



# Application for an Advanced Treatment Water Facility Permit

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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. 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.

2. **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.

3. **Applicant or Designated Representative** - Enter the legal name of the applicant or designated representative, as defined in Rule 62-565.200, F.A.C. 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.
4. **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.
5. **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.
6. **Flows Entering and Leaving ATWF –**
  - a. 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.
  - b. 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.
7. **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.
8. **Permits and Applications –**
  - a. If applicable, provide the expiration date of the current ATWF permit for this facility.
  - b. 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.
  - c. 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 –

- a. Enter the current design capacity, the proposed incremental design capacity, and the proposed total design capacity in million gallons per day.
- b. 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.
- c. 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.
- d. 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*, and enteric virus 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.

## Section 3.A. Off-Spec Water Disposal or Nonpotable Reuse 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.B. 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: Department of Environmental Protection, Underground Injection Control Program, MS 3530, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. 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 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**

- a. **Improvements required for ATWF** - List and describe the components of the facility that require improvements.
- b. **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.
  - a. **Preliminary Plans Complete** – The date the preliminary engineering report is to be completed.
  - b. **Final Plans and Specifications Complete** – The date the detailed plans and specifications are to be completed.
  - c. **Financing Complete** – The date all financing arrangements are to be completed.
  - d. **Site Acquired** – The date the land to be used for the treatment works is to be acquired.
  - e. **Begin Construction** - The date construction is scheduled to begin.
  - f. **End Construction** - The date construction is scheduled to be completed.
  - g. **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 ."
  - a. **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."
  - b. **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."
  - c. **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.
  - d. **Engineering Report** - An engineering report must be submitted in support of this application pursuant to 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.
  - e. **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.
  - f. **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.
  - g. **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.
  - h. **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 Rule 62-565.530, F.A.C.



- i. **Applications to be submitted concurrently with Form 62-565.300(2)(a) (as applicable):**
    - (i) 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.
    - (ii) Application for a Specific Permit to Construct PWS Components – If the ATWF will function as a PWS, concurrent application using DEP Form 62-555.300(1) is required.
    - (iii) Wastewater Permit Application Form 2A for Domestic Wastewater Facilities – If the ATWF will discharge to a surface water as part of an indirect potable reuse system, concurrent application using DEP Form 62-620.910(2) is required.
  - j. **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** - In accordance with Rule 62-565.560 F.A.C., pilot testing is required for all projects that are part of a potable reuse project. Pilot test results and the Department-approved Plan of Study for the pilot test must be submitted in support of this application.
- 3. Additional Application Requirements for Modifications to Existing Facilities** – 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**
- a. **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.
  - b. **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.
  - c. **Source Water Evaluation** - For all permit renewals, the applicant must provide the results of a source water evaluation, in accordance with paragraph 62-565.570(3)(b), F.A.C.
  - d. **Operating Protocol** - For all permit renewals, the facility's operating protocol shall be reviewed, revised, and the revised protocol submitted in support of the permit renewal application, in accordance with subsection 62-565.570(6), F.A.C.
  - e. **Confirmation of Process Function** - Any treatment process whose operating parameters were confirmed or established during initial start-up must be re-evaluated through revalidation or challenge testing, and the results submitted as part of an application for permit renewal.

## **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 62-565.400, F.A.C.





## Application for an Advanced Treatment Water Facility Permit

Form 62-565.300(2)(A)

Instructions for selected items are included in the "Instructions for Form 2A." Refer to these instructions before filling out each item.

### Section 1. Applicant and Facility Description

#### 1. Application Type

- ☐ New
- ☐ Substantial Modification
- ☐ Permit Renewal

#### 2. Advanced Treatment Water Facility Information

- a. Facility Name \_\_\_\_\_
- b. Facility Identification Number \_\_\_\_\_
- c. Location
- Number and Street \_\_\_\_\_
- City/State/Zip Code \_\_\_\_\_
- Telephone \_\_\_\_\_
- Latitude \_\_\_\_\_
- Longitude \_\_\_\_\_
- Date Coordinates Determined \_\_\_\_\_
- Method Used to Obtain Coordinates \_\_\_\_\_
- d. Ownership Type
- ☐ Municipal
- ☐ County
- ☐ State
- ☐ Private
- e. Contact
- Name \_\_\_\_\_
- Title \_\_\_\_\_
- Telephone \_\_\_\_\_
- f. Facility Mailing Address
- Number and Street \_\_\_\_\_
- City/State/Zip Code \_\_\_\_\_
- g. Year Facility Began Operation \_\_\_\_\_

**3. 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

**4. Project Name and Description**

## 5. Municipalities or Areas Served by the ATWF

Name of Municipality or Area	Ownership	Population Served

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

## 6. Flows Entering and Leaving ATWF

### a. Source water entering the ATWF

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) \_\_\_\_\_
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) \_\_\_\_\_
3. 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) \_\_\_\_\_

4. 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) \_\_\_\_\_

**b. Advanced treated water leaving the ATWF**

1. Name (ID and #) \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Receiving Facility Permit Information \_\_\_\_\_  
Location of Discharge Point to PWS (lat./long.) \_\_\_\_\_  
Annual Average Daily Flow (MGD) \_\_\_\_\_
2. Name (ID and #) \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Receiving Facility Permit Information \_\_\_\_\_  
Location of Discharge Point to PWS (lat./long.) \_\_\_\_\_  
Annual Average Daily Flow (MGD) \_\_\_\_\_
3. Name (ID and #) \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Receiving Facility Permit Information \_\_\_\_\_  
Location of Discharge Point to PWS (lat./long.) \_\_\_\_\_  
Annual Average Daily Flow (MGD) \_\_\_\_\_
4. Name (ID and #) \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Receiving Facility Permit Information \_\_\_\_\_  
Location of Discharge Point to PWS (lat./long.) \_\_\_\_\_

Annual Average Daily Flow (MGD) \_\_\_\_\_

## 7. 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)		

Total \_\_\_\_\_

c. For residuals transported to another facility for landfill disposal, incineration, or treatment, provide the facility name, facility identification number and address.

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

## 8. Permits and Applications

a. Expiration Date of Current ATWF Permit \_\_\_\_\_

b. 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

#### a. Design Capacity

Current Design Capacity \_\_\_\_\_ MGD

Proposed Incremental Design Capacity \_\_\_\_\_ MGD

Proposed Total Design Capacity \_\_\_\_\_ MGD

#### b. 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
c. Annual Average Daily Flow Rate	_____	_____	_____ MGD
d. Maximum Daily Flow Rate	_____	_____	_____ MGD

### 2. Design Treatment Levels

Parameter	Effluent Concentration	Units	Basis	Percent Removal
Turbidity		NTU		
<i>Cryptosporidium</i>		Cysts/100L		
<i>Giardia lamblia</i>		Oocysts/100L		
Enteric Virus		#/100mL		

### 3. Operation/Maintenance Performed by Contractor(s)

a. 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

b. 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.A. Reuse or Effluent Disposal System Description

1. Does the facility discharge or transport advanced treated water to another treatment facility?  
☐ Yes ☐ No
2. 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)?  
  

---
3. If transport is by a party other than the applicant, provide the following:  
Transporter Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
  - a. For each treatment facility that receives this discharge, provide the following  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
4. Facility Identification Number of Facility Which Receives the Flow  
  
\_\_\_\_\_
5. Average Daily Flow Rate to the Receiving Facility \_\_\_\_\_ MGD

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

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

Underground Injection Well Facility Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Underground Injection Well Facility Location

County \_\_\_\_\_  
City or Town (if applicable) \_\_\_\_\_  
Street or Description \_\_\_\_\_  
Latitude \_\_\_\_\_



Longitude \_\_\_\_\_  
Dates Coordinates Determined \_\_\_\_\_  
Method Used to Obtain Coordinates \_\_\_\_\_

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

\_\_\_\_\_

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

Current Design Capacity \_\_\_\_\_ MGD

Proposed Incremental Design Capacity \_\_\_\_\_ MGD

Proposed Total Design Capacity \_\_\_\_\_ MGD

**5. Basis of Design Flow**

☐ Annual Average Daily Flow

☐ Maximum Monthly Average Daily Flow

☐ Three-Month Average Daily Flow

☐ Other. If other, Specify. \_\_\_\_\_

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

☐ Continuous

☐ Intermittent

**Section 4. Schedule Improvements and Schedules of Implementation**

**1. Improvements Required**

a. ATWF Components Affected \_\_\_\_\_

b. Authority Imposing Requirement

☐ Local

☐ State

☐ Federal

☐ Developed by Applicant

☐ Other If other, specify

\_\_\_\_\_

## 2. Implementation Schedule and Actual Completion Dates

Implementation Steps	Schedule	Actual Completion
a. Preliminary Plans Complete	_____	_____
b. Final Plans and Specifications Complete	_____	_____
c. Financing Complete	_____	_____
d. Site Acquired	_____	_____
e. Begin Construction	_____	_____
f. End Construction	_____	_____
g. Operational Level Attained	_____	_____

## 3. 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
2. Have there been any violations during the last six months? If yes, describe on a separate sheet and attach.  
☐ Yes ☐ No
3. Is there any enforcement action pending against these treatment, reuse, or disposal facilities? If yes, describe on a separate sheet and attach.  
☐ Yes ☐ No
4. 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
a. Process Flow Diagram	<input type="radio"/>	<input type="radio"/>
b. Site Plan	<input type="radio"/>	<input type="radio"/>
c. Location Map	<input type="radio"/>	<input type="radio"/>
d. Engineering Report	<input type="radio"/>	<input type="radio"/>
e. Source Water Evaluation	<input type="radio"/>	<input type="radio"/>
f. Binding Agreements and Documentation of Controls on Individual Users of Reclaimed Water	<input type="radio"/>	<input type="radio"/>
g. Joint Operations Plan	<input type="radio"/>	<input type="radio"/>
h. Request for Approval of Monitoring Plans	<input type="radio"/>	<input type="radio"/>
i. Concurrent Applications	<input type="radio"/>	<input type="radio"/>
j. Application for Monitoring Plan Approval for Groundwater Monitoring	<input type="radio"/>	<input type="radio"/>

### 2. Additional Application Requirements for New Facilities

	Attached	
	Yes	No
a. Pilot Test	<input type="radio"/>	<input type="radio"/>

### 3. Additional Application Requirements for Permit Modifications

	Attached	
	Yes	No
a. Operation and Maintenance Manual	<input type="radio"/>	<input type="radio"/>

### 4. Additional Application Requirements for Permit Renewals

	Attached	
	Yes	No
a. Monthly Operation Reports	<input type="radio"/>	<input type="radio"/>
b. Results of Mechanical Integrity Testing	<input type="radio"/>	<input type="radio"/>
c. Source Water Evaluation	<input type="radio"/>	<input type="radio"/>
d. Operating Protocol	<input type="radio"/>	<input type="radio"/>
e. Confirmation of Process Function	<input type="radio"/>	<input type="radio"/>

### 5. Comprehensive Pretreatment And Pollutant Source Control Programs

Has the wastewater treatment facility or facilities associated with the proposed potable reuse system obtained the Department approvals necessary to implement the comprehensive pretreatment and pollutant source control program requirements pursuant to Rule 62-565.505, F.A.C.

☐ Yes ☐ No

## Section 7. Certifications

### 1. Certifications for Construction of New Facilities or Modifications to Existing Facilities

#### a. 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-XXX.XXX, F.A.C. Further, I agree to provide an appropriate operation and maintenance manual for the facilities pursuant to Rule 62-565.580, 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<sup>1</sup>)

\_\_\_\_\_  
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)

\_\_\_\_\_  
<sup>1</sup> If signed by the authorized representative, attach a letter of authorization.

b. 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.)

c. 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.)

## 2. Certifications for Permit Renewals

### a. 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 62-565.500, F.A.C.

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(Signature of Applicant or Authorized Representative<sup>1</sup>)

---

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)



b. 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.)