



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form #: 62-701.900(6), F.A.C.
Form Title: Application to Construct, Operate, or Modify a Construction and Demolition Debris Disposal or Disposal with Recycling Facility
Effective Date: August 12, 2012
Incorporated in Rule: 62-701.730(2), F.A.C.

APPLICATION TO CONSTRUCT, OPERATE, OR MODIFY A CONSTRUCTION AND DEMOLITION DEBRIS DISPOSAL OR DISPOSAL WITH RECYCLING FACILITY

GENERAL REQUIREMENT: Solid Waste Management Facilities shall be permitted pursuant to Section 403.707, Florida Statutes, (F.S.) and in accordance with Florida Administrative Code (F.A.C.) Chapter 62-701. A permit application shall be submitted in accordance with the requirements of Rule 62-701.320(5)(a), F.A.C., to the Department District Office having jurisdiction over the facility. The appropriate fee in accordance with Rule 62-701.315(5), F.A.C., shall be submitted with the application by check made payable to the Department of Environmental Protection (DEP). Complete appropriate sections for the type of facility for which application is made and include all additional information, drawings, and reports necessary to evaluate the facility.

Please Type or Print in Ink

A. GENERAL INFORMATION

1. Type of facility:

- C&D Disposal
- C&D Disposal with Recycling

NOTE: C&D Recyclers, with no disposal, shall apply on DEP FORM 62-701.900(4), F.A.C.

2. Type of application:

- Construction/Operation
- Operation without Additional Construction
- Long-term Care

3. Classification of application:

- New
- Substantial Modification
- Renewal
- Intermediate Modification
- Minor Modification

4. Facility name: _____

5. DEP ID number: _____ County: _____

6. Facility location (main entrance): _____

7. Location coordinates:

Section: _____ Township: _____ Range: _____

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Datum: _____ Coordinate Method: _____

Collected by: _____ Company/Affiliation: _____

8. Applicant name (operating authority): _____

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

Contact person: _____ Telephone: (____) _____

Title: _____
E-Mail address (if available)

9. Authorized agent/Consultant: _____

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

Contact person: _____ Telephone: (____) _____

Title: _____
E-Mail address (if available)

10. Landowner(if different than applicant): _____

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

Contact person: _____ Telephone: (____) _____

E-Mail address (if available)

11. Cities, towns and areas to be served: _____

12. Date site will be ready to be inspected for completion: _____

13. Estimated costs:

Total Construction: \$ _____ Closing Costs: \$ _____

14. Anticipated construction starting and completion dates:

From: _____ To: _____

15. Expected volume of waste to be received: _____ yds³/day _____ tons/day

16. Provide a brief description of the operations planned for this facility: _____

B. ADDITIONAL INFORMATION

Please attach the following reports or documentation as required.

1. Provide an engineering report, signed and sealed by a professional engineer, that includes (Rule 62-701.730(2)(a), F.A.C.):
 - a. A site plan, of a scale not greater than 200 feet to the inch, which shows the project location and identifies the proposed disposal units, total acreage of the site and of the proposed disposal units, and any other relevant features such as water bodies or wetlands on or within 200 feet of the site and potable water wells on or within 500 feet of the site;
 - b. A geotechnical investigation which meets the criteria of Rule 62-701.410, F.A.C.;
 - c. A hydrogeological investigation which meets the criteria of Rules 62-701.410(2)(a), (c) and (d), F.A.C.;
 - d. An estimate of the planned active life of the facility, the design of the disposal areas, the design height of the facility, and the maximum height of the facility during its operation;
 - e. Documentation that the facility will not be placed in a 100-year floodplain or restrict the flow of the 100-year flood or reduce the floodplain capacity unless compensating storage is provided; and
 - f. For above-grade facilities, documentation that the minimum horizontal separation between the waste disposal area and the site property boundary shall be 100 feet as measured from the top of the final cover slope.
2. Provide a boundary survey, legal description, and topographic survey of the property (Rule 62-701.730(2)(b), F.A.C.).
3. Provide an operation plan which describes how the applicant will comply with the operation requirements of Rules 62-701.730(7) and 62-701.320(16), F.A.C. (Rule 62-701.730(2)(c), F.A.C.).
4. Provide a closure plan which describes how the applicant will comply with the closure and long-term care requirements of Rules 62-701.730(9) and (10), F.A.C. (Rule 62-701.730(2)(d), F.A.C.).
5. Provide the financial assurance documentation required by Rule 62-701.730(11), F.A.C. (Rule 62-701.730(2)(e), F.A.C.).
6. Provide a CCA treated wood management plan as required by Rule 62-701.730(20), F.A.C. (Rule 62-701.730(2)(f), F.A.C.).
7. Provide documentation that the horizontal boundaries of the waste disposal area shall be clearly delineated as required by Rule 62-701.730(4)(e), F.A.C.
8. Provide a ground water monitoring plan which complies with the requirements of Rule 62-701.730(8), F.A.C.
9. For aboveground disposal units, provide documentation showing the design of any features intended to convey stormwater to a permitted or exempted treatment system as required by Rule 62-701.730(5), F.A.C.
10. Provide documentation to show how the applicant will comply with the design requirements of Rule 62-701.730(6), F.A.C.
11. Provide documentation to show how the applicant will comply with the additional operation requirements of Rules 62-701.730(18) and (19), F.A.C.
12. Provide documentation to show how the applicant will comply with the annual report requirements of Rule 62-701.730(12), F.A.C.
13. Provide a history and description of any enforcement actions by the applicant described in subsection 62-701.320(3), F.A.C. relating to solid waste management facilities in Florida. (Rules 62-701.730(2), F.A.C. and 62-701.320(7)(i), F.A.C.)

C. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER

1. Applicant:

The undersigned applicant or authorized representative of _____

is aware that statements made in this form and attached information are an application for a _____

_____ Permit from the Florida Department of Environmental Protection and certifies that the information in this application is true, correct and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to comply with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department. It is understood that the Permit is not transferable, and the Department will be notified prior to the sale or legal transfer of the permitted facility.

_____ Signature of Applicant or Agent	_____ Mailing Address
_____ Name and Title (please type)	_____ City, State, Zip Code
_____ E-Mail address (if available)	(_____) _____ Telephone Number
	_____ Date

Attach letter of authorization if agent is not a governmental official, owner, or corporate officer.

2. Professional Engineer registered in Florida (or Public Officer if authorized under Sections 403.707 and 403.7075, Florida Statutes):

This is to certify that the engineering features of this construction and demolition debris facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly maintained and operated, will comply with all applicable statutes of the State of Florida and rules of the Department. It is agreed that the undersigned will provide the applicant with a set of instructions of proper maintenance and operation of the facility.

_____ Signature	_____ Mailing Address
_____ Name and Title (please type)	_____ City, State, Zip Code
	_____ E-Mail address (if available)
_____ Florida Registration Number (please affix seal)	(_____) _____ Telephone Number
	_____ Date