



ESCAMBIA COUNTY

DEPARTMENT OF SOLID WASTE MANAGEMENT

APPLICATION FOR A PERMIT TO CONSTRUCT,
OPERATE, MODIFY OR CLOSE A
CONSTRUCTION AND DEMOLITION DEBRIS
OR LAND CLEARING DISPOSAL
MANAGEMENT FACILITY

April 13, 2006

**Escambia County
Department of Solid Waste Management
APPLICATION FOR A PERMIT TO CONSTRUCT,
OPERATE, MODIFY OR CLOSE A C&DD WASTE MANAGEMENT FACILITY**

A. GENERAL INFORMATION

1. Type of facility (check all that apply):

- Regional
- Rural
- Infill
- Transfer
- Land Clearing Debris (LCD)

2. Type of application:

- Construction
- Operation
- Construction/Operation
- Closure

3. Classification of application:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Substantial Modification |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Intermediate Modification |
| | <input type="checkbox"/> Minor Modification |

4. Facility name: _____

5. ID Number: _____

6. Facility location (main entrance): _____

7. Location coordinates:

Section: _____ Township: _____ Range: _____

Latitude: _____° _____' _____" Longitude: _____° _____' _____"

8. Applicant name (operating authority): _____

Mailing address: _____

Street or P.O. Box City County Zip

Contact person: _____ Telephone: (____) _____

Title: _____ Email: _____

9. Authorized agent/consultant: _____

Mailing address: _____
Street or P.O. Box City County Zip

Contact person: _____ Telephone: (____) _____

Title: _____ Email: _____

10. Landowner (if different than applicant): _____

Mailing address: _____
Street or P. O. Box City County Zip

Contact person: _____ Telephone: (____) _____

Email: _____

11. Date site will be ready to be inspected for completion: _____

12. Expected life of the facility: _____ years

13. Estimated costs:

Total Construction: \$ _____ Closing Costs: \$ _____

14. Anticipated construction starting and completion dates:

From: _____ To: _____

15. Expected volume or weight of waste to be received: _____ yds³/day.

B. DISPOSAL FACILITY GENERAL INFORMATION

1. Provide brief description of disposal facility design and operations planned under this application:

2. Facility site supervisor: _____

Title: _____ Telephone: (____) _____

Email: _____

3. Disposal area: Total _____ acres; Used _____ acres; Available _____ acres

4. Security to prevent unauthorized use: Yes No

5. Charge for waste received: _____ \$/yds³ _____ \$/ton

6. Surrounding land use, zoning:

<input type="checkbox"/>	Residential	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Agricultural	<input type="checkbox"/>	None
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Other Describe: _____

7. Types of waste received:

C & D debris Land Clearing Debris

8. Attendant: Yes No Trained operator: Yes No

9. Spotters: Yes No Number of spotters used: _____

10. Site located in: Floodplain Wetlands Other _____

11. Property recorded as a Disposal Site in County Land Records: Yes
 No

12. Days of operation: _____

13. Hours of operation: _____

14. Days Working Face covered: _____

15. Elevation of water table: _____ Ft. (NGVD 1929)

16. Storm Water:

Collected: Yes No

Type of treatment: _____

Name and Class of receiving water: _____

17. Required submittals for issuance of permit.

- a. Boundary survey signed and seal by a registered Florida surveyor.
- b. Site Plan - Provide a site plan, at a scale not greater than 200 feet to the inch, which shows the facility location and identifies the proposed waste and final residue storage areas, total acreage of the site, and any other features which are relevant to the prohibitions or location restrictions such as water bodies or wetlands on or within 500 feet of the site, and potable water wells on or within 1000 feet of the site.
- c. Operational Plan - Provide an operation plan for the facility which includes: (1) a description of general facility operations, the number of personnel responsible for the operations including their respective job descriptions, and the types of equipment that will be used at the facility; (2) procedures to ensure any unauthorized wastes received at the site will be properly managed; (3) a contingency plan to cover operation interruptions and emergencies such as fires, explosions, or natural disasters; (4) procedures to ensure operational records needed for the facility will be adequately prepared and maintained; and (5) procedures to ensure that the wastes and final residue will be managed to not be expected to cause pollution.

18. Development Review Committee process completed.

No Yes

Date: _____

Project Number: _____

19. Development Order issued.

No Yes

Date: _____

C. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER

1. Applicant:

The undersigned applicant or authorized representative of _____ is aware that statements made in this form and attached information are an application for a _____ Permit from the Department of Solid Waste Management and certifies that the information in this application is true, correct and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to comply with the provisions of County Ordinance 2006-24 and all rules and regulations of the Department. It is understood that the Permit is not transferable, and the Department will be notified prior to the sale or legal transfer of the permitted facility.

Signature of Applicant or Agent

Mailing Address

Name and Title (please type)

City, State, Zip Code

E-mail address (if available)

(_____)_____
Telephone Number

Attach letter of authorization if agent is not a governmental official, owner, or corporate officer.

2. Professional Engineer registered in Florida (or Public Officer if authorized under Sections 403.707 and 403.7075, Florida Statutes):

This is to certify that the engineering features of this C & DD waste management facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly maintained and operated, will comply with all applicable statutes of the State of Florida and rules of the Department. It is agreed that the undersigned will provide the applicant with a set of instructions of proper maintenance and operation of the facility.

Signature

Mailing Address

Name and Title (please type)

City, State, Zip Code

Email Address (if applicable)

Florida Registration Number
(Please affix seal)

(_____)_____
Telephone Number

Date