



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

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

A. INSTRUCTIONS

Please type or print legibly in ink. Complete all items highlighted in yellow, 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 DEPARTMENT 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 () _____

C. FACILITY INFORMATION

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

The proposed facility is a residential subdivision. The subdivision
includes ponds for stormwater discharge collected from the residential
subdivision.

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:

| <u>Tank Registrations Number</u> | <u>Capacity</u> | <u>Contents</u> |
|----------------------------------|-----------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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) _____

Does the 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 _____

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 been any documented soil or groundwater contamination at this site?

() Yes () No If yes, please explain:

Is there stormwater retention 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. 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. The undersigned certifies that this document has not been altered from its original form.

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, when property constructed, will comply 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)