

Advanced Treatment Water Facility

Permit Application

Advanced Treatment Water Facility

Permit Application

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**Instructions For Form 62-565.300(2)(A)**

**Application For An**

**Advanced Treatment Water Facility Permit**

# General Instructions

1. Application for an Advanced Treatment Water Facility (ATWF) permit shall be made using this form. The appropriate number of copies of this form 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 62-565.600, F.A.C.
2. Unless otherwise specified in the detailed instructions, each applicable item must be completed in full in order to avoid delays 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/YYYY 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 a new ATWF, for substantial modification of existing facilities, or for renewal of an existing ATWF permit. As defined in Rule 62-565.200, 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 advanced treated water, treatment, or disposal system. A substantial modification includes changes in the characteristics of the advanced treated water, changes to the final disposition of the advanced treated water, or changes in the permitted capacity of the treatment system.

Application for minor modification of existing facilities shall be made on DEP Form 62-565.300(2)(e) A minor modification means a modification to the facility or activity which is not expected to lead to a substantially different environmental impact, or which will not involve a substantially different type of advanced treated water. A minor modification does not substantially change the characteristics of the advanced treated water, nor does it change the permitted capacity of the treatment. This includes construction to replace a unit operation or process structure, and construction to a unit operation or mechanical equipment which is not associated with routine facility maintenance.

* 1. **ATWF Information** - Enter the requested information for the treatment facility which produces the advanced treated water. 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.

* 1. **Applicant or Designated Representative** - Enter the legal name of the applicant or designated representative, as defined in Rule 62-565.200, F.A.C. The applicant or designated representative is the person, agency, firm, or other entity which owns or is responsible for the ATWF. 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 designated representative. This often will not be the same address as is used to designate the location of the ATWF. 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.
	2. **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.
	3. **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 wastewater treatment facility discharging into this facility, give the name of that facility and the actual population it serves. Do not include the names of the municipalities or areas served by that wastewater treatment facility.
1. **Flows Entering and Leaving ATWF –**
	* 1. Enter requested information for the sources of water entering the ATWF. Identify the name of the source of water as it is officially or legally referred to in order to distinguish it from similar sources of water, if any, in the same geographical area. Do not use colloquial names as a substitute for the official name. Identify the type of source water, any permits associated with the source water, location of source water, annual average daily flow, and location of intake for reclaimed water entering the ATWF. Identify all sources of water that are entering the ATWF, if more than four sources are used, attach additional information on a separate sheet.
		2. Enter requested information for the final disposition of the advanced treated water leaving the ATWF. Identify the name of the PWS, well, or other location receiving the advanced treated water, as it is officially or legally referred to in order to distinguish it from similar location, if any, in the same geographical area. Do not use colloquial names as a substitute for the official name. If discharging to another treatment facility, include the address of the receiving facility. Identify any permits associated with the receiving location, annual average daily flow, and location of discharge point of advanced treated water leaving the ATWF. Identify all receiving locations from the ATWF, if more than four locations are receiving advanced treated water, attach additional information on a separate sheet.
	1. **Residuals Disposal** - Enter the average amount of residuals generated by the facility. For each method of residuals disposal listed, enter the number of sites or number of receiving facilities and the average amount of residuals disposed of per year. The total amount of residuals disposed of should equal the total amount of residuals generated. All residuals must be 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.
2. **Permits and Applications –**
	* 1. If applicable, provide the expiration date of the current DEP permit for this facility.
		2. Provide the permit numbers for all existing or anticipated environmental permits from Federal, State, and local agencies related to the facility or the proposed project.
		3. 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 Advanced Treatment Water Facility.

1. **Flow** –
	1. Enter the current design capacity, the proposed incremental design capacity, and the proposed total design capacity in million gallons per day.
	2. 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.
	3. For existing facilities, 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 12th month of “this year” occurring no more than three months prior to this application submittal.
	4. For existing facilities, 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 12th 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 turbidity, Giardia lamblia, Cryptosporidium, Legionella, Heterotrophic Plate Count Bacteria (HPCB), Enteric viruses’ concentrations and log 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 62-550, 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. **Operation/Maintenance Performed by Contractor(s) –** If a contractor carries out any operational or maintenance aspects associated with reclaimed water 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.

# Section 3. Reuse Delivery or Effluent Disposal System Description

This section includes specific information required for the off-spec water disposal or nonpotable reuse system Identify the name, location, and means of transport for off-spec water disposal or nonpotable reuse system. Separate descriptions of each effluent disposal system are required even if the discharge or reuse system originates at the same treatment facility. Assign a 4-digit serial number beginning with R-001 for each reuse system that is being used as a method to dispose of off-spec water. Reuse facility serial numbers must be consecutive for each additional reuse facility described; hence, the second reuse facility serial number would be R-002, the third R-003, etc. Enter this number at the top of each page of Section 3.

# Section 3.A. Ground Water Disposal by Underground Injection

If the proposed project includes advanced treated water disposal by underground injection, application for construction or operation of the injection well shall be made on DEP Form 62-528.900(1) and submitted to XXXXX. 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 U-001 for each underground injection well facility. 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 U-002, the third U-003, etc. Enter this number at the top of each page of Section 3. A.
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. 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.
6. **Underground Injection Frequency -** Indicate if the facility will be intermittently or continuously discharge into the underground injection well.

# Section 3.B. Discharges to Surface Waters (including wetlands)

1. **Discharge Serial Number and Name** – Identify each point of discharge and assign a 4-digit serial number beginning with D-001 to each point of discharge. Discharge serial numbers must be consecutive for each additional discharge described; hence, the second serial number would be D-002, the third D-003, etc. Enter this number at the top of each page of Section 3. B.
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 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 the ATWF are established in Rule 62-565.560, F.A.C. 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 62-565, F.A.C.
6. **Description of Receiving Waters** ‒

* 1. 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).
	2. Indicate whether the receiving waters are fresh or marine/brackish.
	3. 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.
	4. 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.
	5. 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.
	6. 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.
	7. Give the total hardness of the receiving stream at critical low flow, in milligrams per liter of CaCO3, if applicable.
1. **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.
2. **Surface Water Improvement and Management (SWIM)** ‒ Answer Items a. – d. pertaining to any applicable SWIM plans for the waterbody to which the facility discharges.
3. **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.
4. **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 gauging station should be located on a USGS map.
5. **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.
6. **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 62-600.660. Sampling and testing methods shall be in accordance with Rule XXXXX, 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 use. 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.

1. **Additional 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.

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.

 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. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form.

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.

# Section 4. Scheduled Improvements and Schedules Of Implementation

Provide the information requested for any scheduled improvements to the ATWFs, 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 reclaimed water treatment, quality, or design capacity of your ATWF (such improvements may include regionalization of treatment works). If the ATWFs 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.a), submit a separate Section 4 for each one.

1. **Improvements Required**
	1. **Improvements required for ATWF -** List and describe the components of the facility that require improvements.
	2. **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 and operational level attained. A description of the implementation dates follows.
	1. **Preliminary Plans Complete** – The date the preliminary engineering report is to be completed.
	2. **Final Plans and Specifications Complete** – The date the detailed plans and specifications are to be completed.
	3. **Financing Complete** – The date all financing arrangements are to be completed.
	4. **Site Acquired** – The date the land to be used for the treatment works is to be acquired.
	5. **Begin Construction** - The date construction is scheduled to begin.
	6. **End Construction** - The date construction is scheduled to be completed.
	7. **Operational Level Attained** - The date the reclaimed water level is scheduled to comply with the final advanced treated water limitations.
3. **Required Permits and Clearances –** List and describe all permits and clearances obtained in relation to the ATWF improvements.

# Section 5. Additional Information Required for Permit Renewals

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

# Section 6. 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. 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 ".
	1. **Process Flow Diagram** - The process flow diagram, a line drawing of the reclaimed water flow through the treatment facility, should identify each treatment unit, including all bypass piping and all backup power sources or redundancy in the system, and show the current average design flows to each unit. The title is to be headed by the statement "Process Flow Diagram."
	2. **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."
	3. **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, off-spec water storage areas and any additional off-spec water disposal and nonpotable reuse system location, as applicable. The location of each off-spec water disposal and nonpotable reuse system must be identified by using the 4-digit serial number specified in Section 3. The location of each underground injection well facility must be identified using the 4-digit serial number specified in Section 3.A.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.
	4. **Engineering Report** - An engineering report must be submitted in support of this application pursuant to the Chapter 62-565, F.A.C. The engineering report must address each applicable section of Rule 62-565.570, F.A.C. The engineering report shall be signed and sealed by the engineer of record.
	5. **Source Water Evaluation** – All facilities must provide the analytical results for the 12-month evaluation as required in subsection 62-565.570(3), F.A.C.
	6. **Quantitative Microbial Risk Analysis (QMRA) –** All facilities must provide the QMRA report in support of their application. The report shall cover the requirements described in Rule 62-565.530, F.A.C.
	7. **Binding Agreements and Documentation of Controls on Individual Users of Reclaimed Water** – For projects involving the conveyance of reclaimed water 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 storage facilities, to ensure adequate operation and maintenance of facilities.
	8. **Joint Operations Plan –** The Joint Operations Plan must be submitted in support of this application pursuant to Rule 62-565.500(1) and (2), F.A.C.
	9. **Request for Approval of Monitoring Plans** – A monitoring plan shall be submitted to the Department. At a minimum the plan must address how the facility plans to meet the monitoring requirements set forth in Rule62-565.540, F.A.C.
	10. **Concurrent Application for Ground Water Disposal by Underground Injection** - If there is a discharge to ground water by underground injection, concurrent application using DEP Form 62-528.900(1) is required.
	11. **Application for Monitoring Plan Approval for Groundwater Monitoring** - If the facility is required to monitor groundwater in accordance with Chapter 62-520.600, F.A.C., a complete DEP Form 62-520.900(1), Application for Monitoring Plan Approval, shall be submitted with this application.
2. **Additional Application Requirements for New Facilities**
	1. **Operation and Maintenance Manual** – The applicant must provide an operation and maintenance manual for the ATWF. The manual must contain all information in accordance with Rule 62-565.590, F.A.C.
	2. **Pilot Test** – In accordance with Rule 62-565.560, F.A.C., pilot testing is required for all projects that are required to provide full treatment and disinfection as required in Chapter 62-565, F.A.C. Department approval for a completed pilot test and all associated analytical results must be submitted in support of this application.
3. **Additional Application Requirements for Modifications to Existing Facilities**
	1. **Operation and Maintenance Manual** – The applicant must provide an operation and maintenance manual for the ATWF. The manual must contain all information in accordance with Rule 62-565.590, F.A.C.
4. **Additional Application Requirements for Permit Renewals**
	1. **Monitoring Reports** - For all permit renewals, the applicant must provide the monitoring reports, including all analytical results, for a minimum of the last 12 consecutive months**.**
	2. **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 7. 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 62-565.400, 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 62-565.600, F.A.C.

# Application Form 62-565.300(2)(A) for an Advanced Treatment Water Facility Permit

Instructions for selected items are included in the "Instructions For Form 62-565.300(2)(a)". Refer to these instructions before filling out each item.

## Section 1. Applicant and Facility Description

1. **Application Type**

 New

 Substantial Modification

 Permit Renewal

1. **Advanced Treatment Water Facility Information**
	1. Ownership Type

 Municipal

 County

 State

 Private

* 1. Facility Name
	2. Facility Identification Number
	3. Year Facility Began Operation
	4. Facility Location
		+ Number and Street
		+ City/State/Zip Code
		+ Telephone
		+ Latitude
		+ Longitude
		+ Date Coordinates Determined
		+ Method Used to Obtain Coordinates
	5. Contact Information
		+ Name
		+ Title
		+ Telephone
	6. Facility Mailing Address
* Number and Street
* City/State/Zip Code
1. **Applicant or Designated Representative**
* Legal Name
* Number and Street
* City/State/Zip Code
* Telephone Number
* 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

1. **Project Name and Description**
2. **Municipalities or Areas Served by the ATWF**

|  |  |  |
| --- | --- | --- |
| Name of Municipality or Area | Ownership | Population Served |
|  |  |  |
|  |  |  |
|  |  |  |

Total Population Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Flows Entering and Leaving ATWF**
	1. Source water entering the ATWF
2. Name (Source ID)

 Type of Source Water (Ground water,

 surface water, reclaimed water, other)

 Address

 Contact Name

 Title

 Telephone Number

 Facility Permit Information

 Location of intake of source water into

 ATWF (lat./long.)

Annual Average Daily Flow (MGD)

1. Name (Source ID)

Type of Source Water (Ground water,

surface water, reclaimed water, other)

Address

Contact Name

Title

Telephone Number

Facility Permit Information

Location of intake of source water into

ATWF (lat./long.)

Annual Average Daily Flow (MGD)

1. Name (Source ID)

Type of Source Water (Ground water,

surface water, reclaimed water, other)

Address

Contact Name

Title

Telephone Number

Facility Permit Information

Location of intake of source water into

ATWF (lat./long.)

Annual Average Daily Flow (MGD)

1. Name (Source ID)

Type of Source Water (Ground water,

surface water, reclaimed water, other)

Address

Contact Name

Title

Telephone Number

Facility Permit Information

Location of intake of source water into

ATWF (lat./long.)

Annual Average Daily Flow (MGD)

* 1. Advanced treated water leaving the ATWF
		1. Name

 Facility ID Number

 Address

 Contact Name

 Title

 Telephone Number

 Facility Permit Information

 Location of Discharge Point to PWS

 (lat./long.)

Annual Average Daily Flow (MGD)

* + 1. Name

 Facility ID Number

 Address

 Contact Name

 Title

 Telephone Number

 Facility Permit Information

 Location of Discharge Point to PWS

 (lat./long.)

Annual Average Daily Flow (MGD)

* + 1. Name

 Facility ID Number

 Address

 Contact Name

 Title

 Telephone Number

 Facility Permit Information

 Location of Discharge Point to PWS

 (lat./long.)

Annual Average Daily Flow (MGD)

* + 1. Name

 Facility ID Number

 Address

 Contact Name

 Title

 Telephone Number

 Facility Permit Information

 Location of Discharge Point to PWS

 (lat./long.)

Annual Average Daily Flow (MGD)

1. **Residuals Disposal**

a. Amount of Residuals Generated by the Facility (dry tons/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Method of Residuals Disposal

|  |  |  |
| --- | --- | --- |
| Method | Number of Receiving Facilities | Dry Tons Disposed per Year |
| Landfill Disposal (Chapter 62- 701, F.A.C.) |  |  |
| Incineration (Chapter 62-200 Series, F.A.C.) |  |  |
| Transport to Another Treatment Facility |  |  |
| Other (Describe) |  |  |

c. For residuals transported to another facility for landfill disposal, incineration, or treatment, provide the facility name, facility identification number and address. If more than one facility is being utilized, please include the below information for the additional facilities as part of the “Additional Information” package, in accordance with Item 5 of the General Instructions.

* Name
* Facility Identification Number
* Number and Street
* City/State/Zip Code
* County
* Telephone
* Treatment Process Used by Receiving Facility

1. **Permits and Applications**
	1. Expiration Date of Current ATWF Permit:
	2. Permit Number of Any Existing or Anticipated Environmental Permits

NPDES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PSD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
UIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RCRA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. 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**
	1. Design Capacity

Current Design Capacity (MGD)

Proposed Incremental Design Capacity (MGD)

Proposed Total Design Capacity (MGD) =

* 1. 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

* 1. Annual Average Daily Flow Rate (MGD)
	2. Maximum Daily Flow Rate (MGD)
1. **Design Treatment Levels**

| Parameter | Effluent Concentration | Units | Basis | Percent Removal |
| --- | --- | --- | --- | --- |
| Turbidity |  | NTU |  |  |
| Cryptosporidium |  | Cysts/100L |  |  |
| Giardia lamblia |  | Oocysts/100L |  |  |
| Legionella |  | CFU/mL |  |  |
| Heterotrophic Plate CountBacteria |  | CFU/mL |  |  |
| Enteric Viruses |  | EVU/mL |  |  |

1. **Operation/Maintenance Performed by Contractor(s)**

Are any operational or maintenance aspects (related to advanced treated water 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

## Section 3. Reuse Delivery or Effluent Disposal System Description

1. Does the facility discharge or transport advanced treated water to another treatment facility?

 Yes No

1. If yes, describe the mean(s) by which the advanced treated water 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:

1. For each treatment facility that receives this discharge, provide the following

Name:

 Mailing Address:

 Contact Person:

 Title:

 Telephone Number:

1. Facility Identification Number of Facility Which Receives the Flow
2. Average Daily Flow Rate to the Receiving Facility MGD

## Section 3.A. Ground Water Disposal by Underground Injection

1. **Underground Injection Well Facility Serial Number and Name**

Underground injection Well Facility Number

1. **Underground Injection Well Facility Location**

County

City or Town (if applicable)

Street or Description

Latitude

Longitude

Dates Coordinates Determined

Method Used to Obtain Coordinates

1. **Underground Injection Well Facility DEP Identification Number or Permit Application Number**

1. **Design Capacity of the Underground Injection Well Facility**

Current Design Capacity (MGD)

Proposed Incremental Design Capacity (MGD)

Proposed Total Design Capacity (MGD) =

1. **Basis of Design Flow**

Annual Average Daily Flow

Maximum Monthly Average Daily Flow

Three-Month Average Daily Flow

Other. If other, Specify.

1. **Is underground injection continuous or intermittent?**

 Continuous Intermittent

## Section 3.B. Discharges to Surface Waters (including wetlands)

1. **Discharge Serial Number and Name**

Discharge Name:

Discharge Serial Number:

Discharge to:

 Surface Water

Wetlands

Other

If “Other”, specify

1. **Discharge Location**
* County
* Street or Description
* City or Town
* Zip Code
* Latitude
* Longitude
* Date Coordinates Determined
* Method Used to Obtain Coordinates
1. **Design Capacity of the Outfall**

Current Design Capacity (MGD)

Proposed Incremental Design Capacity (MGD)

Proposed Total Design Capacity (MGD) =

1. **Basis of Design Flow**

Annual Average Daily Flow

Maximum Monthly Average Daily Flow

Three-Month Average Daily Flow

Other. If other, Specify.

1. **Basis for Effluent Limitations**

TBEL

Level I WQBEL

Level II WQBEL

Other. If other, Specify

Date Effluent Limitations Established:

1. **Description of Receiving Waters**
2. Name of Receiving Water:
3. Type of Receiving Waterbody

 Fresh

 Brackish or Marine

1. 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 (ONRW)?

 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

1. Watershed Information

Name of Watershed (if known)

United States Soil Conservation 14-digit

Watershed Code (if known)

1. Name of State Management/

River Basin (if known)

United States Geological Survey 8-digit

Hydrologic Cataloging Unit Code (if known)

1. Critical low flow of receiving stream (if applicable)

Acute (cfs)

Chronic (cfs)

1. Total hardness of receiving stream at critical low flow (if applicable)

(mg/l of CaCO3):

1. **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

1. **Surface Water Improvement and Management (SWIM)**
2. Will the discharge affect any SWIM plan waterbodies?

 Yes

 No

1. If yes, name the waterbody:
2. Has the SWIM plan been approved by a water management district and the Department?

Yes

No

1. If yes, attach documentation that the proposed discharge is consistent with the SWIM plan.
2. **Additional Information required for Intermittent or Periodic Discharges**

Frequency (Times per Year):

Duration (Days):

Volume (Thousand Gallons per Incident):

Frequency:

January

February

March

April

May

June

July

August

September

October

November

December

1. **Additional Information Required for Limited Wet Weather Discharges Permitted in Accordance with Rule 62-610.860, F.A.C.**
2. 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):

1. Rainfall Information

Rainfall Gauging Station Location:

Period of Record Analyzed:

 Beginning Year

Ending Year

Number of Years

Average Annual Rainfall (inches per year)

1. 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)] x 100%

 P cannot exceed 25% or be less than 1%

1. Reclaimed Water Quality (maximum monthly average)

CBOD5 (mg/L)

TKN (as Nitrogen) (mg/L)

1. Minimum Acceptable Stream Dilution Factor (SDF)

 Note:

 SDF = P(0.085 x CBOD5 + 0.272 x TKN – 0.484)

The values for CBOD5 and TKN should be in terms of maximum monthly average limitations as provided in 10.d. above. The value of P should be calculated as in 10.c. above.

1. Adjusted Stream Dilution Factor

 Note: If the travel time shown in 10.a., above, is less than 24 hours, provide the adjusted minimum acceptable stream dilution factor.

 Adjusted SDF = SDF x (24 hours)/(travel time in hours)

1. **Additional Information Required for Wetland Discharges**
2. Is the wetland a jurisdictional wetland (i.e. within the landward extent of waters as determined in accordance with Rule 62-330.201, F.A.C., or isolated and not owned entirely by one person, or owned entirely by the State)?

 Yes

 No

1. Will the wetland be used as a treatment wetland or receiving wetland?

 Yes

 No

1. If the wetland is to be used for treatment, identify the type.

 Man-made

 Hydrologically Altered

 Unaltered

1. Is the wetland herbaceous or woody?

 Herbaceous

 Woody

1. Identify the classification of surface waters within the wetland.

 Class I

 Class II

 Class III

 Class IV

 Class V

1. Are the waters within the wetland part of an OFW?

 Yes

 No

1. **Effluent Testing Information**

| Parameter | Maximum Daily Value | Maximum Daily Value units | Average Daily Value | Average Daily 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 (Conc.) | Units | Average Daily Discharge (Conc.) | Units | Number of Samples | Analytical Method | MDL/PQL |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Carbonaceous Biochemical Oxygen Demand (CBOD) |  |  |  |  |  |  |  |
| Total Suspended Solids (TSS) |  |  |  |  |  |  |  |
| Fecal Coliform |  |  |  |  |  |  |  |

1. **Additional Effluent Testing Data**
2. Effluent Testing Data

| Pollutant | Maximum Daily Discharge (Conc.) | Units | Average Daily Discharge (Conc.) | Units | Average Daily Discharge Number of Samples | Analytical Method | MDL/PQL |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |

1. 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

1. Expanded Effluent Testing Data: 1.0 mgd and Pretreatment Treatment Works

 Metals (Total Recoverable), Cyanide, Phenols, and Hardness

* Use blank space at end of tables (or a separate sheet) to provide information on other metals requested by the permit writer.

| Pollutant | Maximum Daily Discharge Conc. | Conc. Units | Maximum Daily Discharge Mass | Mass Units | Average Daily Discharge Conc. | Conc. Units | Average Daily Discharge Mass | Mass Units | Number of Samples | Analytical Method | ML/MDL |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Antimony |  |  |  |  |  |  |  |  |  |  |  |
| Arsenic |  |  |  |  |  |  |  |  |  |  |  |
| Beryllium |  |  |  |  |  |  |  |  |  |  |  |
| Cadmium |  |  |  |  |  |  |  |  |  |  |  |
| Chromium |  |  |  |  |  |  |  |  |  |  |  |
| Copper |  |  |  |  |  |  |  |  |  |  |  |
| Lead |  |  |  |  |  |  |  |  |  |  |  |
| Mercury |  |  |  |  |  |  |  |  |  |  |  |
| Nickel |  |  |  |  |  |  |  |  |  |  |  |
| Selenium |  |  |  |  |  |  |  |  |  |  |  |
| Silver |  |  |  |  |  |  |  |  |  |  |  |
| Thallium |  |  |  |  |  |  |  |  |  |  |  |
| Zinc |  |  |  |  |  |  |  |  |  |  |  |
| Cyanide |  |  |  |  |  |  |  |  |  |  |  |
| Total Phenolic Compounds |  |  |  |  |  |  |  |  |  |  |  |
| Hardness (as CaCO3) |  |  |  |  |  |  |  |  |  |  |  |

 Volatile Organic Compounds

* Use blank space at end of tables (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

| Pollutant | Maximum Daily Discharge Conc. | Conc. Units | Maximum Daily Discharge Mass | Mass Units | Average Daily Discharge Conc. | Conc. Units | Average Daily Discharge Mass | Mass Units | Number of Samples | Analytical Method | ML/MDL |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acrolein |  |  |  |  |  |  |  |  |  |  |  |
| Acrylonitrile |  |  |  |  |  |  |  |  |  |  |  |
| Benzene |  |  |  |  |  |  |  |  |  |  |  |
| Bromoform |  |  |  |  |  |  |  |  |  |  |  |
| Carbon Tetrachloride |  |  |  |  |  |  |  |  |  |  |  |
| Chlorobenzene |  |  |  |  |  |  |  |  |  |  |  |
| Chlorodibromo-methane |  |  |  |  |  |  |  |  |  |  |  |
| Chloroethane |  |  |  |  |  |  |  |  |  |  |  |
| 2-Chloro-ethylvinyl Ether |  |  |  |  |  |  |  |  |  |  |  |
| Chloroform |  |  |  |  |  |  |  |  |  |  |  |
| Dichlorobromo-methane |  |  |  |  |  |  |  |  |  |  |  |
| 1,1-Dichloroethane |  |  |  |  |  |  |  |  |  |  |  |
| 1,2-Dichloroethane |  |  |  |  |  |  |  |  |  |  |  |
| Trans-1,2-Dichloro-ethylene |  |  |  |  |  |  |  |  |  |  |  |
| 1,1-Dichloro-ethylene |  |  |  |  |  |  |  |  |  |  |  |
| 1,2-Dichloro-propane |  |  |  |  |  |  |  |  |  |  |  |
| 1,3-Dichloro-propylene |  |  |  |  |  |  |  |  |  |  |  |
| Ethylbenzene |  |  |  |  |  |  |  |  |  |  |  |
| Methyl Bromide |  |  |  |  |  |  |  |  |  |  |  |
| Methyl Chloride |  |  |  |  |  |  |  |  |  |  |  |
| Methylene Chloride |  |  |  |  |  |  |  |  |  |  |  |
| 1,1,2,2-Tetrachloro-ethane |  |  |  |  |  |  |  |  |  |  |  |
| Tetrachloro-ethylene |  |  |  |  |  |  |  |  |  |  |  |
| Toluene |  |  |  |  |  |  |  |  |  |  |  |
| 1,1,1-Trichloroethane |  |  |  |  |  |  |  |  |  |  |  |
| 1,1,2-Trichloroethane |  |  |  |  |  |  |  |  |  |  |  |
| Trichloro-ethylene |  |  |  |  |  |  |  |  |  |  |  |
| Vinyl Chloride |  |  |  |  |  |  |  |  |  |  |  |

 Acid-Extractable Compounds

* Use blank space at end of tables (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

| Pollutant | Maximum Daily Discharge Conc. | Conc. Units | Maximum Daily Discharge Mass | Mass Units | Average Daily Discharge Conc. | Conc. Units | Average Daily Discharge Mass | Mass Units | Number of Samples | Analytical Method | ML/MDL |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| P-Chloro-M-Cresol |  |  |  |  |  |  |  |  |  |  |  |
| 2-Chlorophenol |  |  |  |  |  |  |  |  |  |  |  |
| 2,4-Dichloro-phenol |  |  |  |  |  |  |  |  |  |  |  |
| 2,4-Dimethyl-phenol |  |  |  |  |  |  |  |  |  |  |  |
| 4,6-Dinitro-O-Cresol |  |  |  |  |  |  |  |  |  |  |  |
| 2,4-Dinitro-phenol |  |  |  |  |  |  |  |  |  |  |  |
| 2-Nitrophenol |  |  |  |  |  |  |  |  |  |  |  |
| 4-Nitrophenol |  |  |  |  |  |  |  |  |  |  |  |
| Pentachloro-phenol |  |  |  |  |  |  |  |  |  |  |  |
| Phenol |  |  |  |  |  |  |  |  |  |  |  |
| 2,4,6-Trichloro-phenol |  |  |  |  |  |  |  |  |  |  |  |

 Base-Neutral Compounds

* Use blank space at end of tables (or a separate sheet) to provide information on other base-neutral compounds or other pollutants (e.g. pesticides) requested by the permit writer.

| Pollutant | Maximum Daily Discharge Conc. | Conc. Units | Maximum Daily Discharge Mass | Mass Units | Average Daily Discharge Conc. | Conc. Units | Average Daily Discharge Mass | Mass Units | Number of Samples | Analytical Method | ML/MDL |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acenaphthene |  |  |  |  |  |  |  |  |  |  |  |
| Acenaph-thylene |  |  |  |  |  |  |  |  |  |  |  |
| Anthracene |  |  |  |  |  |  |  |  |  |  |  |
| Benzidine |  |  |  |  |  |  |  |  |  |  |  |
| Benzo(a)-Anthracene |  |  |  |  |  |  |  |  |  |  |  |
| Benzo(a)-pyrene |  |  |  |  |  |  |  |  |  |  |  |
| 3,4 Benzo-Fluoranthene |  |  |  |  |  |  |  |  |  |  |  |
| Benzo(ghi)-perylene |  |  |  |  |  |  |  |  |  |  |  |
| Benzo(k)-Fluoranthene |  |  |  |  |  |  |  |  |  |  |  |
| Bis(2-Chloroethoxy) Methane |  |  |  |  |  |  |  |  |  |  |  |
| Bis(2-Chloro-ethyl)-Ether |  |  |  |  |  |  |  |  |  |  |  |
| Bis(2-Chloro-isopropyl) Ether |  |  |  |  |  |  |  |  |  |  |  |
| Bis(2-Ethylhexyl) Phthalate |  |  |  |  |  |  |  |  |  |  |  |
| 4-Bromophenyl Phenyl Ether |  |  |  |  |  |  |  |  |  |  |  |
| Butyl Benzyl Phthalate |  |  |  |  |  |  |  |  |  |  |  |
| 2-Chloronaph-thalene |  |  |  |  |  |  |  |  |  |  |  |
| 4-Chlorophenyl Phenyl Ether |  |  |  |  |  |  |  |  |  |  |  |
| Chrysene |  |  |  |  |  |  |  |  |  |  |  |
| Di-N-Butyl-phthalate |  |  |  |  |  |  |  |  |  |  |  |
| Di-N-Octyl-phthalate |  |  |  |  |  |  |  |  |  |  |  |
| Dibenzo(A,H)-Anthracene |  |  |  |  |  |  |  |  |  |  |  |
| 1,2-Dichloro-benzene |  |  |  |  |  |  |  |  |  |  |  |
| 1,3-Dichloro-benzene |  |  |  |  |  |  |  |  |  |  |  |
| 1,4-Dichloro-benzene |  |  |  |  |  |  |  |  |  |  |  |
| 3,3-Dichloro-benzidine |  |  |  |  |  |  |  |  |  |  |  |
| Diethyl Phthalate |  |  |  |  |  |  |  |  |  |  |  |
| Dimethyl Phthalate |  |  |  |  |  |  |  |  |  |  |  |
| 2,4-Dinitro-toluene |  |  |  |  |  |  |  |  |  |  |  |
| 2,6-Dinitro-toluene |  |  |  |  |  |  |  |  |  |  |  |
| 1,2-Diphenyl-hydrazine |  |  |  |  |  |  |  |  |  |  |  |
| Fluoranthene |  |  |  |  |  |  |  |  |  |  |  |
| Fluorene |  |  |  |  |  |  |  |  |  |  |  |
| Hexachloro-benzene |  |  |  |  |  |  |  |  |  |  |  |
| Hexachloro-butadiene |  |  |  |  |  |  |  |  |  |  |  |
| Hexachloro-cyclo-Pentadiene |  |  |  |  |  |  |  |  |  |  |  |
| Hexachloro-ethane |  |  |  |  |  |  |  |  |  |  |  |
| Indeno(1,2,3-CD) Pyrene |  |  |  |  |  |  |  |  |  |  |  |
| Isophorone |  |  |  |  |  |  |  |  |  |  |  |
| Naphthalene |  |  |  |  |  |  |  |  |  |  |  |
| Nitrobenzene |  |  |  |  |  |  |  |  |  |  |  |
| N-Nitrosodi-N-Propylamine |  |  |  |  |  |  |  |  |  |  |  |
| N-Nitrosodi-Methylamine |  |  |  |  |  |  |  |  |  |  |  |
| N-nitrosodi-phenylamine |  |  |  |  |  |  |  |  |  |  |  |
| Phenanthrene |  |  |  |  |  |  |  |  |  |  |  |
| Pyrene |  |  |  |  |  |  |  |  |  |  |  |
| 1,2,4-Trichloro-Benzene |  |  |  |  |  |  |  |  |  |  |  |

## Section 4. Schedule Improvements and Schedules of Implementation

1. **Improvements Required**
	1. ATWF Components Affected
	2. Authority Imposing Requirement

 Local

 State

 Federal

 Developed by Applicant

 Other

 If other, specify

1. **Implementation Schedule and Actual Completion Dates**

 **Implementation Steps Schedule Actual Completion**

* 1. Preliminary Plans Complete
	2. Final Plans and Specifications Complete
	3. Financing Complete
	4. Site Acquired
	5. Begin Construction
	6. End Construction
	7. Operational Level Attained
1. **Have appropriate permits/clearances concerning other Federal/State requirements been obtained?**

 Yes No

If so, describe briefly:

## Section 5. Additional Information Required for Permit Renewals

1. Have there been any modifications to the treatment facilities since the issuance of the current permit? If yes, describe on a separate sheet and attach.

 Yes No

1. Have there been any violations during the last six months? If yes, describe on a separate sheet and attach.

 Yes No

1. Is there any enforcement action pending against these treatment, reuse, or disposal facilities? If yes, describe on a separate sheet and attach.

 Yes No

1. Have all previous permit conditions, including monitoring requirements and operator attendance been complied with? If no, describe on a separate sheet and attach.

 Yes No

## Section 6. Documentation Submitted

1. **General Application Requirements Attached**

**Yes No**

* 1. Process Flow Diagram
	2. Site Plan
	3. Location Map
	4. Engineering Report
	5. Source Water Evaluation
	6. QMRA
	7. Binding Agreements and Documentation of

Controls on Individual Users of Reclaimed Water

* 1. Joint Operations Plan
	2. Request for Approval of Monitoring Plans
	3. Concurrent Application for Ground Water Disposal

by Underground Injection

* 1. Application for Monitoring Plan Approval for

Groundwater Monitoring

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

 **Attached**

 **Yes No**

1. Operation and Maintenance Manual
2. Pilot Test
3. **Additional Application Requirements for Permit Modifications Attached**

**Yes No**

* 1. Operation and Maintenance Manual
1. **Additional Application Requirements for Permit Renewals Attached**

**Yes No**

* 1. Monthly Operation Reports
	2. Results of Mechanical Integrity Testing

## Section 7. Certifications

1. **Certifications for Construction of New Facilities or Modifications to Existing Facilities**
	1. 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 62-565.570, F.A.C. Further, I agree to provide an appropriate operation and maintenance manual for the facilities pursuant to Rule 62-565.590, 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 62-565, F.A.C., I agree to provide the additional operation requirements of that Chapter.

(Signature of Applicant or Authorized Representative[[1]](#footnote-1)) Date

Name (please type): Company Name:

Florida Registration Number: Company Street Address or P.O. Box

Telephone No. (including area code) City/State/Zip Code:

Email (optional)

* 1. Professional Engineer Registered in Florida

I certify that the engineering features of this ATWF 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:

Email (optional)

 (Seal, Signature, Date, Registration No.)

* 1. 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 Chapter 62-565, 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:

Email (optional)

 (Seal, Signature, Date, Registration No.)

1. **Certifications for Permit Renewals**
	1. 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 ATWF in such a manner as to comply with the provisions of Chapter 403, F.S., Chapter 62-565, 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 62-565.610, 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 62-565.620, 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 62-565.650, F.A.C.

(Signature of Applicant or Authorized Representative1) Date

Name (please type): Company Name:

Florida Registration Number: Company Street Address or P.O. Box

Telephone No. (including area code) City/State/Zip Code:

Email (optional)

* 1. Professional Engineer

I certify that the engineering features of these ATWFs 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 ATWFs 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:

Email (optional)

 (Seal, Signature, Date, Registration No.)

1. If signed by the authorized representative, attach a letter of authorization. [↑](#footnote-ref-1)