Department of Regulatory and Economic Resources
Environmental Resources Management
701 NW 1st Court • 7th Floor
Miami, Florida 33136-3912
T 305-372-6600 F 305-372-6630

Industrial Waste Pretreatment Program Plan Review and Permitting Guidelines

1. Regulatory Information

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

2. Industrial Waste Pretreatment Program Applicability Criteria

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

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

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

3. Permit Application Package Applicability Criteria

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

A) New Source: Refers to a proposed or existing (unpermitted) operation that has been identified as a Significant Industrial User.

B) Relocation of IWP Permitted Facility: Refers to a facility currently permitted with the RER Industrial Waste Pretreatment Program which plans to operate at a location different from the one referenced in its current IWP permit.

C) Operating Permit Upgrade: Refers to a facility currently permitted under a non-IWP RER program which has been identified by the RER to be conducting operations that satisfy the SIU applicability criteria as outlined in section #2.

4. Modifications of Existing Permitted Facilities

Permit modifications of existing IWP permitted facilities are not part of the scope of this package. To obtain a copy of the IWP operating permit modification application please visit http://www.miamidade.gov/permits/industrial-pretreatment-construction.asp and refer to the Environmental Permit Applications section.

5. Permit Application Package Contents

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

6. Relevant Plan Review and Permit Application Submittal Requirements

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

A) Industrial Waste Pretreatment Operating Permit Application Form

Important information to consider when completing this form:

(i) Applicant soliciting the permit (e.g., LLC, LP, Corp., etc) must be registered with the Division of Corporations (DOC) of the Florida Department of State. Refer to http://www.sunbiz.org for more information regarding corporate registration requirements.

(ii) The name of corporate entity (i.e., applicant) specified on the form must exactly match the name registered with the DOC . If specifying a registered fictitious name, said name must be preceded by the the name of the corporate entity owning said name and the "doing business as" (d/b/a) designation. Note, RER may withhold issuance of an operating permit if the corporate and/or fictitious name specified on the form does not match DOC records.

(iii) The application must be notarized and signed by the authorized representative specified on page 1 of the form. A separate notarized letter of authorization must be provided if said representative is not a DOC registered officer of the corporate entity applying for the permit. Said letter must be prepared and signed by a registered corporate officer.

(iv) Form must be signed and sealed by a Professional Engineer Registered in the State of Florida.

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

(i) Site plan (at an appropriate scale) showing:
- All property boundaries and building structure(s).
- Location of pervious/impervious areas and stormwater management structures (catch basins, exfiltration trenches, etc).
- Location and sizing of sanitary sewer features including collection lines, point(s) of connection, manholes and cleanouts.
- Location of potable water line(s) and meter(s).
- Location of on-site water supply/production wells and groundwater monitoring wells.
- Location of above/under ground tanks, secondary containment structures and other relevant items not shown on floor plan(s).

(ii) Floor plan(s) (at an appropriate scale) showing:
- Location of all process areas (e.g., production, manufacturing, assembly lines, etc) and non-process areas (e.g., bathrooms, offices, cafeterias, etc).
- Location of all equipment, plumbing fixtures (e.g., sinks, toilets, etc), flow meters, pumps and any proposed treatment system(s).
- Location and sizing of all proposed storage and process tanks; tank schedule(s) shall be reflected on plans.
- Location and sizing of sanitary collection system serving all process, non process areas and treatment system(s).
- Location of proposed industrial wastewater effluent sampling point(s). Facilities that generate cyanide wastes must also provide a dedicated sampling point immediately after cyanide destruction.
- Location of all materials and waste storage areas and indicate size of containers to be stored in each area.
- Location of secondary containment areas and other proposed containment measures.

(iii) Process and Instrumentation (P&I) riser diagram(s) to include:
- Identification of all process equipment to include name, size/capacity and description of proposed use.
- Interconnections of all proposed process equipment and treatment systems.
- Direction of flow for all process and treatment system piping.
- Identification of all meters, flow control valves, pH monitoring systems and industrial wastewater sampling points.

(iv) Isometric diagram(s) of proposed water distribution and sanitary sewer collection system(s)

(v) Details of proposed equipment to include:
- Details of sampling points
- Schedule/Legend of process/storage tanks, treatment system(s) and relevant equipment.
- Details of secondary containment areas/structures. Cross section detail(s) shall be included.
- Stormwater management plan for containment areas receiving stormwater.

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

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

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

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

7. Plans Submittal Locations and Procedures for New Sources

RER West Dade Environmental Plan Review Office
11805 SW 26th Street
Miami, FL 33175
Phone: (786) 315-2800
Hours of Operation:7:30 a.m. to 4 p.m.

RER Downtown Environmental Plan Review Office
701 NW 1st Court, 2nd Floor
Miami, FL 33136
Phone: (305) 372-6789
Hours of Operation: 8:00 a.m. to 7:30 p.m.

A) Plans for facilities located in unincorporated Miami-Dade County must be submitted to the RER West Dade Plan Review Office .

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

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

8. Certification of Completion

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

9. Final Inspection Requirements

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

10. Operating Permit Issuance Procedures and Applicable Fees

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

A) Submit all documentation outlined under the "Permit Application Package Contents" section on page 1 and obtain DERM approval of the same.
B) COC form and relevant as-built plans.
C) Final inspection and any outstanding permitting documents (evaluated on a case-by case basis).
D) Payment of applicable IWP application and operating permit fees.
E) Application for Certificate of Use (if in unincorporated Miami-Dade County) or Occupational License (if in a municipality) is filed through the RER Environmental Plan Review Office. Note that Certificate of Use for facilities in unincorporated Miami-Dade County can only be filed and processed through the RER West Dade Plan Review Office.

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Industrial Waste Pretreatment Operating Permit Application - New Sources

A. Business and Applicant Information

1. Applicant Name (Operating Authority, Corp/LLC/LP) [1]: _____

2. Business Address: _____ _____ No. _____

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

6. Authorized Representative [3]: _____ 7. Title: _____

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

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

B. Business Mailing Address

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

1. Mailing Address: _____ _____ No. _____

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

C. Application Type and Summary of Proposed Operations

1. Indicate Application Type:

☐ New Source / Facility (no previous permit held)

☐ Relocation of Currently Permitted Industrial Waste Pretreatment Facility; Specify Current IWP Permit No: _____

☐ Permit Upgrade of Existing RER Permit No.: _____

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

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

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

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

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

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

 Business Name: _____

D. Industrial Wastewater Discharge Information and Pretreatment Classification of Operations

1. Will facility operations result in the discharge of industrial wastes, as defined in Section 24-5 of the Code of Miami-Dade County, to the municipal sanitary sewer collection system? ☐ Yes ☐ No

If Yes, summarize all processes that result in such discharges in the space below. If No, skip to item 2.

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

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

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

☐ Continuous Discharge Only ☐ Batch Discharge Only ☐ Combination of Continuous and Batch Discharges ☐ N/A (No Discharges)

☐ Other (provide details in space below)

_____

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

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

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

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

☐ (a) Proposed operation(s) to result in discharges of industrial wastewater to the sewer system in excess of 25,000 gallons per day.

☐ (b) Proposed operation(s) is(are) subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR chapter I, subchapter N.

List applicable categorical part(s): _____

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

 Business Name: _____

E. Industrial Wastewater Effluent Monitoring and Relevant Treatment Systems

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

(i) Name of utility providing water and sewer services: _____

(ii) Potable water meter number(s) and location(s): _____

(iii) Abutting sewer line location(s): _____

(iv) Sewer line diameter: _____ inches (v) Connection Type: ☐ Gravity ☐ Force Main (vi) Downstream Pump Station No: _____

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

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

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

(i) Domestic Source(s): _____

(ii) Industrial Source(s): _____

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

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

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

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

 Business Name: _____

6. List all tanks larger than 55 gallons that will be used as part of the proposed operations and/or treatment system(s). Verify that all tank numbers provided below match the equipment schedule and/or layout provided in the plans. Attach separate sheet(s) if necessary.

Tank No.	Capacity (Gallons)	Tank Content	Construction Type (single/double walled)	Tank Material (fiberglass, plastic, etc)	Location (above/under ground)	Type of Use (process, storage, etc)

F. Raw Materials and Waste/Wastewater Disposal Information

1. List name, type and quantity of all raw materials stored on-site. Attach separate sheet(s) if necessary.

Material Name	Material Type (caustic, acid, coolant, oil, fuel, etc)	Container Size	Quantity

Note: 1 cubic foot = 7.48 Gallons

Business Name: _____

Material Name	Material Type (caustic, acid, coolant, oil, fuel, etc)	Container Size	Quantity

Attach Material Safety Data Sheets (MSDS) for all listed raw materials.

2. Provide net volume of all dedicated secondary containment areas to be proposed. Attach separate sheet(s) if necessary.

Containment ID/Name	Containment Location (outdoor/indoor)	Gross Containment Volume (Gal)	Volume of Largest Tank in Containment(Gal)	Total Volume Displaced by Tanks Inside Containment Area (Gal)	Net Containment Volume Available (Gal)	Net Containment Volume at Least 110% of Largest Tank?

Business Name: _____

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

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

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

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

Business Name: _____

5. For all wastes generated on-site, list the type, physical characteristic, classification, approximate quantity generated per month and disposal method. Attach separate sheet(s) if necessary.

Waste Type (solvent, oil, etc)	Physical Characteristics (liquid , solid, sludge, etc)	Waste Classification [1] (hazardous, non-hazardous, etc)	Quantity Generated Per Month	Method and Final Location of Disposal

6. Does the facility qualify as a Conditionally Exempt Small Quantity Generator in accordance with 40 CFR 261.5 ? ..... ☐ Yes ☐ No

(i) If No, specify EPA Hazardous Waste ID number assigned to facility[2]: _____

G. Miscellaneous Facility Information

1. Facility operations require other similar environmental permits from other federal, state or local agencies?..... ☐ Yes ☐ No
If Yes, list all applicable permits in the table below; otherwise skip to item 2.

Responsible Agency	Permit Type and Description	Permit No	Permit Status

1. Refer to Section of 24-5 of the Code of Miami-Dade County for the definition of a hazardous waste.
2. For registration information contact the Florida Department of Environmental Protection or visit www.dep.state.fl.us .

 Business Name: _____

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

Contact Name	Title / Responsibilities	Phone	Email Address

H. Application Certifications

1. Certification by Applicant NOTE: THIS DOCUMENT MUST BE NOTARIZED

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

Name of Responsible Official: _____ Title: _____

Signature: _____ Date: _____

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

My Commision Expires: _____

Notary Public Name: _____ _____

NOTARY SEAL

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

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

Name: _____

Florida Registration No: _____ Phone: _____

Email: _____

Date: _____ Signature: _____

SEAL

Department of Regulatory and Economic Resources
Environmental Resources Management
701 NW 1st Court • 7th Floor
Miami, Florida 33136-3912
T 305-372-6600 F 305-372-6630

Industrial Waste Pretreatment Facility - Spill/Slug Discharge Control Plan

A. General Facility Information

1. Business Name: _____ 2. Permit No: _____

3. Facility Address: _____ 4. Phone: _____

5. Name and Title of Company Official: _____ 6. Phone: _____

7. Days and Hours of Operation: _____

8. Number of Employees/Shift: _____

9. Scope of Facility Operations: _____

B. Emergency Contact Information

1. Name of Primary Contact: _____ 2. Title: _____

3. Telephone No (24-Hour): _____ 4. E-mail: _____

5. Responsibilities/Duties: _____

6. Name of Secondary Contact: _____ 7. Title: _____

8. Telephone No (24-Hour): _____ 9. E-mail: _____

10. Responsibilities/Duties: _____

C. Operational Information

1. Average daily wastewater discharge rate during the past twelve months of operation: _____ Gallons Per Day (GPD)

2. List concentration(s) of all regulated wastewater constituent(s) based on the facility's most recent Industrial Waste Operating Report(s) in the space below.

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

D. Spill/Slug Discharge Control Equipment/Measures

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

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

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

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

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

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

E. Characteristics of Raw Materials

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

F. Slug Discharge Notification Procedures

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

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

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

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

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

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

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

G. Facility Site Plan Information

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

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

H. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of known violations. I also understand that applicable civil and criminal penalties may apply for any violations of pretreatment standards, requirements and/or compliance schedules.

1. Name and Title of Representative _____

2. Signature of Representative: _____ Date: _____

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Environmental Resources Management
701 NW 1st Court • 7th Floor
Miami, Florida 33136-3912
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Industrial Waste Pretreatment Facility
Certificate Of Completion Of Construction

1. Facility Name: _____

2. Facility Address: _____

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

☐ Construction of new industrial waste pretreatment facility (no previous permit held)

☐ Modification of existing industrial pretreatment facility. Specify existing operating permit number in the space below.

Existing IWP Permit No (if applicable): _____

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

6. Deviation(s) observed from the approved plans upon completion of the facility's construction or modification?..... ☐ YES ☐ NO

If yes, provide information on all observed deviations in the space below and provide as-built plan(s). Attach separate sheet(s) if necessary.

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

CERTIFICATION BY PROFESSIONAL ENGINEER

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

_____ _____
Name of Professional Engineer Florida Registration Number

_____ _____
E-mail Address Phone

_____ _____
Date Signature

Seal

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Signatory Requirements for the Submittal of Industrial User Reports (a/k/a Self Monitoring Reports) to the DERM Industrial Waste Pretreatment Program

Pursuant to the provisions of Title 40, Part 403, of the Code of Federal Regulations (40 CFR 403), Industrial User Reports (a/k/a Self Monitoring Reports) submitted by facilities permitted under the Industrial Waste Pretreatment (IWP) program of the Department of Regulatory and Economic Resources (RER) - Division of Environmental Resources Management (DERM) are required to be signed by a "Responsible Official" or "Duly Authorized Representative" meeting the requirements of 40 CFR 403.12(I). The intent of this form is to capture the signature(s) and name(s) of the Responsible Official(s) of each permitted entity and of any designated Duly Authorized Representative(s) that is(are) responsible for signing and submitting Industrial User Reports required under a DERM issued IWP operating permit. New facilities that are currently in the process of obtaining a new IWP operating permit from DERM are also required to complete the enclosed form.

Instructions for Completing the "Responsible Official and Duly Authorized Representative Signatory Identification Form".

1) Review the information provided in the section of this document titled "Signatory Identification Requirements for Industrial User Reports" before completing the form as it outlines the signatory requirements for all facilities regulated under DERM's IWP program. Note that the information provided in this section is consistent with the signatory requirements stipulated in 40 CFER 403.12(I), Code of Federal Regulations.

2) Review and become familiar with the information requested in Sections A, B, C and D of the form. As you complete the form, be mindful of the following:

   (a) At least one "Responsible Official" of the permitted facility meeting the requirements stipulated in the "Signatory Identification Requirements for Industrial User Reports" is specified in Section B of the form.

   (b) If the regulated entity opts to designate one or multiple individuals to act as "Duly Authorized Representatives" on its behalf, said designation(s) shall be made in Section C of the form. Note that each individual listed as a "Duly Authorized Representative" must sign the form in the appropriate field(s) in order for the designation(s) to be considered acceptable to DERM.

   (c) Ensure that Section D of the form is signed by a Responsible Official and certified by a notary public. The form will NOT be acceptable to DERM if nay of this information is omitted.

3) Submit the completed form to DERM as indicated in the "Submittal Instructions" section below.

Submittal Instructions

- **For existing permitted facilities**

  Once the Signatory Identification Form has been fully completed in accordance with the above instructions, said form shall be submitted to:

  Department of Regulatory and Economic Resources
  Pollution Regulation Division, 7th Floor
  Attn: Industrial Waste Pretreatment Program Coordinator
  701 NW 1st Court
  Miami, FL 33136-3912

  Upon receipt, DERM will review the form for completeness and record keeping purposes. DERM personnel may contact the responsible official(s) if deficiencies are identified in the form. In order to expedite the review process, it is strongly recommended that and email address be provided for each individual listed on Section A of the form and Section C as applicable.

- **For new facilities in the process of obtaining a new IWP operating permit with DERM**

  The completed Signatory Identification form shall be included with the facility's IWP operating permit application for all new facilities required to obtain an IWP operating permit with DERM. Please refer to the instructions provided in the "IWP operating permit application package for new sources" found in http://www.miamidade.gov/permits/industrial-pretreatment-construction.asp for more information on how to properly submit a permit application to DERM for review and processing.

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When is the facility required to submit a new Signatory Identification Form to DERM?

An up-to-date "Responsible Official and Duly Authorized Representative Signatory Identification Form" must be on file with the Industrial Waste Pretreatment program of DERM in order for any Industrial User Reports (a/k/a Self Monitoring Reports) required under the facility's IWP operating permit to be acceptable to DERM. A new form must be completed and submitted:

1. Upon any changes in personnel or position responsibilities that would preclude an individual from meeting the "Responsible Official" requirements described in Part A of the "Signatory Identification Requirements for Industrial User Reports" guidance.

2. Upon any changes in personnel or position responsibilities that would preclude an individual from meeting the "Duly Authorized Representative" requirements described in Part B of the "Signatory Identification Requirements for Industrial User Reports" guidance. Note that any change to the "Responsible Official" as indicated in item #1 above would also require re-authorization of the "Duly Authorized Representative" designations.

****Only the signatures included on the form shall be accepted on any Industrial User Reports to be provided to the Industrial Waste Pretreatment Program of DERM. Any such report submitted without of any of the signatures captured on the form will be considered incomplete and unacceptable due to improper signatory authorization and certification.****

What if I have questions regarding the completion and/or submittal of the "Responsible Official and Duly Authorized Representative Signatory Identification Form"?

If you have questions regarding the completion and/or submittal of the form, please contact the Industrial Waste Pretreatment Coordinator of the DERM Pollution Regulation Division at (305) 372-6600.

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Signatory Identification Requirements for Industrial User Reports

The "Responsible Official and Duly Authorized Representative Signatory Identification Form" must be used to identify the "Responsible Official" and, if applicable, the "Duly Authorized Representative" of the entity permitted (or to be permitted) under DERM's Industrial Waste Pretreatment program. The form and all Industrial User Reports (a/k/a Self Monitoring Reports) required under a DERM issued Industrial Waste Pretreatment operating permit shall be signed as follows:

A. By a **"Responsible Official"** who is defined as an individual that is:

(i) A president, secretary, treasurer, or vice-president of a company or corporation that is in charge of a principal business function, or any other person who performs similar policy or decision making functions for the company or corporation; or

(ii) A general partner or proprietor if the permitted entity is a partnership, or sole proprietorship respectively; or

(iii) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the permitted facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures; or

(iv) For a municipal, state, federal or other public agency either the agency's Director or other authorized senior official having responsibility for the overall operations of the facility.

B. By a **"Duly Authorized Representative"** provided that:

(i) The authorization is made by a "Responsible Official" meeting the criteria outlined in Part A above by using the enclosed "Responsible Official and Duly Authorized Representative Signatory Identification Form";

and

(ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

If an authorization previously submitted to DERM in accordance with Part B above is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of Part B above must be submitted to DERM prior to or together with Industrial User Reports to be signed by an authorized representative.

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Responsible Official and Duly Authorized Representative Signatory Identification Form

Please identify the Responsible Official(s) and Duly Authorized Representative(s) by completing the information required in Sections A, B, C and D of this form. Note that incomplete forms will not be accepted by DERM. This form shall be fully completed and submitted to DERM prior to or in conjunction with any Industrial User Reports (a/k/a Self Monitoring Reports) required under a DERM issued Industrial Waste Pretreatment operating permit, or included with an operating permit application package if the facility in question is not yet permitted by DERM.

A. Facility Information

(i) Name of entity permitted or to be permitted with DERM (e.g., company, corporation, partnership, proprietorship, government agency): _____

(ii) Operating Permit No.: IWP-_____ (Specify "TBD" if a permit number has not yet been assigned by DERM to the entity indicated above)

(iii) Facility address: _____

B. Responsible Official(s) Informaiton

At least one "Responsible Official" meeting the requirements outlined in the "Signatory Identification Requirements for Industrial User Reports" guidance document shall be specified in the fields below. This form will **not** be deemed acceptable by DERM if it is not signed by at least one such individual.

Responsible Official #1

Name: _____

Title: _____

E-mail address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

_____ Date: _____

Signature of Responsible Official #1 (required)

Responsible Official #2

Name: _____

Title: _____

E-mail address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

_____ Date: _____

Signature of Responsible Official #2 (required)

Responsible Official #3

Name: _____

Title: _____

E-mail address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

_____ Date: _____

Signature of Responsible Official #3 (required)

Continued on next page

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C. Designation of Duly Authorized Representative(s)

Please indicate whether or not the permitted entity will have specific "Duly Authorized Representatives" sign and submit Industrial User reports on its behalf by checking off the appropriate box below and providing the required information for all such individuals.

(i) ☐ NO; additional designations will not be made at this time and only the individual(s) listed on Section B of this for is(are) authorized to sign and submit Industrial User Reports to DERM.

(ii) ☐ YES; the following individual(s) is(are) authorized to sign and submit Industrial User Reports to DERM on behalf of the permitted entity:

Duly Authorized Representative #1

Name: _____

Title: _____

E-mail address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

_____ Date: _____

Signature of Duly Authorized Representative #1 **(required)**

Duly Authorized Representative #2

Name: _____

Title: _____

E-mail address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

_____ Date: _____

Signature of Duly Authorized Representative #2 **(required)**

D. Certification by Responsible Official

To be deemed acceptable to DERM, this form shall be SIGNED by a Responsible Official and NOTARIZED as indicated below.

I, _____ (Name of Responsible Official), certify that I am a Responsible Official for _____ (name of entity), and that the information provided in this form, including any applicable designations of 'Duly Authorized Representatives' indicated in Section C above, is true, accurate and valid to the best of my knowledge. Furthermore, I certify that the information presented in this form is intended to comply with the signatory requirements for the submittal of Industrial User Reports in accordance with 40 CFR 403.12(I), Code of Federal Regulations as of the date noted below.

Signature of Responsible Official: _____ Date: _____

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

_____

NOTARY SEAL