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	DER Form a 17-730 900-2)
	Form Tipe At Toria Hazardous Waste Facility Pe
	Effective Daile June 1 1990
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P	ECHO

Application for a Hazardous Waste Facility Permit

. Certification To be completed by all applicants

Operator

HAZARDOUS WASTE

JAN 10 1992

I certify under penalty of law that this document and all attachments were prepared under my direction or super Michael in accordance w a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inqui of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for subh ting false information, including the possibility of fine and imprisonment for knowing violations. Further Lagree to comply with the provision of Chapter 403, Florida Statutes, and all rules and regulations of the Department of Environmental Regulation. It is understood that t permit is only transferable in accordance with Section 17-730, FAC, and, if granted a permit, the Department of Environmental Regiulat will be notified prior to the sale or legal transfer of the permitted facility.

Signature of the Operator or Authorized Representative

*Attach a letter of authorization

CARY L. Moore, President

Name and Title (Please Type or Print)

Date 10-29-91 Telephone No. (305) 583-3795

2. Facility Owner

This is to certify that I understand this application is submitted for the purpose of obtaining a permit to construct, operate, or close a haz dous waste management facility on the property as described. As owner of the facility, I understand fully that the facility operator an are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department of Environmental Regulation.

Signature of the Facility Owner or Authorized Representative*

*Attach a letter of authorization

Sary (. Moore President

Name and Title (Please Type or Print)

10-29-91 Telephone No (305) 183-379

Land Owner

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct ope or close a hazardous waste management facility on the property as described. For hazardous waste disposal facilities. I further underst that I am responsible for providing the notice in the deed to the property required by 40 CFR §264 f19 and §265 f19, as adopted by refers in Chapter 277730, FAC

*Attach a letter of authorization

Gary (. Mo ore President
Name and Title (Please Type or Print)

Professional Engineer Registered in Florida (Where Required by Chapter 471, FS or not exempted by Rule 17-730 220(5), F

This is to certify that the engineering features of this hazardous waste management facility have been designed <u>fexamined</u> by me and fe to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when property constru maintained and operated or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of vironmental Regulation

SUSAN (BOWER

Name (Please Type)

Mailing address 1/709 NW 12 ST

Pembooka Pines FL

27-91 Telephone No. (325) 24:5

IMAGE QUALITY AS YOU VIEW THE FOLLOWING DOCUMENT, PLEASE NOTE THAT PORTIONS OF THE ORIGINAL WERE OF **POOR QUALITY**

DER Form (17-730 900/2)
Form Tree Ap for a Hazardous Waste Facility Pe
Effective Date June 1, 1990
DER Apprication No
(Filled in by DER)

- Application for a Hazardous Waste Facility Permit Certification

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Long of Mane	GARY L. MOORE, President
Signature of (the Operator or Authorized Representative*	Name and Title (Please Type or Print)
Attach a letter of authorization	Date. 16-29-91 Telephone No (305) 583-379

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Signature of the Facility Owner or Authorized Representative
Attach a letter of authorization

Sary (. Moore President

Name and Title (Please Type or Print)

Date 10-29-91 Telephone No (305) 183-3793

3. Land Owner

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Signature of the Facility Owner or Authorized Representative Name and Title (Please Type or Print)

*Attach a letter of authorization

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Signature

Name (Please Type)

Making address // 708 Nw /2 ST

Street or PC Box

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DE# For 17-7301	900-2)
Form Ton At for a H	lazardous Waste Facility Pe
Etem up Date June 1	1990
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Long L. More	GARY
Signature of the Operator or Authorized Representative	•
	Data 10 - 3

*Attach a letter of authorization

GARG	1 L.	MOORE	President	
•		Name and Ti	tie (Piease Type or Print)	

29-91 Telephone No (305) 583-3795

2 Facility Owner

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*Attach a letter of authorization

Name and Title (Please Type or Print)

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Florida Registration (Net)

(Please Affix

		-	Ap for a Hazardou	s Waste Facility Pe
		DEP Apol	caron No(F	end in the CIEP)
M an induction or partnership list account				
If an individual or partnership, list owners: Name				
Address	٠			
Stree' or PO Bo	City	Sta'e		Zip
Name:				
Address: Street or PO Bo	ox City	State		Zip
Name		 		
Address: Street or PO B	ох Спу	State		Zip
Name:				
Address:Street or PO B				
		State		Zip
	To be purchased To be leased	,	ears ·	
Presently leased: Expiration date		sed, give		
Land owner's name Integrated Reso	·			22214
Land owner's address 4001 SW 47th	Ave., Suite 211 Davie eet or PO Box City	FL State		33314 Zip
Engineer Susan Bower	Registration 1	No.: 41831		
Address: 11708 NW 12th St.	Pembroke Pines	FL		33026
Associated with: Susan Bower, P.E.	Box City	State		Zip
	· X No			
Existing or pending environmental permits				
		Permit	Date	Expirati
Name of Permit	Agency	Number	Issued	Date
Wastewater Discharge Permit	Broward Co Wastewater Mgt Div	133314053	3/7/91	12/31/9
Port Everglades Oily Waste	Port Everglades	10-002	1/3/91	12/31/9
Transfer Station	Broward Co.	HTS-W0-5	3/30/91	3/31/
Licnese to haul industrial	Broward Co.	letter	7/6/90	4/26/
General Permit	FDER	S006-1984	1	199
Waste Transporter	Metro-Dade FDER	HW91-T54-0 50030-U0	00 4/91 7/91	3/31/ 6/30/
#sed Oil Transporter,Coll, B. Sile Information	- I ULA	_JUUJU-UU		07.307
Facility location. County Broward	Nearest comm	unity Davie	. FL	
Latitude 26°4′34~	Longitude: 80°12	•		
2. Area of facility site (acres) 1.035	Longitude.			
Attach a scale drawing and photographs	of the facility showing the location of all pa	st, present and	d future treatm	nent storac
disposal areas. Also show the hazardou	is wastes traffic pattern including estimated	volume and c	ontrol.	5.0.00
4. Attach topographic map which shows a	ill the features indicated in the instruction s	heet for this pa	art	
5. Is the site located in a 100-year flood p	lain? Yes X No			

Page 10 of 29

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FL		33314
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41831		
FL		33026 Zip
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Permit	Date	Expiration
Number	Issued	Date
33314053	3/7/91	12/31/91
0-002	1/3/91	12/31/91
TS-W0-5	3/30/91	3/31/92
	7/6/90	4/26/92
letter		
letter 006-1984: 91-154-0		1996 3/31/92

	and the state of t					
If an individual or partr Name: N/A	nership, list owners:					·
		٠				
Address	Street or PO Bo),	City	Sta'e		Zip
Name:						
Address:	Street on PO Bo	Ox .	City	State		Zip
Name						
Address:	A		Спу	5		
			City	State		Zip
Name:						
Address	Street or PO B	Box	City	State		Žip
8. Site ownership status:	: X Owned	To be purchased	To be leased	y	ears	
•	Expiration date			ased, give.		
			, Inc.			
Land owner's addres	ss 4001 SW 47th	Ave., Suite 2	211 Davie	FL State		33314 Zip
19. Engineer: Susan l	Bower		Registration	No.: 41831		
•				FL		33026
	Č1 1 DČ					
Associated with: St	usan Bower, P.E.	Box •	Pembroke Pines City	State		Zip
ASSOCIATED WITH		CT0	City	State	-	Zip
20. Facility located on In	ndian land: Yes	No No		State		Zip
20. Facility located on In 21. Existing or pending	ndian land: Yes	No No (Attach a separa	te sheet if necessary)		i Date	
20. Facility located on In 21. Existing or pending	ndian land: Yes	No No (Attach a separa		Permit Number	Date Issued	
20. Facility located on In 21. Existing or pending Name Wastewater Di	ndian land: Yes environmental permits of Permit scharge Permit	No No (Attach a separa	te sheet if necessary)	Permit Number		Expiration Date
20. Facility located on In 21. Existing or pending Name	ndian land: Yes environmental permits of Permit scharge Permit	No No (Attach a separa	te sheet if necessary) Agency astewater Mgt Di	Permit Number	! Issued	Expiration Date
20. Facility located on In 21. Existing or pending Name Wastewater Di Port Everglad Removal Transfer Stat	environmental permits of Permit scharge Permit les Oily Waste	No No S (Attach a separa	te sheet if necessary) Agency astewater Mgt Di	Permit Number v 133314053	1ssued 3/7/91	Expiration Date 12/31/91 12/31/91
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