



**WASTEWATER APPLICATION FORM 2CR**  
**PERMIT TO OPERATE A**  
**NON-DISCHARGING/CLOSED LOOP**  
**RECYCLE SYSTEM**

**INSTRUCTIONS:** All facilities seeking to operate a non-discharging/closed loop recycle system for their process wastewater shall complete this form in its entirety, unless exempted by the Department. This form shall be submitted together with DEP Form 62-620.910(1), Wastewater Permit Application Form 1, General Information, to the appropriate DEP district office listed in Form 1. If an attached sheet or other technical documentation is used in lieu of the blank spaces provided on this form, indicate appropriate cross-references in the spaces. All information is to be typed or printed in ink. Dates are to be entered in MM/DD/YR format. If you know your facility identification number, please enter it in the appropriate space. If you are applying for the first time, leave this space blank and the Department will assign an identification number.

**I FACILITY IDENTIFICATION NO.:** \_\_\_\_\_

**II FACILITY NAME:** \_\_\_\_\_

**III FACILITY DESCRIPTION:** \_\_\_\_\_

A. Please describe the treatment/recycle facility, including all activities contributing wastewater to the treatment/recycle system.

B. Please provide a line drawing the facility, including all unit processes. Indicate the size and capacity of all treatment units as well as the expected wastewater *flow* of the facility. Indicate if there are any emergency discharge provisions and under what circumstances would they occur.

Facility ID No.: \_\_\_\_\_

**IV CERTIFICATIONS:**

**A Professional Engineer Registered in Florida**

This is to certify the engineering features of this pollution control project have been designed/examined by me and found to be in conformity with modern engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will not discharge wastewater to the ground or surface waters of the State of Florida. It is also agreed that the undersigned, if authorized by the owner, will furnish the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution sources.

_____ Signature	_____ Company Name
_____ Name (please type)	Address: _____ _____ _____
(Affix Seal)	Florida Registration No.: _____
	Telephone No.: _____ Date: _____

**B. Owner or Authorized Representative**

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. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I agree to operate and maintain these wastewater facilities in such a manner as to comply with the provisions of Chapter 403, F.S., Chapter 62-660, F.A.C., and all other applicable rules of the Department.

_____ Name & Official Title (type or print)	_____ Signature
_____ Telephone No. (Area code & no.)	_____ Date Signed