatment regulations if the control authority (DERM) determines that the proposed operation(s) has(have) the potential to adversely affect local wastewater treatment plants and/or violate pretreatment program standards or requirements.

E. Industrial Wastewater Effluent Monitoring and Relevant Treatment Systems

1. Indicate all applicable information pertinent to the potable water system and sanitary sewer collection system serving the facility in the spaces below. Final point(s) of connection of all water and sewer systems shall be shown on plans.

- (i) Name of utility providing water and sewer services: _____
- (ii) Potable water meter number(s) and location(s): _____
- (iii) Abutting sewer line location(s): _____
- (iv) Sewer line diameter: _____ inches (v) Connection Type: Gravity Force Main (vi) Downstream Pump Station No: _____

2. Facility to be served by on-site potable water production well(s)?..... Yes No

If Yes, indicate the following: (i) Total number of wells to be used: _____ (ii) Consumption rate in gallons per day: _____

3. Describe all wastewater flow measurement devices (totalizer meters, magmeters, etc) to be used on-site in the spaces below. Meter locations shall be shown on plans. Attach separate sheet(s) if necessary.

- (i) Domestic Source(s): _____
- (ii) Industrial Source(s): _____

4. Indicate type(s) and location(s) of proposed effluent sampling point(s) in the table below. Location and details of all proposed sampling points shall be shown on plans. Specify "N/A" if there no proposed industrial discharges to sanitary sewers. Attach separate sheets(s) if necessary.

Sampling Point ID/Name	Sampling Point Type (dedicated tee, manhole, tank, etc)	Type of Monitored Process(es) / Discharge(s)

5. List all proposed treatment systems in the spaces below. Specify "N/A" and skip to item 4 if no such systems are proposed.

Equipment Name, Brand and Model	Treatment Method(s) and Relevant Descriptive Data	Target Pollutant(s)

3. For outdoor secondary containment areas exposed to rainfall events, describe method(s) of stormwater management to be implemented.

4. Do any of the materials stored on-site contain any of the priority pollutants referenced in 40 CFR 423 Appendix A? Yes No

If Yes, select all applicable priority pollutants from the list below.

- | | | |
|---|--|---|
| <input type="checkbox"/> 001 Acenaphthene | <input type="checkbox"/> 043 Methylene chloride | <input type="checkbox"/> 088 Vinyl chloride |
| <input type="checkbox"/> 002 Acrolein | <input type="checkbox"/> 044 Methyl chloride | <input type="checkbox"/> 089 Aldrin |
| <input type="checkbox"/> 003 Acrylonitrile | <input type="checkbox"/> 045 Methyl bromide | <input type="checkbox"/> 090 Dieldrin |
| <input type="checkbox"/> 004 Benzene | <input type="checkbox"/> 046 Bromoform | <input type="checkbox"/> 091 Chlordane |
| <input type="checkbox"/> 005 Benzidine | <input type="checkbox"/> 047 Dichlorobromomethane | <input type="checkbox"/> 092 4,4-DDT |
| <input type="checkbox"/> 006 Carbon tetrachloride | <input type="checkbox"/> 048 Chlorodibromomethane | <input type="checkbox"/> 093 4,4-DDE (p,p-DDX) |
| <input type="checkbox"/> 007 Chlorobenzene | <input type="checkbox"/> 049 Hexachlorobutadiene | <input type="checkbox"/> 094 4,4-DDD (p,p-TDE) |
| <input type="checkbox"/> 008 1,2,4-trichlorobenzene | <input type="checkbox"/> 050 Hexachlorocyclopentadiene | <input type="checkbox"/> 095 Alpha-endosulfan |
| <input type="checkbox"/> 009 Hexachlorobenzene | <input type="checkbox"/> 051 Isophorone | <input type="checkbox"/> 096 Beta-endosulfan |
| <input type="checkbox"/> 010 1,2-dichloroethane | <input type="checkbox"/> 052 Naphthalene | <input type="checkbox"/> 097 Endosulfan sulfate |
| <input type="checkbox"/> 011 1,1,1-trichloroethane | <input type="checkbox"/> 053 Nitrobenzene | <input type="checkbox"/> 098 Endrin |
| <input type="checkbox"/> 012 Hexachloroethane | <input type="checkbox"/> 054 2-nitrophenol | <input type="checkbox"/> 099 Endrin aldehyde |
| <input type="checkbox"/> 013 1,1-dichloroethane | <input type="checkbox"/> 055 4-nitrophenol | <input type="checkbox"/> 100 Heptachlor |
| <input type="checkbox"/> 014 1,1,2-trichloroethane | <input type="checkbox"/> 056 2,4-dinitrophenol | <input type="checkbox"/> 101 Heptachlor epoxide |
| <input type="checkbox"/> 015 1,1,2,2-tetrachloroethane | <input type="checkbox"/> 057 4,6-dinitro-o-cresol | <input type="checkbox"/> 102 Alpha-BHC |
| <input type="checkbox"/> 016 Chloroethane | <input type="checkbox"/> 058 N-nitrosodimethylamine | <input type="checkbox"/> 103 Beta-BHC |
| <input type="checkbox"/> 017 Bis(2-chloroethyl) ether | <input type="checkbox"/> 059 N-nitrosodiphenylamine | <input type="checkbox"/> 104 Gamma-BHC (lindane) |
| <input type="checkbox"/> 018 2-chloroethyl vinyl ether | <input type="checkbox"/> 060 N-nitrosodi-n-propylamine | <input type="checkbox"/> 105 Delta-BHC |
| <input type="checkbox"/> 019 2-chloronaphthalene | <input type="checkbox"/> 061 Pentachlorophenol | <input type="checkbox"/> 106 PCB -1242 (Arochlor 1242) |
| <input type="checkbox"/> 020 2,4,6-trichlorophenol | <input type="checkbox"/> 062 Phenol | <input type="checkbox"/> 107 PCB -1254 (Arochlor 1254) |
| <input type="checkbox"/> 021 p-cresol | <input type="checkbox"/> 063 Bis(2-ethylhexyl) phthalate | <input type="checkbox"/> 108 PCB -1221 (Arochlor 1221) |
| <input type="checkbox"/> 022 Chloroform | <input type="checkbox"/> 064 Butyl benzyl phthalate | <input type="checkbox"/> 109 PCB -1232 (Arochlor 1232) |
| <input type="checkbox"/> 023 2-chlorophenol | <input type="checkbox"/> 065 di-n-butyl phthalate | <input type="checkbox"/> 110 PCB -1248 (Arochlor 1248) |
| <input type="checkbox"/> 024 1,2-dichlorobenzene | <input type="checkbox"/> 066 di-n-octyl phthalate | <input type="checkbox"/> 111 PCB -1260 (Arochlor 1260) |
| <input type="checkbox"/> 025 1,3-dichlorobenzene | <input type="checkbox"/> 067 Diethyl Phthalate | <input type="checkbox"/> 112 PCB -1016 (Arochlor 1016) |
| <input type="checkbox"/> 026 1,4-dichlorobenzene | <input type="checkbox"/> 068 Dimethyl phthalate | <input type="checkbox"/> 113 Toxaphene |
| <input type="checkbox"/> 027 3,3-dichlorobenzidine | <input type="checkbox"/> 069 1,2-benzanthracene | <input type="checkbox"/> 114 Antimony |
| <input type="checkbox"/> 028 1,1-dichloroethylene | <input type="checkbox"/> 070 Benzo(a)pyrene | <input type="checkbox"/> 115 Arsenic |
| <input type="checkbox"/> 029 1,2-trans-dichloroethylene | <input type="checkbox"/> 071 3,4-Benzofluoranthene | <input type="checkbox"/> 116 Asbestos |
| <input type="checkbox"/> 030 2,4-dichlorophenol | <input type="checkbox"/> 072 11,12-benzofluoranthene | <input type="checkbox"/> 117 Beryllium |
| <input type="checkbox"/> 031 1,2-dichloropropane | <input type="checkbox"/> 073 Chrysene | <input type="checkbox"/> 118 Cadmium |
| <input type="checkbox"/> 032 1,2-dichloropropylene | <input type="checkbox"/> 074 Acenaphthylene | <input type="checkbox"/> 119 Chromium |
| <input type="checkbox"/> 033 2,4-dimethylphenol | <input type="checkbox"/> 075 Anthracene | <input type="checkbox"/> 120 Copper |
| <input type="checkbox"/> 034 2,4-dinitrotoluene | <input type="checkbox"/> 076 1,12-benzoperylene | <input type="checkbox"/> 121 Cyanide, Total |
| <input type="checkbox"/> 035 2,6-dinitrotoluene | <input type="checkbox"/> 077 Fluorene | <input type="checkbox"/> 122 Lead |
| <input type="checkbox"/> 036 1,2-diphenylhydrazine | <input type="checkbox"/> 078 Phenanthrene | <input type="checkbox"/> 123 Mercury |
| <input type="checkbox"/> 037 Ethylbenzene | <input type="checkbox"/> 079 1,2,5,6-dibenzanthracene | <input type="checkbox"/> 124 Nickel |
| <input type="checkbox"/> 038 Fluoranthene | <input type="checkbox"/> 080 Indeno (1,2,3-cd) pyrene | <input type="checkbox"/> 125 Selenium |
| <input type="checkbox"/> 039 4-chlorophenyl phenyl ether | <input type="checkbox"/> 081 Pyrene | <input type="checkbox"/> 126 Silver |
| <input type="checkbox"/> 040 4-bromophenyl phenyl ether | <input type="checkbox"/> 082 Tetrachloroethylene | <input type="checkbox"/> 127 Thallium |
| <input type="checkbox"/> 041 Bis(2-chloroisopropyl) ether | <input type="checkbox"/> 083 Toluene | <input type="checkbox"/> 128 Zinc |
| <input type="checkbox"/> 042 Bis(2-chloroethoxy) methane | <input type="checkbox"/> 084 Trichloroethylene | <input type="checkbox"/> 129 2,3,7,8-tetrachloro-dibenzo-p-dioxin |

2. In the table below specify relevant all personnel (e.g., managers, supervisors, operators, etc) responsible for operations at the facility.

Contact Name	Title / Responsibilities	Phone	Email Address

H. Application Certifications

1. Certification by Applicant

NOTE: THIS DOCUMENT MUST BE NOTARIZED

The undersigned representative for the Operating Authority is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of his/her knowledge. Furthermore, the undersigned agrees to maintain and operate the facility in such a manner as to comply with the provisions of Chapter 24 of the Code of Miami-Dade County and all applicable State and Federal regulations. The representative also acknowledges that a permit, if granted by the Department, will be non-transferable and that a prompt notification shall be provided to the Department upon sale, change of location, or legal transfer of the permitted facility.

Name of Responsible Official: _____ Title: _____

Signature: _____ Date: _____

Before me, a Notary Public duly qualified under the laws of the State of _____ to administer oaths, personally appeared _____. Being by me duly sworn, deposes and says that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day of _____ A.D., (year) _____.

My Commission Expires: _____

Notary Public Name: _____

NOTARY SEAL

2. Certification by Professional Engineer Registered in the State of Florida

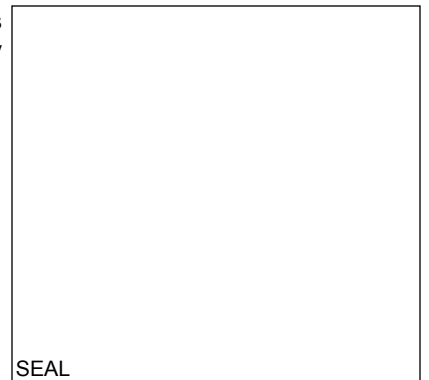
I hereby certify that the engineering features, pretreatment system(s) and process(es) listed in this application will fully comply with the requirements of Chapter 24 of the Code of Miami Dade County and Title 40, Part 403, of the Code of Federal Regulations.

Name: _____

Florida Registration No: _____ Phone: _____

Email: _____

Date: _____ Signature: _____



SEAL

Industrial Waste Pretreatment Facility - Spill/Slug Discharge Control Plan

A. General Facility Information

1. Business Name: _____ 2. Permit No: _____
3. Facility Address: _____ 4. Phone: _____
5. Name and Title of Company Official: _____ 6. Phone: _____
7. Days and Hours of Operation: _____
8. Number of Employees/Shift: _____
9. Scope of Facility Operations: _____

B. Emergency Contact Information

1. Name of Primary Contact: _____ 2. Title: _____
3. Telephone No (24-Hour): _____ 4. E-mail: _____
5. Responsibilities/Duties: _____
6. Name of Secondary Contact: _____ 7. Title: _____
8. Telephone No (24-Hour): _____ 9. E-mail: _____
10. Responsibilities/Duties: _____

C. Operational Information

1. Average daily wastewater discharge rate during the past twelve months of operation: _____ Gallons Per Day (GPD)
2. List concentration(s) of all regulated wastewater constituent(s) based on the facility's most recent Industrial Waste Operating Report(s) in the space below.

3. Describe all industrial wastewater discharge practices (e.g., continuous discharge, batch discharge, etc) and frequencies in the space below.

D. Spill/Slug Discharge Control Equipment/Measures

The information requested in this section refers to control measures implemented by the facility to prevent slug discharges in accordance with the provisions of 40 CFR 403.8(f)(2)(vi), Code of Federal Regulations.

1. Describe type(s) of secondary containment (bermed areas, containment pallets, etc.) used for all chemicals, raw materials and wastes stored and/or generated on-site. Attach separate sheet(s) if necessary.

2. In the space below provide a description of the equipment and/or procedures that may prevent, detect, alert or stop potential slug releases

3. Does facility perform monitoring of industrial wastewater effluent prior to a potential slug release?..... Yes No
If yes, provide a brief description in the space below. Attach separate sheet(s) if necessary.

4. Does facility possess emergency response equipment (spill response equipment, spill kits, etc) on-site?..... Yes No
If yes, provide description in the space below; attach separate sheet(s) if necessary.

5. In the space below provide a synopsis of the facility's training program in reference to spill/slug controls.

E. Characteristics of Raw Materials

Attach an inventory of all raw materials, chemicals and wastes in the facility. Said inventory shall include relevant quantities and volumes.

F. Slug Discharge Notification Procedures

1. In the event of a slug release, does facility have:

(i) Procedures to immediately notify the DERM 24-hour emergency response hotline at (305) 372-6955?..... Yes No

(ii) Procedures to immediately notify the Miami-Dade Water and Sewer Department's 24-hour Call Center at (305) 274-9272?.. Yes No

(iii) Procedures to immediately notify any other municipal water and sewer agency also having jurisdiction over the facility?..... Yes No

If yes, indicate name of agency and contact number: _____

(iv) Notices posted on-site with contact information of the above referenced agencies and responsible personnel?..... Yes No

2. Does facility review and update the Spill/Slug Control Plan every other year at a minimum?..... Yes No

G. Facility Site Plan Information

In addition to the information requested in Sections C through F, provide a site plan of the facility which captures the following:

- | | |
|--|--|
| 1. Location of all raw materials storage areas | 5. Location of all secondary containment structures |
| 2. Location of all waste storage areas | 6. Location of all industrial wastewater sampling points and treatment systems |
| 3. Location of all outside exits | 7. Location of all industrial wastewater discharge points |
| 4. Location of all floor drains | 8. Location of posted notices containing emergency contact information |

H. Certification

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 gather and evaluate the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of known violations. I also understand that applicable civil and criminal penalties may apply for any violations of pretreatment standards, requirements and/or compliance schedules.

1. Name and Title of Representative _____

2. Signature of Representative: _____ Date: _____

Industrial Waste Pretreatment Facility Certificate Of Completion Of Construction

1. Facility Name: _____

2. Facility Address: _____

3. Certification of Completion submitted for (check one):

- Construction of new industrial waste pretreatment facility (no previous permit held)
- Modification of existing industrial pretreatment facility. Specify existing operating permit number in the space below.
Existing IWP Permit No (if applicable): _____

4. DERM Process No. of Modification/Construction Approval: _____ 5. Approval Date: _____

6. Deviation(s) observed from the approved plans upon completion of the facility's construction or modification?..... YES NO
If yes, provide information on all observed deviations in the space below and provide as-built plan(s). Attach separate sheet(s) if necessary.

7. Date of Completion of Construction/Modification: _____ 8. Expected Start Date of Operations: _____

CERTIFICATION BY PROFESSIONAL ENGINEER

This is to certify that, with the exception of the deviation(s) noted above, the construction/modification activities at the referenced facility have been completed in accordance with the plans approved by the Department of Environmental Resources Management (DERM).

		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Name of Professional Engineer	Florida Registration Number	
E-mail Address	Phone	
		Seal
Date	Signature	