



## Adobe Acrobat

You can fill out this form in Acrobat Reader and then print the form with the data from the Reader.

Note that you can NOT use the **Save** or **Save As** function with **Acrobat Reader**. If you want a copy for your records, please print an extra copy of the form.

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### To fill out a form:

- (1) Select the hand tool . 
- (2) Position the pointer inside a form field, and click. The I-beam pointer allows you to type text. The arrow pointer allows you to select a button, a check box, a radio button, or an item from a list.
- (3) After entering text or selecting an item, check box, or radio button, do one of the following:
  - Press **Tab** to go to the next form field.
  - Press **Shift+Tab** to go to the previous form field.
  - In a multi-line text form field, **Enter** or **Return** goes to the next line in the same form field. You can use **Enter** on the keypad to accept a change and deselect the current form field.
  - Press **Escape** to reject the form field change and deselect the current form field.
  - If you are in Full Screen mode, pressing **Escape** a second time causes you to exit Full Screen mode.
- (4) Once you have filled in the appropriate form fields, do the following:
  - Select the print tool  for a copy of the form for mailing or to keep for your records.

### To clear a form in a browser window:

Exit the Acrobat viewer and start again.

*Important: There is no undo for this action.*



**Florida Department of Environmental Protection**  
 Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, FL 32399-2400

DEP Form # 62-713.900(1)
Form Title <u>Application for Permit to Construct or Operate a Stationary Soil Treatment Facility</u>
Effective Date <u>8-5-99</u>
DEP Application No. _____ (Filled by DEP)

**STATE OF FLORIDA**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**APPLICATION FOR PERMIT TO CONSTRUCT OR OPERATE**  
**A STATIONARY SOIL TREATMENT FACILITY**

**GENERAL REQUIREMENT:** Stationary Soil Treatment Facilities shall be permitted pursuant to Section 403.707, Florida Statutes, (F.S.) and in accordance with Chapter 62-713, Florida Administrative Code (F.A.C.). A minimum of six copies of the application shall be submitted to the Department's District Office having jurisdiction over the facility. The appropriate fee in accordance with Rule 62-713.300(4), F.A.C., shall be submitted with the application by check made payable to the Department of Environmental Protection (DEP). Complete all sections of the application and include all additional information, drawings, and reports necessary to evaluate the facility as required by the application.

Please Type or Print in Ink.

**A. GENERAL INFORMATION**

1. Type of application:
 

<input type="checkbox"/> Construction	<input type="checkbox"/> Construction/Operation
<input type="checkbox"/> Operation	
  
2. Classification of application:
 

<input type="checkbox"/> New	<input type="checkbox"/> Substantial Modification
<input type="checkbox"/> Renewal	<input type="checkbox"/> Minor Modification
  
3. Type of soil to be treated at the facility:
 

<input type="checkbox"/> Petroleum	<input type="checkbox"/> Non-Petroleum
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4. Type of soil treatment planned for the facility (check all that apply):
 

<input type="checkbox"/> Continuous flow process	<input type="checkbox"/> Batch process
<input type="checkbox"/> Thermal	<input type="checkbox"/> Bioremediation
<input type="checkbox"/> Soil Washing	<input type="checkbox"/> Other (describe) _____
  
5. Facility name: \_\_\_\_\_
  
6. DEP ID number: \_\_\_\_\_ County: \_\_\_\_\_
  
7. Facility location (main entrance): \_\_\_\_\_  
 \_\_\_\_\_
  
8. Location coordinates:
 

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

UTMs: Zone \_\_\_\_\_ km E \_\_\_\_\_ km N

Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

9. Applicant name (operating authority): \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_

10. Authorized agent/Consultant: \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_

11. Land owner (if different than applicant): \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_

12. Total area within the property boundary: \_\_\_\_\_ acres or \_\_\_\_\_ yd<sup>2</sup>

13. Estimated amount of contaminated soil to be treated: \_\_\_\_\_ yds<sup>3</sup>/day or \_\_\_\_\_ tons/day

14. Provide a brief description of the treatment technology to be used at the facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Provide a brief description of the anticipated use(s) of the treated soil:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. ADDITIONAL INFORMATION**

1. Provide a copy of any valid permit for stormwater control or documentation that no permit is required (Rule 62-713.300(2)(b), F.A.C.).
2. Attach a site plan, signed and sealed by a professional engineer registered under Chapter 471, F.S., with a scale not greater than 200 feet to the inch, which shows the facility location and identifies the proposed treated and untreated soil storage areas, total acreage of the site, 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 (Rule 62-713.300(3)(a), F.A.C.).
3. Attach documentation that the applicant either owns the land or has legal authorization from the land owner to use the land for a soil treatment facility and to conduct long-term care (Rule 62-713.300(3)(j), F.A.C.).
4. Provide a detailed description of how the applicant will comply with the facility design requirements contained in Rule 62-713.400, F.A.C.
5. Provide a hydrogeological investigation which meets the criteria of Rule 62-701.410, F.A.C. and a Certification signed and sealed by a professional engineer registered under Chapter 471, F.S., or a professional geologist registered under Chapter 492, F.S., that the location of the facility is not reasonably subject to sinkhole formation and has adequate subsurface strength to support the weight of the facility (Rule 62-713.300(c), F.A.C.).
6. Provide a ground water monitoring plan which meets the criteria set forth in Rule 62-713.400(3), F.A.C.
7. Provide an operation plan which describes how the applicant will comply with Rule 62-713.500, F.A.C.
8. Provide a soil sampling and analysis plan which describes how the applicant will comply with Rule 62-713.510, F.A.C.
9. Provide a detailed description of how the applicant will comply with the use of treated soil requirements contained in Rule 62-713.520, F.A.C.
10. Provide a closure and long-term care plan which describes how the applicant will comply with Rules 62-713.600(1) through (5), F.A.C.
11. Provide the financial assurance documentation required by Rule 62-713.600(6), 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

\_\_\_\_\_  
Name and Title

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 stationary soil treatment 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

\_\_\_\_\_  
Florida Registration Number  
(please affix seal)

(\_\_\_\_) \_\_\_\_\_  
Telephone Number

Date: \_\_\_\_\_