



WASTEWATER FACILITY OR ACTIVITY PERMIT APPLICATION FORM 1 GENERAL INFORMATION

I IDENTIFICATION NUMBER:

Facility ID _____

II CHARACTERISTICS:

INSTRUCTIONS: Complete the questions below to determine whether you need to submit any permit application forms to the Department of Environmental Protection. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the blank in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements. See Section B of the instructions. See also, Section C of the instructions for definitions of the terms used here.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a domestic wastewater facility which results in a discharge to surface or ground waters?		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters?		X	
C. Does or will this facility (other than those describe in A. or B.) discharge process wastewater, or non-process wastewater regulated by effluent guidelines or new source performance standards, to surface waters?		X	
D. Does or will this facility (other than those described in A. or B.) discharge process wastewater to ground waters?		X	
E. Does or will this facility discharge non-process wastewater, not regulated by effluent guidelines or new source performance standards, to surface waters?		X	
F. Does or will this facility discharge non-process wastewater to ground waters?		X	
G. Does or will this facility discharge stormwater associated with industrial activity to surface waters?		X	
H. Is this facility a non-discharging/closed loop recycle system?		X	

III NAME OF FACILITY: (40 characters and spaces)

South Florida Water Management District S-2 Pump Station

Facility ID _____

IV FACILITY CONTACT: (A. 30 characters and spaces)

A. Name and Title (Last, first, & title)	B. Phone (area code & no.)
Merriam, Chip, Deputy Executive Director	(561) 682-2706

V FACILITY MAILING ADDRESS: (A. 30 characters and spaces; B. 25 characters and spaces)

A. Street or P.O. Box: 3301 Gun Club Road		
B. City or Town: West Palm Beach	State: FL	Zip Code: 33406

VI FACILITY LOCATION: (A. 30 characters and spaces; B. 24 characters and spaces; C. 3 spaces (if known); D. 25 characters and spaces; E. 2 spaces; F. 9 spaces) Also see attached lat/long location.

A. Street, Route or Other Specific Identifier: 41000 N.W. 1st Avenue		
B. County Name: Palm Beach	C. County Code (if known):	
D. City or Town: South Bay	E. State: FL	F. Zip Code: 33493

VII SIC CODES: (4-digit, in order of priority)

1. Code #:	(Specify)	2. Code #:	(Specify)
3. Code #:	(Specify)	4. Code #:	(Specify)

VIII OPERATOR INFORMATION: (A. 40 characters and spaces; B. 1 character; C. 1 character (if other, specify); D. 12 characters; E. 30 characters and spaces; F. 25 characters and spaces; G. 2 characters; H. 9 characters)

A. Name: South Florida Water Management District		B. Is the name in VIII A. the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
C. Status of Operator: F = Federal; S = State; P = Private; O = Other; M = Public (other than F or S)	(code) M	(specify) water management	D. Phone No.: (561) 682-2706
E. Street or P.O. Box: 3301 Gun Club Road			
F. City or Town: West Palm Beach		G. State: FL	H. Zip Code: 33406

IX INDIAN LAND: Is the facility located on Indian lands? Yes No

X EXISTING ENVIRONMENTAL PERMITS:

A. NPDES Permit No.	B. UIC Permit No.	C. Other (specify)	D. Other (specify)
		Lake Okeechobee Permit	

No. 0174552-001-GL

XI MAP: Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII NATURE OF BUSINESS (provide a brief description)

The South Florida Water Management District is one of five districts established under Chapter 373, Florida Statutes to provide stewardship over the State of Florida's public water resources. It plans and implements water management policies for flood control and water supply, and the restoration and maintenance of the natural systems.

XIII CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Carol Ann Wehle
A. Name (type or print)


B. Signature

Executive Director
Official Title (type or print)

August 3, 2007
C. Date Signed

Merriam, Chip

From: Sylvester, Susan
Sent: Thursday, August 02, 2007 6:41 PM
To: Merriam, Chip
Subject: Coordinates

Chip

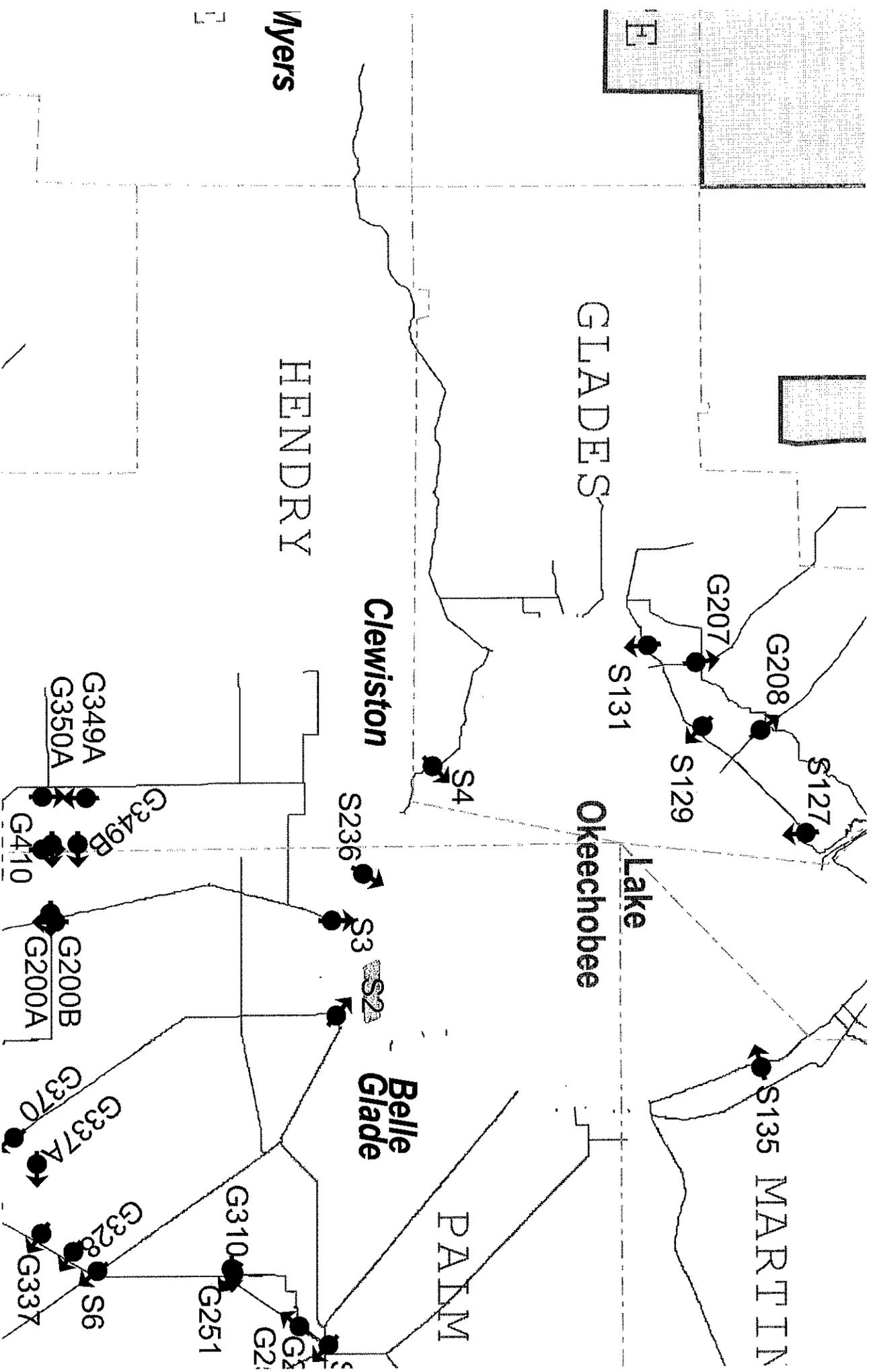
Here are the coordinates:

Description: PUMP STATION S-2
[26° 42'01.233"N,80°42'58.203"W]

Latitude 264201.233
Longitude 804258.203

Description: S-3, BASIN, 101.0 SQ.MI.
Latitude 264156.236
Longitude 804826.212

Description: PUMP STATION S-4
Latitude 264723.226
Longitude 805742.225



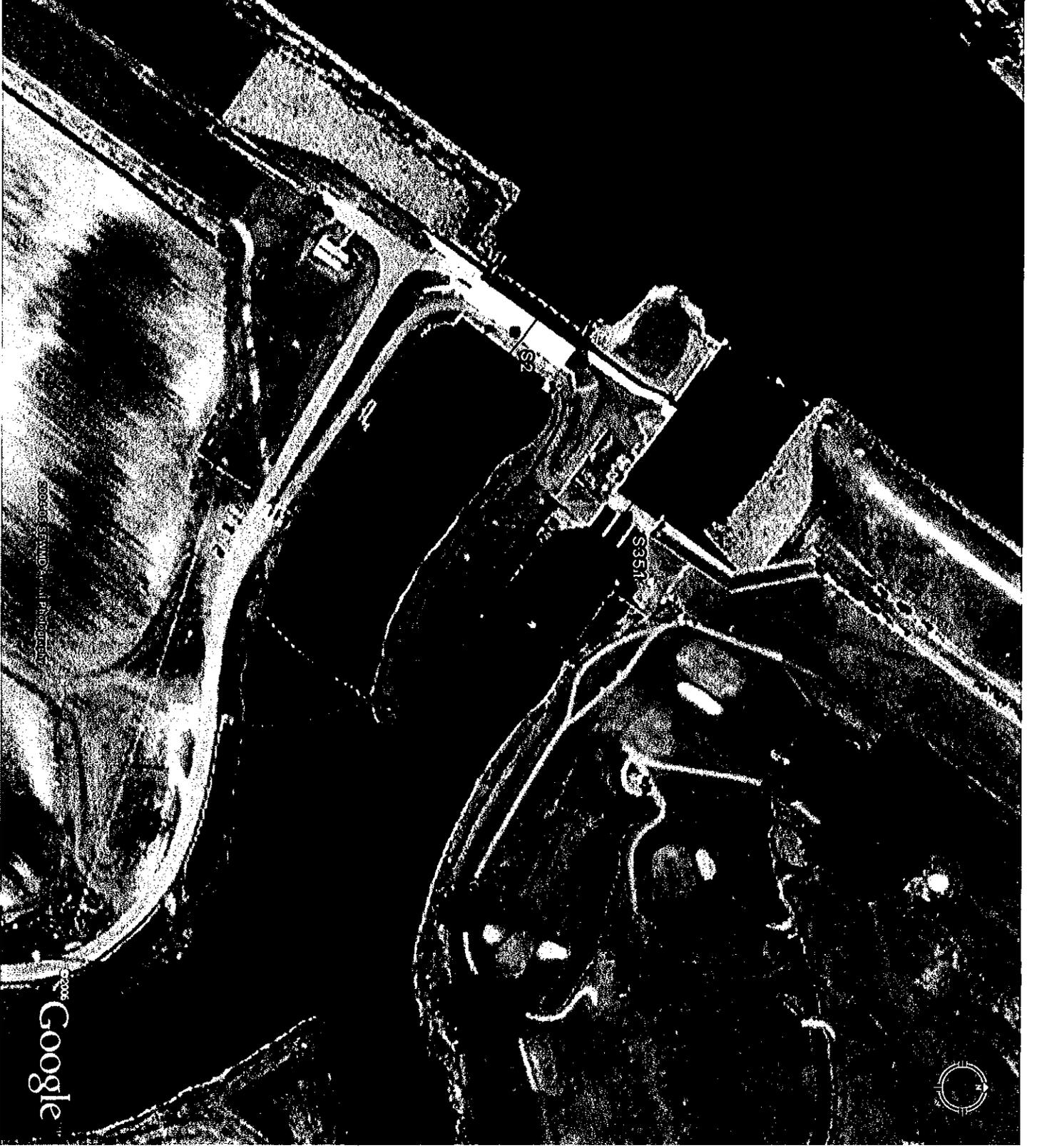
S4

S354 S3

S351

S2





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WASTEWATER FACILITY OR ACTIVITY PERMIT APPLICATION FORM 1 GENERAL INFORMATION

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Facility ID _____

II CHARACTERISTICS:

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SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a domestic wastewater facility which results in a discharge to surface or ground waters?		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters?		X	
C. Does or will this facility (other than those describe in A. or B.) discharge process wastewater, or non-process wastewater regulated by effluent guidelines or new source performance standards, to surface waters?		X	
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E. Does or will this facility discharge non-process wastewater, not regulated by effluent guidelines or new source performance standards, to surface waters?		X	
F. Does or will this facility discharge non-process wastewater to ground waters?		X	
G. Does or will this facility discharge stormwater associated with industrial activity to surface waters?		X	
H. Is this facility a non-discharging/closed loop recycle system?		X	

III NAME OF FACILITY: (40 characters and spaces)

South Florida Water Management District S-3 Pump Station.

Facility ID _____

IV FACILITY CONTACT: (A. 30 characters and spaces)

A. Name and Title (Last, first, & title)	B. Phone (area code & no.)
Merriam, Chip, Deputy Executive Director	(561) 682-2706

V FACILITY MAILING ADDRESS: (A. 30 characters and spaces; B. 25 characters and spaces)

A. Street or P.O. Box: 3301 Gun Club Road		
B. City or Town: West Palm Beach	State: FL	Zip Code: 33406

VI FACILITY LOCATION: (A. 30 characters and spaces; B. 24 characters and spaces; C. 3 spaces (if known); D. 25 characters and spaces; E. 2 spaces; F. 9 spaces)

Also see attached.

A. Street, Route or Other Specific Identifier: 47000 State Road 80		
B. County Name: Palm Beach	C. County Code (if known):	
D. City or Town: Lake Harbor	E. State: FL	F. Zip Code: 33459

VII SIC CODES: (4-digit, in order of priority)

1. Code #:	(Specify)	2. Code #:	(Specify)
3. Code #:	(Specify)	4. Code #:	(Specify)

VIII OPERATOR INFORMATION: (A. 40 characters and spaces; B. 1 character; C. 1 character (if other, specify); D. 12 characters; E. 30 characters and spaces; F. 25 characters and spaces; G. 2 characters; H. 9 characters)

A. Name: South Florida Water Management District		B. Is the name in VIII A. the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
C. Status of Operator: F = Federal; S = State; P = Private; O = Other; M = Public (other than F or S)	(code) M	(specify) Water Management Dist	D. Phone No.: (561) 682-2706
E. Street or P. O. Box: 3301 Gun Club Road			
F. City or Town: West Palm Beach		G. State: FL	H. Zip Code: 33406

IX INDIAN LAND: Is the facility located on Indian lands? Yes No

X EXISTING ENVIRONMENTAL PERMITS:

A. NPDES Permit No.	B. UIC Permit No.	C. Other (specify)	D. Other (specify)
		Lake Okeechobee Permit	

No. 0174552-001-GL

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Carol Ann Wehle
A. Name (type or print)


B. Signature

Executive Director
Official Title (type or print)

August 3, 2007
C. Date Signed

Merriam, Chip

From: Sylvester, Susan
Sent: Thursday, August 02, 2007 6:41 PM
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Subject: Coordinates

Chip

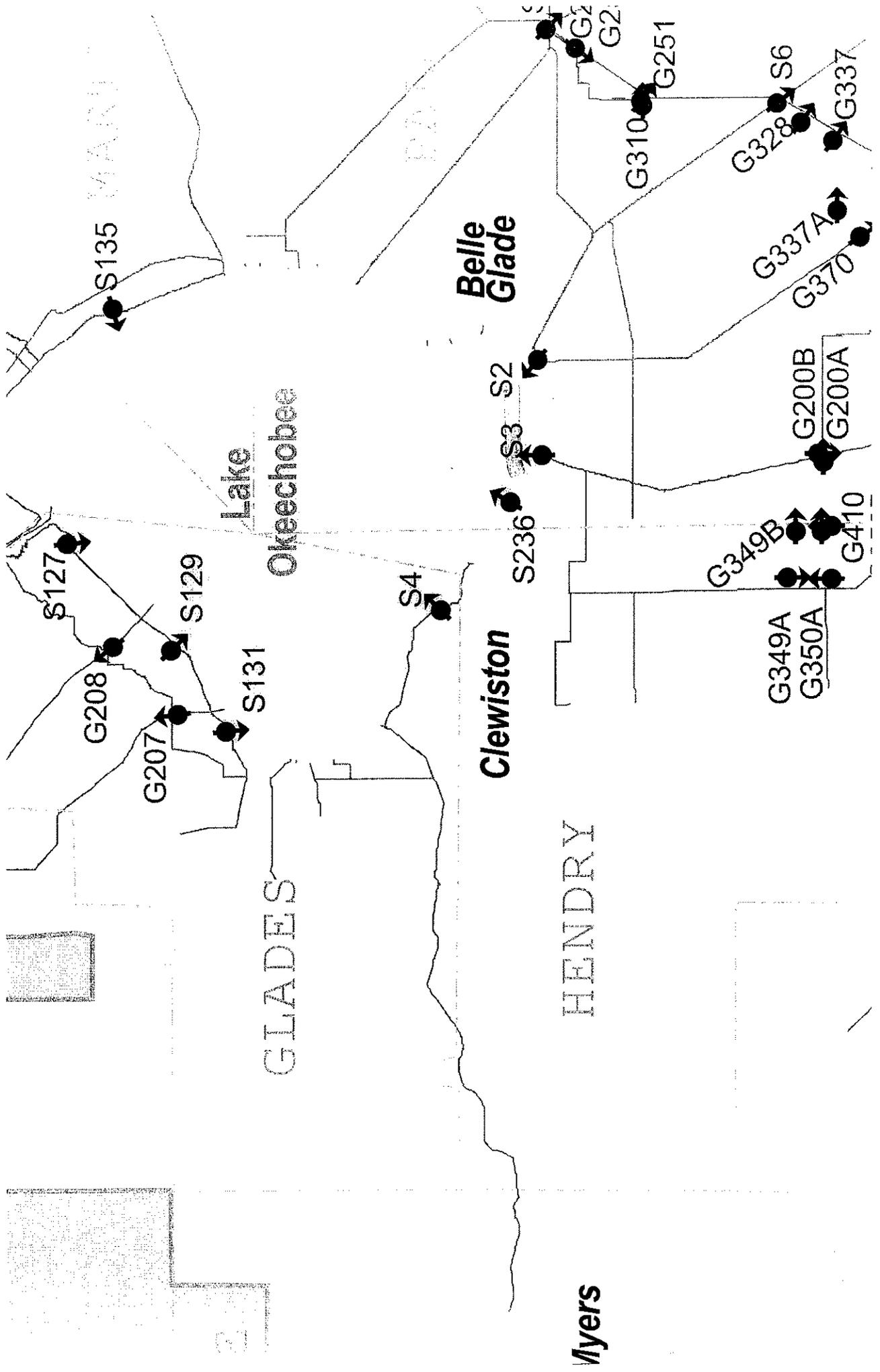
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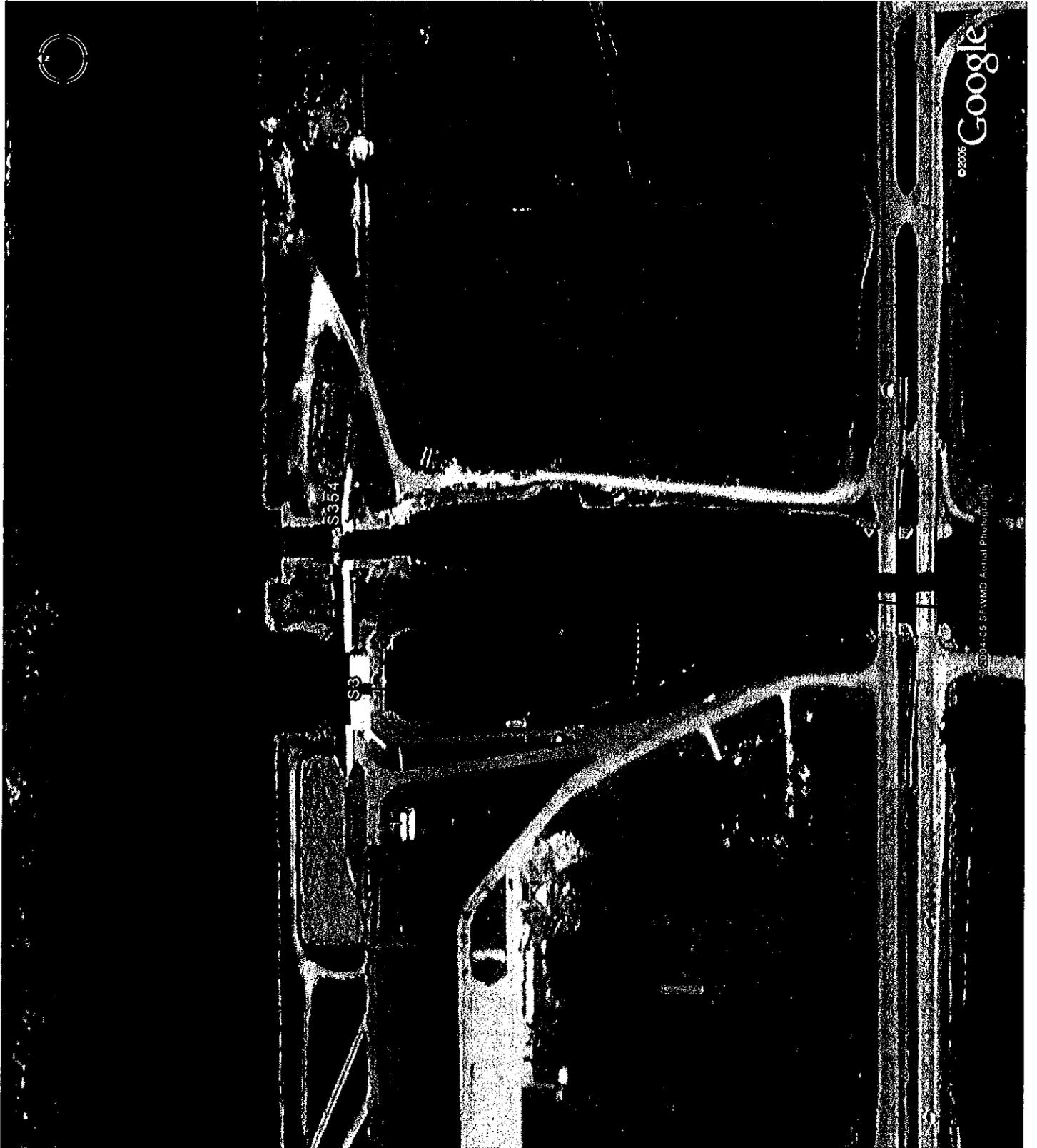
Description: PUMP STATION S-4
Latitude 264723.226
Longitude 805742.225





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S354 S3 S351 S2



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South Florida Water Management District S-4 Pump Station.

Facility ID _____

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Also see attached.

A. Street, Route or Other Specific Identifier: Route 3, Box 223		
B. County Name: Glades	C. County Code (if known):	
D. City or Town: Moore Haven	E. State: FL	F. Zip Code: 33471

VII SIC CODES: (4-digit, in order of priority)

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Carol Ann Wehle
B. Signature

Executive Director
Official Title (type or print)

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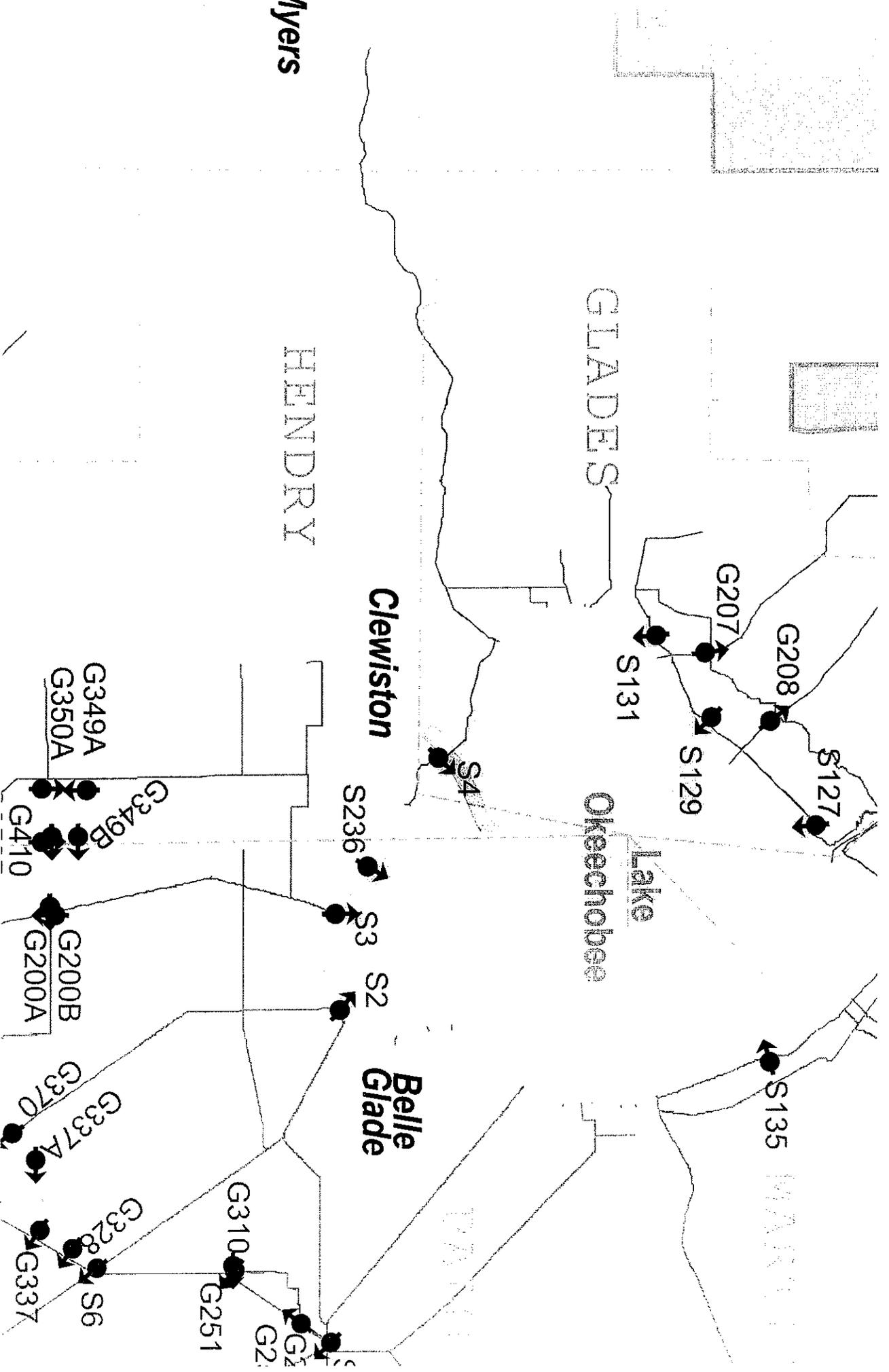
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Description: PUMP STATION S-4
Latitude 264723.226
Longitude 805742.225





S4

S354 S3

S351

S2



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South Florida Water Management District

P.O. Box 24682 * West Palm Beach, Fl. 33416-4682

CHECK NO. **3022496**

PAYMENT VOUCHER	VENDOR INVOICE NO.	VOUCHER DATE	DESCRIPTION	AMOUNT
1900017814	PERMIT08/02/	08-02-07	NPDES PERMIT APP	45,000.00
TOTAL				45,000.00

SRC 011 (REV 12/98)

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.



South Florida Water Management District

P.O. Box 24682 * West Palm Beach, Fl. 33416-4682
(561) 686-8800 * WATTS 1-800-432-2045

64-79
811

CHECK NO. **3022496**

SunTrust Bank
Miami, FL

PAY ONLY FOUR FIVE ZERO ZERO ZERO CTSCTS

DATE: **08-02-07**

VOID AFTER 180-DAYS

PAY **■ FORTY-FIVE THOUSAND DOLLARS AND ZERO CENTS *******

CHECK AMOUNT
***\$45,000.00**

TO THE ORDER OF

FLORIDA DEPT OF ENVIRON PROTECTION
2600 BLAIR STONE RD
TALLAHASSEE FL 32399

Stephen Haber

Void Over \$45,000.00

⑈ 3022496 ⑈ ⑆ 061100790 ⑆ 8800621693 ⑈

Standard Register ®

8142284 REV. (8-03)

Security Features Included