



MIAMI-DADE COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT



APPLICATION FOR PERMIT TO OPERATE A RESOURCE RECOVERY AND MANAGEMENT FACILITY

A. GENERAL INFORMATION

1. Applicant 1 (Operating Authority, Corp/LLP/LLC/etc.): _____

Mailing address: _____
(Street or P.O. Box, City, State, Zip)

Contact person 2: _____ Telephone: (____) _____

Title: _____ E-Mail address: _____

2. Authorized Agent/Consultant: _____

Mailing address: _____
(Street or P.O. Box, City, State, Zip)

Contact person: _____ Telephone: (____) _____

Title: _____ E-Mail address: _____

3. Land Owner: _____
(If different from the applicant)

Mailing address: _____
(Street or P.O. Box, City, State, Zip)

Mailing address: _____
(Street or P.O. Box, City, State, Zip)

Contact person: _____ Telephone: (____) _____

Title: _____ E-Mail address: _____

Documentation that the applicant either owns the property or has legal authorization from the property owner to use the site for a RESOURCE RECOVERY AND MANAGEMENT FACILITY shall be submitted with this application. A Warranty Deed is required to establish ownership. A certified copy of one of the following instruments, accompanied by an affidavit and Warranty Deed, shall be required to document legal authorization from the property owner to use the site for a RESOURCE RECOVERY AND MANAGEMENT FACILITY: lease agreement, operating agreement or contract.

Notes: (1) Permit will be issued to this name. If financial assurance is required, the financial assurance mechanism (e.g., bond) shall be issued to this name.
(2) Must be a corporate officer or authorized representative

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B. CLASSIFICATION OF APPLICATION:

- New Transfer Minor Modification
 Intermediate Modification Substantial Modification

C. TYPE OF FACILITY: Check ALL that Apply

- Mulching / Composting Green Box TS Metal Recycler
 Recycler (other) WT Recycler WT Processing / Storage
 MSW Transfer Station Class I Landfill Class III Landfill
 C & D TS C & D MRF C & D Landfill

Other: _____

Note: C & D = Construction and Demolition Debris WT = Waste Tire MRF = Material Recovery Facility
TS = Transfer Station MSW = Municipal Solid Waste

D. FACILITY INFORMATION

1. Facility name: _____
2. Facility Location (main entrance): _____
(Attach aerial and site plan showing location of operation)
3. Approx. size: _____ _____ _____ _____
 Acres Section Township Range
4. Existing Landuse Classification: _____
(Attach Proof of zoning, Certificate of Occupancy, Zoning Resolution, etc.)
5. Approximate land elevation:
Existing: _____ ft NGVD
Land subject to flooding? (YES or NO): _____
Proposed operation in contact with surface or groundwaters? (YES or NO): _____
Stormwater plan submitted? (YES or NO): _____
6. Expected volume of waste to be received: _____ yd³/day or _____ tons/day and _____ Lbs/ yd³
7. Effective Access Control to Prevent Unauthorized Disposal (fence w/ gate, perimeter berm w/ chain, etc.):
Explain: _____

8. Will operation be open for public disposal of material? (YES or NO): _____

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9. Methodology for monitoring incoming waste, if any:

A) Authorized Representative of Applicant present: _____

B) Other proposed method (describe): _____

10. Off-site Disposal Location for Non-acceptable materials (list specific location):

11. Amount of other types of any solid waste (garbage, trash, vegetation, asbestos, tires, etc.) inadvertently placed on-site, with or without authorization, shall be considered non-acceptable materials and disposed at off-site location indicated above.

E. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER

The undersigned representative for the Operating Authority (attach proof for Corporate Officer)

_____ 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. Further, the undersigned agrees to maintain and operate the potential the facility in such a manner as to comply with the provisions of Chapter 24, Metropolitan Dade County Code, and all applicable rules and regulations. The representative also acknowledges that a permit, if granted by the Department, will be non-transferable and that the Department shall be notified upon sale, change of location, or legal transfer of the permitted facility within thirty (30) days of such action. The representative further acknowledges that failure to comply with the provisions of Chapter 24, Miami-dade County Code may result in orders for immediate corrective action, possible modification to the operation, revocation of the operating permit and/or closure of the facility.

Name and Title (please type)

Mailing Address

Signature, Corporate Officer
(Notarization is mandatory)

City, State, Zip Code

E-Mail address (if available)

Telephone Number

Date: _____

Sworn to and subscribed before me this _____ day of _____.

Notary

Date

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This is to certify that the engineering features of this waste processing facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly maintained and operated, will comply with all applicable statutes of the State of Florida and Chapter 24 Code of Miami-Dade County, Florida. It is agreed that the undersigned will provide the applicant with a set of instructions of proper maintenance and operation of the facility.

Signature

Mailing Address

Name and Title (please type)

City, State, Zip Code

E-Mail address (if available)

Florida Registration Number
(please affix seal)

Telephone Number

Date: _____

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F. ADDITIONAL INFORMATION

Please attach the following reports or documentation as required.

1. Attach a site plan, signed and sealed by a professional engineer registered under Chapter 471, F.S., with a scale not greater than 200 feet to the inch, which shows the facility location, total acreage of the site, and any other relevant features such as water bodies or wetlands on or within 200 feet of the site, potable water wells on or within 500 feet of the site and wells serving community water supplies on or within 1000 feet of the site.
2. Provide a boundary survey, legal description, and topographic survey of the property.
3. Provide a description of the solid waste that is proposed to be collected, stored, processed or disposed of by the facility, a projection of those waste types and quantities expected in future years, and the assumptions used to make the projections.
4. Provide a description of the loading, unloading, storage and processing areas, and provide the identification and capacity of any on-site storage areas for recyclable materials, non-processable wastes, unauthorized wastes, and residues.
5. Provide an operations plan that describes the facility operations and the persons responsible for the operations. Provide a description of the operation and functions of all processing equipment that will be used, with design criteria and expected performance. Provide a process description along with a process flow diagram that depicts the solid waste components of the processed materials, estimated quantities, intended use (i.e., reuse, recycling, disposal, etc.). The description shall show the flow of solid waste and associated operations in detail, and shall include: (a) Regular facility operations as they are expected to occur; (b) Procedures for start up operations, and scheduled and unscheduled shut down operations; and (c) Potential safety hazards and control methods, including fire detection and control.
6. Provide a plan for disposal of unmarketable recyclable materials and residue, and for waste handling capability in the event of breakdowns in the operations or equipment.
7. Submit a closure plan that identifies the steps needed to shut down the specific operations pertaining to Waste Processing.
8. Submit a groundwater-monitoring plan that covers all areas where waste is stored or processed at the facility. The groundwater-monitoring plan shall include information on the proposed upgradient and downgradient wells, frequency of monitoring, sampling parameters, etc.
9. DERM's Water Control Section (WCS) approval, or determination that a WCS review is not required, shall be obtained by the applicant prior to the issuance of the Waste Processing permit by the Pollution Remediation Section (PRS). Please contact the WCS at 305-372-6681. Concurrent submittal to the WCS and PRS is recommended.

Be advised that no resource recovery and management facility permit shall be granted without the written recommendation and approval of the Director of the Department of Solid Waste Management, issued pursuant to the provisions of Chapter 15, Miami-Dade County Code. The Director of the Department of Environmental Resources Management or his designee, in his discretion, may require conditions, limitations or restrictions as part of the operating permit if said conditions, limitations and restrictions are consistent with the requirements of this chapter.