



**PINELLAS COUNTY UTILITIES ENGINEERING
14 S. FT. HARRISON AVE.
CLEARWATER, FL 33756
(727) 464-3588**

**APPLICATION FOR PERMIT TO OPERATE
WITHIN THE WELLHEAD ZONE OF PROTECTION**

A. INSTRUCTIONS

Please type or print legibly in ink. Complete all items, noting "not applicable" as appropriate. Include all information, drawings and reports necessary to evaluate the facility. Information required to support the application is listed on the attached pages of this form. Submit two (2) copies of the complete application and supplemental information to the above address.

NOTE: Enclose a check or money order in the amount of twenty-five dollars (\$25.00) made payable to the Pinellas County Board of County Commissioners to defray the costs of processing this application. **THE COUNTY WILL NOT PROCESS THE APPLICATION UNLESS PAYMENT IS ENCLOSED.**

B. GENERAL INFORMATION

Facility Name _____

Facility Owner _____

Facility Location _____
(Street)

(City) (State) (Zip)

Mailing Address _____
(Street)

(City) (State) (Zip)

Applicant's Name _____

Telephone Number _____

Contact Person & Title _____

Property Owner _____

Address _____

(Street)

(City)

(State)

(Zip)

Telephone Number (____) _____

Parcel Identification Number _____

Site Identification Number _____

C. FACILITY INFORMATION

Describe the type of business or operation performed at this facility:

SIC Code _____

Operation: Hours/Day _____ Days/Week _____ Number of Employees _____

Total space occupied by facility: _____ square feet

Total space utilized for storage, handling, use or production of Regulated

Substances: _____ square feet

Do you have any water wells on site? () Yes () No

If yes, describe _____

Water utility providing service _____

Does facility have a septic tank? () Yes () No

Is facility connected to a sanitary sewer? () Yes () No

If yes, who provides sewer service? _____

Is there any non-domestic discharge to septic tank or sewer?

() Yes () No Please explain: _____

Does facility have floor drains? () Yes () No

If yes, floor drains connect to:

- () Septic tank
() Storm sewer
() Sanitary sewer
() Other (explain: _____)

Does facility have any pollutant storage tanks registered with the Florida Department of Environmental Protection (DEP)?

() Yes () No If yes, please list below:

Tank Registration Numbers

Capacity

Contents

DEP Storage Tank Facility ID Number _____

Identify types of wastes generated and methods of disposal.

Waste Type

Hauler or Disposal Service

() Solid Waste (trash, garbage)

() Sludge (septic tank, grease trap, industrial)

() Waste Oil

() Other Liquid Waste
(describe: _____)

Does this site generate hazardous wastes? () Yes () No () Don't Know

If yes, are hazardous wastes transported off site? () Yes () No

(Explain: _____)

EPA Hazardous Waste Generator ID Number _____

Name of hazardous waste transporter _____

Transporter's EPA ID Number _____

Identify hazardous waste types and amounts:

Waste Type

Amount Generated Monthly

Is this facility currently the subject of an investigation or enforcement action by the Florida Department of Environmental Protection, the U.S. Environmental Protection Agency, or other agency or agencies with jurisdiction in environmental matters?

☐ Yes ☐ No

If yes, please explain: _____

Is there now or has there ever been any documented soil or groundwater contamination at this site?

☐ Yes ☐ No

If yes, please explain: _____

Is there stormwater retention located on the facility property?

☐ Yes ☐ No

If yes, please provide stormwater retention plans and drawings (plan and profile views) including geotechnical report with submittal.

D. GENERIC SUBSTANCE LIST

Please check all of the following generic substances which will be stored, handled, used or produced at the facility.

- | | |
|---|---|
| <input type="checkbox"/> Acid and basic cleaning solutions | <input type="checkbox"/> Mercury and mercury compounds |
| <input type="checkbox"/> Antifreeze and coolants | <input type="checkbox"/> Metal finishing solutions |
| <input type="checkbox"/> Arsenic and arsenic compounds | <input type="checkbox"/> Oils |
| <input type="checkbox"/> Bleaches, peroxides | <input type="checkbox"/> Paints, primers, thinners, dyes, stains, wood preservatives, varnishing and cleaning compounds |
| <input type="checkbox"/> Brine solutions | <input type="checkbox"/> Painting solvents |
| <input type="checkbox"/> Casting and foundry chemicals | <input type="checkbox"/> PCB's |
| <input type="checkbox"/> Caulking agents and sealants | <input type="checkbox"/> Pesticides and herbicides |
| <input type="checkbox"/> Cleaning solvents | <input type="checkbox"/> Plastic resins, plasticizers and catalysts |
| <input type="checkbox"/> Corrosion and rust prevention solutions | <input type="checkbox"/> Photo development chemicals |
| <input type="checkbox"/> Cutting fluids | <input type="checkbox"/> Poisons |
| <input type="checkbox"/> Degreasing solvents | <input type="checkbox"/> Polishes |
| <input type="checkbox"/> Disinfectants | <input type="checkbox"/> Pool chemicals |
| <input type="checkbox"/> Electroplating solutions | <input type="checkbox"/> Processed dust and particulates |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Radioactive sources |
| <input type="checkbox"/> Fertilizers | <input type="checkbox"/> Reagents and standards |
| <input type="checkbox"/> Fire extinguishing chemicals | <input type="checkbox"/> Refrigerants |
| <input type="checkbox"/> Food processing wastes | <input type="checkbox"/> Roofing chemicals and sealers |
| <input type="checkbox"/> Formaldehyde | <input type="checkbox"/> Sanitizers, disinfectants, bactericides and algacides |
| <input type="checkbox"/> Fuels and additives | <input type="checkbox"/> Soaps, detergents and surfactants |
| <input type="checkbox"/> Glues, adhesives and resins | <input type="checkbox"/> Solders and fluxes |
| <input type="checkbox"/> Greases | <input type="checkbox"/> Stripping compounds |
| <input type="checkbox"/> Hydraulic fluid | <input type="checkbox"/> Tanning industry chemicals |
| <input type="checkbox"/> Industrial and commercial janitorial supplies | <input type="checkbox"/> Transformer and capacitor oils/fluids |
| <input type="checkbox"/> Industrial sludges and stillbottoms | <input type="checkbox"/> Water and wastewater treatment chemicals |
| <input type="checkbox"/> Inks, printing and photocopying chemicals | |
| <input type="checkbox"/> Laboratory chemicals | |
| <input type="checkbox"/> Liquid storage batteries | |
| <input type="checkbox"/> Medical, pharmaceutical, dental, veterinary and hospital solutions | |

E. REGULATED SUBSTANCES

Using the Generic Substances List as your guide, list all Regulated Substances which will be stored, handled, used or produced in the non-residential activity to be permitted, including their quantities. Attach additional sheets as necessary.

Trade Name	Chemical or Generic Name	* Container Size	* Maximum Quantity	* Monthly Use

* INDICATE GALLONS OR POUNDS

Provide response to the following sections on separate sheets. Include drawings, plans, maps, etc., as appropriate. NOTE: All maps, plan sheets, drawings, photographs, etc. shall be legible, of appropriate scale, numbered, titled, and referenced to narrative, bear a legend of symbols used, depict appropriate scale, depict a north arrow, use NVGD for elevations, and shall be dated, signed and sealed by the Registered Professional Engineer or Licensed Professional Geologist responsible for their preparation.

F. FACILITY

Provide Layout plans or drawings of the facility. Indicate where all Regulated Substances will be stored, handled, used or produced. Show all stormwater retention, exits, floor drains, storage structures, piping, and dispensing and shipping facilities.

G. CONTAINMENT PROVISIONS

Describe the containment systems utilized to prevent spilled substances from escaping to the environment in accordance with the wellhead protection ordinance. Specific containment provisions may include, but are not limited to:

- impermeable floors with cracks and holes sealed
- curbing or slopes across doors and around loading areas
- secondary containment for storage tanks and piping in accordance with the wellhead protection ordinance

Include a construction schedule for proposed improvements to the facility to provide containment as described.

H. EMERGENCY RESPONSE

Attach to this application an emergency plan which describes actions to be taken to respond to any spill of Regulated Substances. Provide the following information in the plan, in addition to any other information and training needed to properly instruct employees of their duties to complete emergency cleanup.

1. Include name(s) and telephone numbers for the person(s) designated responsible for overseeing implementation of the emergency plan. Describe each person's duties in detail.
2. Describe procedures and equipment available on site that will be employed to recover and contain any spilled Regulated Substances. Include types and quantities of absorbent materials and recovery containers. If a cleanup company is under contract to provide remedial services in the event of a spill of Regulated Substances, give the name, address and telephone number of the company and describe the arrangements made with that company to respond to any spill.
3. Include plans for disposal of the spilled Regulated Substances and spent recovery materials, in accordance with applicable regulations.

I. DAILY INSPECTIONS

Describe daily monitoring activities undertaken to detect any breakage or leakage of containers holding Regulated Substances.

Describe any electronic sensing devices to be utilized for this purpose. Provide the titles(s) of the person(s) responsible for inspecting the containers.

J. SYSTEM MAINTENANCE

Describe procedures established for the quarterly in-house inspection and maintenance of containment and emergency equipment.

K. GROUNDWATER MONITORING PLAN

Attach a Groundwater Monitoring Plan to this application which includes the following:

1. A site map indicating direction of groundwater flow and location of monitor well(s) with respect to areas where Regulated Substances will be used, handled, stored or produced at the facility and with respect to the nearby potable water supply well or wells.
2. Well construction details, including depth to screen, screen length, slot size, water table elevation, casing material, grout, packing and sealing materials and other pertinent information. Wells shall be installed by a licensed water well contractor. As-built drawings and well completion reports shall be submitted upon completion of well construction and signed and sealed by a Professional Geologist (P.G.).
3. Arrangements made or to be made with a State-certified laboratory for analyses of specified Regulated Substances in samples from the monitoring wells(s).
4. Include a schedule for construction of the well(s) and implementation of the monitoring plan.

NOTE: Retail/wholesale sales establishments which store and handle Regulated Substances for resale in original unopened containers need not submit a Groundwater Monitoring Plan under (K) or Potable Well Monitoring arrangements under (L), provided that no individual container exceeds ten (10) gallons, if liquid, or twenty-five (25) pounds, if solid.

L. POTABLE WELL MONITORING

Provide evidence of arrangements made with the appropriate designated public utility for sampling and analysis of raw water from the affected potable water well. A copy of correspondence from the utility attesting to such arrangements will be acceptable for this purpose.

M. BOND OR LETTER OF CREDIT - **NO LONGER REQUIRED (DISREGARD)**

Submit with this application a cash bond, permit bond, or letter of credit with the corporation surety in the appropriate amount as follows:

Amount of Bond or letter of Credit

\$20,000

No required permit shall be issued unless and until the appropriate bond or letter of credit has been reviewed and approved by the Pinellas County Attorney's Office and has been filed with the Clerk of the Board of County Commissioners. A permit bond shall be executed by a corporation authorized as a surety in the State of Florida. A cash bond shall be deposited with the Utilities Department, who shall give credit therefore. Copies of blank forms for your use are attached.

N. CERTIFICATION BY APPLICANT AND ENGINEER OR GEOLOGIST

APPLICANT

The undersigned (owner), (operator) or (authorized representative)* of _____

_____ certifies that the information in this application for an Operating Permit is true, correct and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to comply with the provisions of Pinellas County Ordinance No. 90-2 and amendments thereto, and rules of the Pinellas County Utilities Department. The Department shall be notified upon the sale or legal transfer of the permitted facility. The undersigned agrees to indemnify and hold Pinellas County harmless from any and all claims, liabilities, causes of action, or damages arising out of the issuance of the permit, to the extent permitted by Florida law.

Signature of the Owner, Operator or Authorized Representative*

Name and Title

Date

*Attach a letter of authorization

Registered Professional Engineer or Licensed Professional Geologist

In my profession judgement, the facility described in this application, as properly constructed, complies with the provisions of Pinellas County Ordinance No. 90-2.

Signature

Name and Title

Date

Telephone Number

Florida Registration or License Number (please affix seal)