



**WASTEWATER PERMIT  
APPLICATION FORM 2A**

**FOR  
DOMESTIC WASTEWATER  
FACILITIES**

# WASTEWATER PERMIT APPLICATION FORM 2A

## APPLICATION FOR A DOMESTIC WASTEWATER FACILITY PERMIT

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# INSTRUCTIONS FOR FORM 2A

## APPLICATION FOR A DOMESTIC WASTEWATER FACILITY PERMIT

### GENERAL INSTRUCTIONS

1. Application for a domestic wastewater treatment facility permit, reuse or disposal system permit, limited wet weather discharge permit, residuals/septage management facility permit, or any combination thereof shall be made using this form and DEP Form 62-620.910(1). The appropriate number of copies of this form and DEP Form 62-620.910(1), with supporting documentation, and a check for the appropriate application fee made payable to the Department of Environmental Protection shall be submitted with this application as required by Rule 62-620.310, F.A.C.
2. Unless otherwise specified in the detailed instructions, each applicable item must be completed in full in order to avoid delay in processing. To indicate that each item has been considered, enter "NA" for not applicable, where a particular item does not fit the circumstances or characteristics of your facility.
3. All information must be typed or printed in ink.
4. Dates must be entered in MM/DD/YY format.
5. Some items in this form require narrative explanation. For this purpose, attach a separate sheet entitled "Additional Information." Where a separate sheet is used, identify the name of the applicant, the activity, and the section and item number of the form to which it refers. All other documents required by this application must be similarly identified.

### SECTION 1. APPLICANT AND FACILITY DESCRIPTION

1. **Application Type** - Indicate whether this application is for construction of new facilities, for substantial modification of existing facilities, or for renewal of an existing facility permit. As defined in Rule 62-620.200, F.A.C., substantial modification means a modification to the facility which is reasonably expected to lead to a substantially different environmental impact or which involves a substantially different type of wastewater or residuals treatment, reuse, or disposal system. A substantial modification includes changes in the characteristics of the effluent, reclaimed water, or residuals, changes to the location of the discharge, or changes in the permitted capacity of the treatment, reuse, or disposal system.

Application for minor modification of existing facilities shall be made on DEP Form 62-620.910(9). A minor modification means a modification to the facility which is not expected to lead to a substantially different environmental impact or which will not involve a substantially different type of wastewater or residuals treatment, reuse, or disposal system. A minor modification does not substantially change the characteristics of the effluent, reclaimed water, or residuals nor does it change the permitted capacity of the treatment, reuse, or disposal system. It includes construction to replace a unit operation or process structure. It also includes construction to unit operation or mechanical equipment which is not associated with routine facility maintenance.

2. **Facility Type** - Indicate whether this application is for a wastewater treatment facility, a reuse or disposal system, a limited wet weather discharge as defined in Rule 62-610.860, F.A.C., a residuals/septage management facility or

some combination of the above. (i.e., If the application is for permit renewal of both treatment and disposal facilities, mark an "X" by the word "Treatment" and mark an "X" by the words "Reuse or Disposal". If the application is for construction of treatment facilities only, mark an "X" by the word "Treatment" only.)

3. **Treatment Facility Information** - Enter the requested information for the treatment facility which produces the effluent, reclaimed water, or residuals. Provide the name of the facility as it is officially or legally referred to in order to distinguish it from similar entities, if any, in the same geographical area. Do not use colloquial names as a substitute for the official name. Enter the facility's DEP identification number if the application is for an existing facility (i.e., either for permit renewal or modification). If the application is for a new facility, enter "NA" for the facility's DEP identification number. Enter the address where the facility is located as well as the mailing address of the facility. Enter the ownership status of the permittee.
4. **Applicant or Authorized Representative** - Enter the legal name of the applicant or authorized representative. The applicant or authorized representative is the person, agency, firm, or other entity which owns or is responsible for the wastewater facilities. Enter the name of the applicant as it is officially or legally referred to. Do not use colloquial names as a substitute for the official name. Next, enter the complete mailing address and telephone number of the applicant or authorized representative. This often will not be the same address as is used to designate the location of the wastewater facilities. When identifying whether the applicant is the owner or operator of the facility, please note that the operator of the facility is the legal entity that controls the facility's operation, rather than the plant or site manager.
5. **Project Name and Description** - For a new facility or a modification to an existing facility, provide the name and a general description of the project. The description should include the reason the project is needed and its relationship to existing facilities.
6. **Municipalities or Areas Served** - Enter the names of the municipalities or areas served by this facility and, for each, enter its ownership (municipal, private, etc.), and the best estimate of the actual population served at the time of this application. If there is another sewer authority discharging into this facility, give the name of that authority and the actual population it serves. Do not include the names of the municipalities or areas served by that sewer authority.
7. **Reclaimed Water Reuse and Effluent Disposal** - Enter the number of disposal points for each discharge to surface waters, the number of different types of reuse or land application systems used by the treatment facility, and the number of different underground injection well facilities used by the treatment facility. Reuse or land application systems are considered different types if they are permitted under different parts of Chapter 62-610, F.A.C. (i.e., slow rate restricted public access, rapid-rate, public access reuse system, etc.) Underground injection well systems are considered different facilities if they have different physical locations or distinct DEP identification numbers.

For each method of reuse or disposal listed, provide the total design capacity and the basis of the design flow (e.g., annual average daily flow, maximum monthly average daily flow, three-month average daily flow). Intermittent discharges, such as seasonal or periodic discharge points from lagoons, holding ponds, etc., should be included in the flows provided in this item. Additional intermittent discharge information should be provided in Section 3.A, Item 9. A separate Section 3.A., 3.B., or 3.C. must be completed for each reuse or disposal system identified.

8. **Flows to Another Wastewater Facility** –
  - a. If your facility discharges treated or untreated wastewater to another treatment facility (including a municipal waste transport or collection system), provide the information requested in Item 8. If your facility sends wastewater to more than one treatment facility, provide the following information for each treatment facility on additional sheet(s). Attach the additional sheet(s) to your application form.

- b. Describe how the wastewater is transported to the other treatment facility. Also provide the name and mailing address of the company that transports your facility's wastewater to this treatment facility as well as the name, phone number, and title of the contact person at the transportation company.
  - c. Provide the name and mailing address of each treatment facility that receives wastewater from your facility as well as the name, phone number, and title of the contact person at the treatment facility that receives your facility's wastewater.
  - d. Provide the facility identification number for the treatment facility that receives wastewater from your facility.
  - e. Indicate the average daily flow, in million gallons per day, that is sent from your facility to the other treatment facility. If the exact flow to the other facility is not known, provide best estimates.
9. ***Residuals Use or Disposal*** - Enter the average amount of residuals generated by the facility. This amount should be zero for Residuals Management Facilities that are not also wastewater treatment facilities. Indicate whether the facility receives residuals from other facilities for further treatment and disposal. If yes, complete Section 7 of this form. For each method of residuals use or disposal listed, enter the number of sites or number of receiving facilities and the average amount of residuals used or disposed of per year. The total amount of residuals used or disposed of should equal the total amount of residuals generated and received. If the method of use is land application, an Agricultural Use Plan or Dedicated Site Plan should be attached for each site. If the residuals are landfilled, incinerated, or transported to another treatment facility, the name, DEP identification number, and address of the receiving facility should be listed. Identify the treatment processes used by the receiving facility.
10. ***Permits and Applications*** -
- a. If applicable, provide the expiration date of the current National Pollutant Discharge Elimination System permit.
  - b. If applicable, provide the expiration date of the current DEP permit for this facility.
  - c. Provide the permit numbers for all existing environmental permits from Federal, State, and local agencies related to the facility or the proposed project.
  - d. For all currently effective orders and notices issued by Federal, State, and local agencies, provide the name of the issuing agency and the effective date of the order or notice.

## SECTION 2. TREATMENT FACILITY DESCRIPTION

This section includes specific information about the treatment facilities. Complete a separate Section 2 for each current or proposed method of reuse or disposal identified in Section 1, Item 7 for which different levels of treatment are provided. The 4-digit serial numbers which are established in Sections 3. A.1., B.1., and C.1. and which correspond to the treatment facility description should be entered at the top of each page of this section.

1. **Flow** –
  - a. Enter the current design capacity, the proposed incremental design capacity, and the proposed total design capacity in million gallons per day.
  - b. Enter the basis for the current design capacity, the proposed incremental design capacity, and the proposed total design capacity (e.g., annual average daily flow, maximum monthly average daily flow, three-month average daily flow) for the treatment facilities.
  - c. Enter the annual average daily flow rate, in million gallons per day, that your facility actually treated this year and each of the past two years for days that your facility actually discharges. Each year's data must be based on a 12-month time period, with the 12<sup>th</sup> month of "this year" occurring no more than three months prior to this application submittal.
  - d. Enter the maximum daily flow rate, in million gallons per day, that your facility received this year and each of the past two years. Each year's data must be based on a 12-month time period, with the 12<sup>th</sup> month of "this year" occurring no more than three months prior to this application submittal.
  
2. **Design Treatment Levels** - At a minimum, enter the range of pH and the 5-day CBOD and the TSS effluent concentrations and percent removals for which the plant is designed. Also provide the basis for the effluent concentrations (i.e., annual average, monthly average, and weekly average as defined in Chapter 62-620, F.A.C.). Design data for additional parameters may be required based on additional treatment requirements established in accordance with Department rules for reclaimed water or effluent disposal.
  
3. **Disinfection Level Provided** - Indicate the level of disinfection provided as specified in Rule 62-600.440, F.A.C. For the high-level alternative, see Rules 62-600.440(5)(g) and (h), F.A.C. Also, if the facility disinfects by chlorination and the discharge is to surface waters, indicate whether dechlorination is provided.
  
4. **Residuals Treatment** –
  - a. Indicate which class criteria the residuals meet after treatment. For example, if the residuals will be distributed and marketed, Class AA should be checked and the residuals should meet the criteria in Rule 62-640.850, F.A.C.
  - b. Describe treatment processes used at your facility to reduce pathogens in sewage sludge. Give the Class A or B pathogen reduction method alternative number, if known.
  - c. Check any vector attraction reduction options that are used at your facility.
  - d. Describe any treatment processes used at your facility to reduce vector attraction properties of sewage sludge.
  - e. If this is an existing facility, complete the table in Section 2, Item 4.e of the form or attach the information separately. If the residuals will meet different class criteria, provide the information for each class on separate pages.
  
5. **Reliability Class** - Indicate the class of reliability provided by the treatment facility. Reliability shall be provided in accordance with Rule 62-600.400, F.A.C, as described in the EPA's 1974 publication entitled Design Criteria for Mechanical, Electric, and Fluid System and Component Reliability, MCD-05. If other equivalent reliability is provided, the equivalent reliability features should be described in the preliminary design report or on a separate sheet entitled "Additional Information".

## SECTION 3. REUSE OR EFFLUENT DISPOSAL SYSTEM DESCRIPTION

This section includes specific information required for the reuse or effluent disposal system. Complete a separate and appropriate Section 3.A., 3.B., or 3.C. for each current or proposed method of reuse or effluent disposal identified in Section 1, Item 7. Separate descriptions of each reuse or effluent disposal system are required even if the discharge or reuse system originates at the same treatment facility.

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

1. **Discharge Serial Number and Name** - Assign a 4-digit number beginning with D001 for each point of discharge identified in Section 1, Item 7. Discharge serial numbers must be consecutive for each additional discharge described; hence, the second serial number would be D002, the third D003, etc. Enter this number at the top of each page of Section 3. A.
2. **Discharge Location** - Provide the name of the county, the name of city or town (if applicable), and the name of the street where the point of discharge is located. If the discharge is not located on a named street, provide a description of the point of discharge. State the precise location where the effluent from the discharge reaches the waterway. If the discharge is to a dry waterway, give the point where the discharge enters the waterway.
3. **Design Capacity of the Outfall** - For the outfall identified in Item 1 of this section, provide the current design capacity, the proposed incremental design capacity, and the proposed total design capacity in million gallons per day (mgd) to three decimal places.
4. **Basis of Design Flow** - Enter the basis for the current design capacity, the proposed incremental design capacity, and the proposed total design capacity (e.g., annual average daily flow, maximum monthly average daily flow, three-month average daily flow) for the outfall.
5. **Basis for Effluent Limitations** - Indicate how and when the effluent limitations were established for this discharge. Technology Based Effluent Limitation (TBEL) means a minimum wastewater treatment requirement, established by the Department, based on treatment technology. The minimum treatment requirements may be set at levels more stringent than that which is necessary to meet water quality standards of the receiving waterbody. TBELs for domestic wastewater treatment facilities are established in Chapter 62-600, Parts II and III. Water Quality Based Effluent Limitation (WQBEL) means an effluent limitation, which may be more stringent than a TBEL, that has been determined necessary by the Department to ensure that water quality standards in a receiving body of water will not be violated. WQBELs are established in accordance with the provisions of Chapter 62-650, F.A.C.
6. **Description of Receiving Waters** –
  - a. Provide the name of the waterbody as designated on a USGS map of the area. If the discharge is to an unnamed tributary, state and provide the name of the first body of water fed by that tributary which is named on the map (e.g., unnamed ditch to Vaughan Creek; unnamed ditch to Serpent River, where Serpent River is the first waterbody that is named on the map and is reached by the discharge).
  - b. Indicate whether the receiving waters are fresh or marine/brackish.
  - c. Indicate the class of the receiving waterbody as defined in Chapter 62-302, F.A.C., and whether the receiving waterbody is an Outstanding Florida Water (OFW) or an Outstanding National Resource Water (ONRW). If yes, name the OFW or ONRW and locate on a USGS map.
  - d. If known, provide the name of the watershed in which the receiving water is located. If known, also provide the 14-digit watershed code assigned to this watershed by the U.S. Soil Conservation Service.

- e. If known, provide the name of the State Management/River Basin into which this outfall discharges. If known, also provide the 8-digit hydrologic cataloging unit code assigned by the U.S. Geological Survey.
  - f. If known and if the water body is a river or stream, provide the acute and chronic critical low flow in cubic feet per second (cfs). If you are unsure of these numbers, the U.S. Geological Survey may be able to give them to you or you may be able to get these numbers from prior studies.
  - g. Give the total hardness of the receiving stream at critical low flow, in milligrams per liter of CaCO<sub>3</sub>, if applicable.
7. **Outfall Information** - If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete this item. If no, enter "NA". The discharge depth below water surface and the receiving water bottom depth below water surface should be provided for mean flow conditions.
  8. **Surface Water Improvement and Management (SWIM)** – Answer Items a. – d. pertaining to any applicable SWIM plans for the waterbody to which the facility discharges.
  9. **Additional Information Required for Intermittent or Periodic Discharges** - For each seasonal or periodic discharge identified in Section 1, Item 7, provide the frequency of the discharge. If the discharge is intermittent, from a holding pond, lagoon, etc., give the actual or approximate number. Also, provide the average duration and average volume of the discharge per incidence, and identify the months during the year when the discharge normally occurs. If the seasonal discharge is a limited wet weather discharge permitted in accordance with Rule 62-610.860, F.A.C., complete Item 10 of this section.
  10. **Additional Information Required for Limited Wet Weather Discharges Permitted in Accordance with Rule 62-610.860, F.A.C.** - Information requirements in support of a limited wet weather discharge are contained in Rule 62-610.860, F.A.C. If all conditions specified in Rule 62-610.860, F.A.C., are met, a Water Quality Based Effluent Limitation (WQBEL) will not be needed for this discharge. For limited wet weather discharges permitted in accordance with Rule 62-610.860, F.A.C., a simulation of operation of the reuse, storage, and limited wet weather discharge system for an average rainfall year shall be included in the preliminary design report in addition to the information required by Rule 62-610.860(2), F.A.C. Also, a description of the gauging method and the facilities that will be used to measure stream flow in the receiving waterbody upstream of the point of discharge should be included in the report. The gaging station should be located on a USGS map.
  11. **Additional Information Required for Wetland Discharges** - If the discharge is to a wetland, complete this item. Chapter 62-611, F.A.C., contains regulations for discharge of domestic wastewater to wetlands.
  12. **Effluent Testing Information** - Applicants must provide data from a minimum of three samples taken within four and one-half years prior to the date of the permit application. Values must be representative of the seasonal variation in the discharge from each outfall or represent best engineering estimates for proposed treatment or disposal systems. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application. The Department may require additional samples, as appropriate, on a case-by-case basis. All existing data that is collected within four and one-half years of the application must be included in the pollutant data summary. If, however, the applicant samples for a specific pollutant on a monthly or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within one year of the application. For facilities that have not been in operation for one year, data reported should represent the existing period of record with a note to that effect.

Sampling schedules, locations, and methodology shall be as specified in Rule 62-601.500, F.A.C. Sampling and testing methods shall be in accordance with Rule 62-601.400, F.A.C. Applicants should use methods that enable pollutants to be detected at levels adequate to meet water quality standards. Where no approved method can detect a pollutant at the water quality-based standards level, the most sensitive approved method should be used. If the applicant believes that an alternative method should be used (e.g., due to matrix interference), the applicant should obtain prior approval from the Department. If an alternative method is specified in the existing permit, the applicant should use that method unless otherwise directed by the Department. Where no approved analytical

method exists, an applicant may use a suitable method but must provide a description of the method. For the purposes of the application, "suitable method" means a method that is sufficiently sensitive to measure as close to the water quality-based standard as possible.

Indicate the method used for each pollutant in the "Analytical Method" column of the pollutant tables. If a method has not been approved for a pollutant for which you are providing data, you may use a suitable method to measure the concentration of the pollutant in the discharge, and provide a detailed description of the method used or a reference to the published method. The description must include the sample holding time, preservation techniques, and the quality control measures used. In such cases, indicate the method used and attach to the application a narrative description of the method used.

The applicant should provide the method detection limit (MDL) and practical quantification limit (PQL). All analytical results must be reported using the actual numeric values determined by the analysis. In other words, even where analytical results are below the detection or quantitation level of the method used, the actual data should be reported, rather than reporting "non-detect" ("ND") or "zero" ("0"). Because the endpoint of the method has also been reported along with the test results, the Department will be able to determine if the data are in the "non-detect" or "below quantitation" range. For any dilutions made and any problems encountered in the analysis, the applicant should attach an explanation and any supporting documentation with the application. For GC/MS, report all results found to be present by spectral confirmation (i.e., quantitation limits or detection limits should not be used as a reporting threshold for GC/MS).

Total recoverable metals are measured from unfiltered samples using EPA methods specified in 40 CFR Part 136.3. A digestion procedure is used to solubilize suspended materials and destroy possible organic metal complexes. The method measures dissolved metals plus those metals recovered from suspended particles by the method digestion.

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

a. ***Effluent Testing Data.*** Applicants that discharge to waters of the US must provide effluent testing data for the listed parameters. Provide the indicated effluent testing for each outfall through which effluent is discharged. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent may delete chlorine from the table.

b. ***Inflow and Infiltration.*** Estimate the average daily flow rate of inflow and infiltration in gallons per day and steps the facility is taking to minimize inflow and infiltration.

c. ***Operation/Maintenance Performed by Contractor(s).*** If a contractor carries out any operational or maintenance aspects associated with wastewater treatment or effluent quality at this facility, provide the name, mailing address, and telephone number of each such contractor. Also provide a description of the responsibilities of the contractor. Attach additional pages if necessary.

14. ***Expanded Effluent Testing Data: 1.0 mgd and Pretreatment Treatment Works*** - If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required to provide the data, then provide effluent testing data for the listed pollutants. Provide the indicated effluent testing information and any other information required for each outfall through which effluent is discharged. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically

listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

### SECTION 3. B. REUSE AND LAND APPLICATION SYSTEMS

1. **Reuse or Land Application System Serial Number and Name** - Assign a 4-digit number beginning with R001 for each type of reuse or land application system identified in Section 1, Item 7. Reuse or land application system serial numbers must be consecutive for each additional reuse or land application system described; hence, the second reuse or land application system serial number would be R002, the third R003, etc. Enter this number at the top of each page of Section 3. B.
2. **Reuse or Land Application System Location** - Provide the name of the county, the name of city or town (if applicable), and the name of the street where the reuse or land application system is located. If the reuse or land application system is not located on a named street, provide a description of the location of the reuse or land application system. Provide the latitude and longitude for the centroid of the reuse or land application site.
3. **Design Capacity of the Reuse or Land Application System** - For the reuse or land application system identified in Item 1 of this section, provide the current design capacity, the proposed incremental design capacity, and the proposed total design capacity in million gallons per day (mgd) to three decimal places.
4. **Basis of Design Flow** - Enter the basis for the current design capacity, the proposed incremental design capacity, and the proposed total design capacity (e.g., annual average daily flow, maximum monthly average daily flow, three-month average daily flow) for the reuse or land application system.
5. **Application Areas and Rates** - For each reuse or land application site used by the treatment facility, provide the area irrigated, the average application rate, and the site capacity. List major users (greater than or equal to 0.1 mgd), such as golf courses, separately. Locate all areas or sites receiving reclaimed water along with the overall reuse service area on the USGS map provided under Section 8., Item 1.c.

### SECTION 3.C. GROUND WATER DISPOSAL BY UNDERGROUND INJECTION

If the proposed project includes ground water disposal by underground injection, application for construction or operation of the injection well shall be made on DEP Form 62-528.900(1). Application for treatment facilities for the injection well shall be made on this form.

1. **Underground Injection Well Facility Serial Number and Name** - Assign a 4-digit serial number beginning with U001 for each underground injection well facility identified in Section 1, Item 7. Underground injection well facility serial numbers must be consecutive for each additional underground injection well facility described; hence, the second underground injection well facility serial number would be U002, the third U003, etc. Enter this number at the top of each page of Section 3. C.
2. **Underground Injection Well Facility Location** - Provide the name of the county, the name of city or town (if applicable), and the name of the street where the underground injection well facilities are located. If the underground injection well facilities are not located on a named street, provide a description of the location of the facilities. State the precise location of the underground injection well facilities.
3. **Underground Injection Well Facility DEP Identification Number or Permit Application Number** - Enter the DEP identification number for each underground injection well facility identified in Section 1, Item 7. If a DEP identification number has not been assigned, enter the permit application number for the underground injection well facilities.

4. ***Design Capacity of the Underground Injection Well Facility*** - For the underground injection well facilities identified in Item 1 of this section, provide the current design capacity, the proposed incremental design capacity, and the proposed total design capacity in million gallons per day (mgd) to three decimal places.
5. ***Basis of Design Flow*** - Enter the basis for the current design capacity, the proposed incremental design capacity, and the proposed total design capacity (e.g., annual average daily flow, maximum monthly average daily flow, three-month average daily flow) for the injection well facilities.

## SECTION 4. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

Provide the information requested for any scheduled improvements to the wastewater facilities, whether uncompleted or proposed and whether developed by the applicant (i.e., self-imposed capital improvements program) or imposed by local, Federal, or State agencies or by court action. Include only those improvements that will affect the wastewater treatment, effluent quality, or design capacity of your treatment works (such improvements may include regionalization of treatment works). If the wastewater facilities have more than one implementation schedule, either because of different levels of authority imposing different schedules (Item 1.b) or staged construction of separate operational units (Item 1.c), submit a separate Section 4 for each one.

### 1. ***Improvements Required***

- a. ***Discharge Serial Numbers, Reclaimed Water Reuse and Land Application System Serial Numbers, and Underground Injection Well Facility Serial Numbers Affected*** - List the discharge serial numbers, reuse or land application system serial numbers, and underground injection well facility serial numbers assigned in Section 3 that are covered by this implementation schedule.
- b. ***Authority Imposing Requirement*** - Check the appropriate item indicating the authority imposing the implementation schedule.

### 2. ***Implementation Schedule and Actual Completion Dates*** - Indicate, as accurately as possible, scheduled and actual completion dates. For improvements imposed by local, Federal, or State agencies or by court action, provide the dates imposed by the compliance schedule and any actual dates of completion, as applicable. For self-imposed capital improvement programs, provide, at a minimum, the planned and actual completion dates for completion of final plans and specifications, begin construction, begin reuse or disposal, and operational level attained. A description of the implementation dates follows.

- a. ***Preliminary Plans Complete*** – The date the preliminary engineering report is to be completed.
- b. ***Final Plans and Specifications Complete*** – The date the detailed plans and specifications are to be completed.
- c. ***Financing Complete*** – The date all financing arrangements are to be completed.
- d. ***Site Acquired*** – The date the land to be used for the treatment works is to be acquired.
- e. ***Begin Construction*** - The date construction is scheduled to begin.
- f. ***End Construction*** - The date construction is scheduled to be completed.
- g. ***Begin Reuse or Disposal*** - The date the treatment facility or reuse or disposal system is scheduled to be placed into operation.
- h. ***Operational Level Attained*** - The date the effluent or reclaimed water level is scheduled to comply with the final reclaimed water or effluent limitations.

## SECTION 5. INDUSTRIAL WASTEWATER CONTRIBUTIONS

Domestic wastewater treatment facilities that meet any of the criteria in a. through c. below must develop a pretreatment program in accordance with Chapter 62-625, F.A.C.:

- a. Any facility owned or operated by a public utility, as defined in Rule 62-625.200, F.A.C., (or combination of facilities operated by the same utility) with a total design flow greater than 5 million gallons per day and receiving pollutants from industrial users which pass through or interfere with the operation of the facility or are otherwise subject to pretreatment standards;
- b. Any facility owned or operated by a public utility with a design flow of 5 million gallons per day or less, if the Department finds that the nature or volume of the industrial influent causes or contributes to treatment process upsets, violations of wastewater effluent limitations, contamination of domestic wastewater residuals, or other circumstances requiring a pretreatment program in order to prevent interference with the facility or pass through; and
- c. Any facility providing reclaimed water to public access areas in accordance with Chapter 62-610, F.A.C, unless the facility provides an affirmative demonstration that there are no significant industrial users discharging into the facility.

If a facility identified as needing a pretreatment program does not have an approved pretreatment program, the Department shall include a compliance schedule in their permit for the development of a program meeting the requirements of Chapter 62-625, F.A.C.

Each domestic wastewater treatment facility is required to complete a separate Section 5 for each significant industrial user as defined in Rule 62-625.200, F.A.C., discharging wastewater into the domestic wastewater facility. It is the responsibility of the applicant to obtain the required information on any significant industrial user of the facility. Actual data should be provided if available. If actual data is not available, Section 5 should be marked "interim" and a best estimate should be provided with a statement indicating the amount of time required to provide the actual information. Filing the permit application should not be delayed beyond the filing deadline for completion of Section 5. However, any missing information is to be submitted when it becomes available. If certain of the requested information does not apply, it should be marked "NA".

1. **Significant Industrial User Information** - Give the name and the address that designates the location of the facility.
2. **Industrial Processes Affecting of Contributing to the SIU's Discharge** - Describe the actual process(es) (rather than simply listing them) at the SIU that affect or contribute to the SIU's discharge. For example, in describing a metal finishing operation, include such information as how the product is cleaned prior to finishing, what type of plating baths are in operation (e.g., nickel, chromium), how paint is applied, and how the product is polished. Attach additional sheets if necessary.
3. **Principal Product(s) and Raw Material(s)** – List principal products that the SIU generates and the raw materials used to manufacture the products.
4. **Flow Rate** – “Process wastewater” means any water that, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product. Indicate the average daily volume, in gallons per day, of process wastewater and non-process wastewater that the SIU discharges into the collection system. Specify whether the discharges are continuous or intermittent.
5. **Pretreatment Standards** – Indicated whether the SIU is subject to local limits or categorical pretreatment standards. “Local limits” are enforceable local requirements developed by treatment facilities to address Federal

standards as well as state and local regulations. "Categorical pretreatment standards" are national technology-based standards developed by EPA, setting industry-specific effluent limits. These standards are implemented by 62-625.410, F.A.C. If the treatment facility is subject to categorical pretreatment standards, indicate the category and subcategory.

6. **Problems at the Treatment Facility Attributed to Waste Discharged by the SIU** – Provide information concerning any problems the treatment facility has experienced that are attributable to discharges from the SIUs. Problems may include upsets or interference at the plant, corrosion in the collection system, or other similar events in the past three years.
7. **RCRA Waste** – Indicate whether the treatment facility currently receives or has received RCRA waste by truck, rail, or dedicated pipe in the past three years.
8. **Waste Transport** - Indicate the method by which RCRA waste is received at the treatment facility.
9. **Waste Description** – Provide the EPA hazardous waste number, which are located in 40 CFR Part 261, Subparts C and D, and the amount (in volume or mass) received.
10. **Remediation Waste** – Indicate whether this treatment works currently receives waste from a CERCLA (Superfund) site or plans to accept waste from a CERCLA site in the next five years. If it does, provide the information requested in 13 through 15 once for each site.
11. **Waste Origin** - Provide information about the CERCLA site that is discharging waste to the treatment works. Information must include a description of the type of facility and an EPA identification number if one exists.
12. **Pollutants** – Provide a list of the pollutants that are or will be discharged by the CERCLA site and the volume and concentration of such pollutants.
13. **Waste Treatment** – Provide information concerning the treatment used (if any) by the CERCLA site to treat the waste prior to discharging it to the treatment works. The information should include a description of the treatment technology, information on the frequency of the discharge (continuous or intermittent) and any data concerning removal efficiency.

## SECTION 6. ADDITIONAL INFORMATION REQUIRED PERMIT RENEWALS

Complete this section if the permit application is to renew an existing domestic wastewater facility permit. Attach separate sheets entitled "Additional Information" as indicated.

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

If the facility accepts residuals from one or more wastewater treatment facilities for further treatment or disposal, this section should be completed. This section should also be completed for septage management facilities treating more than 10,000 gallons per day monthly average daily flow of septage. Residuals/septage use or disposal information should be provided in Section 1, Item 9. Residual/septage treatment information should be provided in Section 2, Item 4. All other applicable sections of this form should also be completed.

A separate Item 3 of this section must be completed for each wastewater treatment facility which transports residuals to this residuals/septage management facility.

## SECTION 8. DOCUMENTATION SUBMITTED

Indicate whether the following documentation is attached to this application.

1. **General Application Requirements** - A process flow diagram, site plan, and location map are required with this application. All maps and drawings should be on paper or other material suitable for reproduction. If possible, all sheets should be approximately letter size with margins suitable for filing and binding. As few sheets as necessary should be used to clearly support the application. All sheets should include a title which includes the applicant's name, facility location, date of drawing, and designation of the number of sheets of each diagram type as "Page \_\_\_ of \_\_\_".
  - a. **Process Flow Diagram** - The process flow diagram, a line drawing of the wastewater flow through the treatment facility, should identify each treatment unit, including all bypass piping and all backup power sources or redundancy in the system (including the residuals treatment processes), and show the current average design flows to each unit. The title is to be headed by the statement "Process Flow Diagram."
  - b. **Site Plan** - The site plan should show the current status (i.e., operational, not operational, abandoned, etc.) and the location of all operation and unit processes. The title is to be headed by the statement "Site Plan."
  - c. **Location Map** - The location map should be an 8 1/2" x 11" copy of a USGS map extending one mile beyond the facilities boundaries showing the treatment facility location, the reuse or disposal system location, the land application system site(s), and the receiving waterbody location, as applicable. The location of each discharge structure and reuse or land application site, including any and all outfall devices, dispersive devices, and nonstructural points of reuse or disposal should be shown. For discharges to surface waters, the structure must be identified using the 4-digit serial number specified in Section 3.A.1. The location of each reuse and land application system must be identified using the 4-digit serial number specified in Section 3.B.1. The location of each underground injection well facility must be identified using the 4-digit serial number specified in Section 3.C.1. On all maps of rivers, the direction of the current is to be indicated by an arrow. In tidal waters, the directions of the ebb and flow tides are to be shown. The map should show those wells, springs, sinkholes, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area. The title is to be headed by the statement "Location Map". Be sure to include the name and date of the USGS map provided.
  - d. **Agricultural Use Plan or Dedicated Site Plan** - If the method of residuals use or disposal is by land application, attach as applicable, an up-to-date Agricultural Use Plan or Dedicated Site Plan with the application as required by Chapter 62-640, F.A.C.
  - e. **Capacity Analysis Report** - Applications for modifications to existing facilities and applications for permit renewal shall include a capacity analysis report if required by Rule 62-600.405, F.A.C.
  - f. **Results of Whole Effluent Biological Toxicity Testing** - For facilities discharging to surface waters, applications for modifications to existing facilities and applications for permit renewal shall include the results of whole effluent biological toxicity testing as required by the DEP Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C.
  - g. **Reuse Feasibility Study** - In accordance with Section 403.064, Florida Statutes, if the wastewater treatment facility is located in an area that has been designated as a water resource caution area by the Water Management District, a reuse feasibility study must be submitted with this application.
  - h. **Binding Agreements and Documentation of Controls on Individual Users of Reclaimed Water** - In accordance with the DEP Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., for projects involving the discharge of reclaimed water or effluent onto property not owned or under the direct control of the permittee, the application shall include a binding agreement, generally for the term of the useful life of any treatment, reuse, or disposal facilities, to ensure adequate operation and maintenance of facilities. For reuse projects permitted under Part III of Chapter 62-610, F.A.C., the permittee shall submit

documentation of controls on individual users of reclaimed water through detailed agreements or by local ordinances as set forth in Rule 62-610.491, F.A.C.

2. ***Additional Application Requirements for New Facilities and Modifications to Existing Facilities***

- a. ***Preliminary Design Report*** - For all projects involving construction of new facilities or modifications to existing facilities, a preliminary design report must be submitted in support of this application pursuant to the DEP Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C. The preliminary design report must address each applicable section of Rule 62-610.310, F.A.C., for reuse and land application systems, and Rule 62-640.880, F.A.C., for residuals management facilities. The preliminary design report shall be signed and sealed by the engineer of record.
- b. ***Documentation of Compliance with Antidegradation Requirements*** - If the proposed project includes a new discharge to surface waters or an expansion of an existing discharge to surface waters, attach documentation supporting that the proposed new or expanded discharge meets the antidegradation requirements contained in Rule 62-4.242, F.A.C.
- c. ***Public Service Commission (PSC) Certification Number and Copy of Certificate or Order Number and Copy of Order*** - In accordance with the DEP Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., new domestic wastewater treatment plants serving an area located in a county regulated by the PSC must obtain, before permit issuance, either a certificate of authorization or an order of exemption. Attach a copy of the certification number and a copy of the certificate or the order number and a copy of the order.
- d. ***Letter from the Management and Storage of Surface Waters (MSSW) Permitting Agency*** - To comply with the requirements of Rule 62-610.830, F.A.C., if the project is to be permitted under Part III of Chapter 62-610, F.A.C., if golf course lakes are used for storage, and if these lakes also serve as part of the stormwater management system, provide a concurrence letter from the Management and Storage of Surface Waters (MSSW) permitting agency stating that the lakes have sufficient capacity for both stormwater management and storage of reclaimed water.
- e. ***Request for Approval of Monitoring Plans for Discharge of Domestic Wastewater to Wetlands*** - If the discharge is to a wetlands, attach to this application a completed DEP Form 62-620.910(16) in accordance with Rule 62-611.600, F.A.C.
- f. ***Concurrent Application for Ground Water Disposal by Underground Injection*** - If the discharge is ground water disposal by underground injection, concurrent application using DEP Form 62-528.900(1) is required.
- g. ***Application for Monitoring Plan Approval*** - If the facility is required to monitor groundwater in accordance with Chapter 62-522.600, F.A.C., a complete DEP Form 62-522.900(1), Application for Monitoring Plan Approval, shall be submitted with this application.

3. ***Additional Application Requirements for Permit Renewals***

- a. ***Operation and Maintenance Performance Report*** - An operation and maintenance performance report shall be submitted with the application pursuant to Rule 62-600.735, F.A.C.
- b. ***Reclaimed Water or Effluent Analysis Report*** - In accordance with Rule 62-601.300, F.A.C., wastewater treatment facilities with a permitted capacity of 100,000 gpd or greater that discharge to ground waters via reuse or land application systems shall complete and submit DEP Form 62-620.910(15), Reclaimed Water or Effluent Analysis Report, with any application to renew a permit.
- c. ***Technical Evaluation of Need to Revise Local Pretreatment Limits*** - For all domestic wastewater facilities with an approved pretreatment program, the applicant shall submit a copy of the latest program approval letter

with the application and a written technical evaluation of the need to revise local limits in accordance with Chapter 62-625, F.A.C.

- d. ***Results of Mechanical Integrity Tests*** - For underground injection facilities, attach the results of mechanical integrity tests as referenced in Rule 62-528.300, F.A.C.

## SECTION 9. CERTIFICATIONS

As indicated, complete the appropriate certifications for new facilities, modifications to existing facilities, and permit renewals. This application and all attachments shall be signed in accordance with Rule 62-620.305, F.A.C. Also, this application and all attachments shall be signed and sealed by a professional engineer registered in Florida in accordance with Rule 62-620.310, F.A.C.



# 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 <sub>5</sub>		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 CaCO<sub>3</sub>

**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)

CBOD<sub>5</sub> \_\_\_\_\_ 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 CBOD<sub>5</sub> 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		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
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		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
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.

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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 <sub>3</sub> )											
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.

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**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).

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**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).

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**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):

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

Continuous  Intermittent

If intermittent, describe discharge schedule.

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**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 CBOD<sub>5</sub> 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 <sub>5</sub>	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

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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.

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## SECTION 8. DOCUMENTATION SUBMITTED

<b>1. General Application Requirements</b>	<b>Attached</b>	
	<b>Yes</b>	<b>No</b>
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		

<b>2. Additional Application Requirements for New Facilities and Modifications to Existing Facilities</b>	<b>Yes</b>	<b>No</b>
	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		

<b>3. Additional Application Requirements for Permit Renewals</b>	<b>Yes</b>	<b>No</b>
	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 <sup>1</sup> )	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.)

<sup>1</sup> 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 <sup>2</sup> )	Date
Name (please type)	Company Name
Title	Company Street Address or P O Box
Telephone No. (including area code)	City, State, Zip Code

<sup>2</sup> 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.)