

## ATTACHMENT B

~~CONFIDENTIAL  
BUSINESS  
INFORMATION~~

# APPLICATION FORM FOR A USED OIL PROCESSING FACILITY PERMIT

## Part I

TO BE COMPLETED BY ALL APPLICANTS (Please type or print)

### A. General Information

1. New \_\_\_\_\_ Renewal ☒ Modification \_\_\_\_\_ Date old permit expires 2/12/03

2. Revision number 0

3. NOTE: Processors must also meet all applicable subparts, (describe compliance in process description for applicable standards) if they are:

- ☐ generators (Subpart C)  
☒ transporters (Subpart E)  
☐ burners of off-spec used oil (Subpart G)  
☒ marketers (Subpart H)  
or  
☐ are disposing of used oil (Subpart I)

4. Date current operation began: OCTOBER 31, 1995

5. Facility name: CLIFF BERRY, INC. - MIAMI FACILITY

6. EPA identification number: FLD 058 560 699

7. Facility location or street address: 3033 N.W. NORTH RIVER DRIVE MIAMI, FL 33142

8. Facility mailing address: P.O. Box 13079 FT. LAUDERDALE, FL 33316  
Street or P.O. Box City State Zip Code

9. Contact person: WILLIAM E. PARKES JR. Telephone: (954) 763-3390  
Title: MANAGER REGULATORY AFFAIRS  
Mailing Address: P.O. Box 13079 FT. LAUDERDALE, FL 33316  
Street or P.O. Box City State Zip Code

10. Operator's name: PHILIP PIERRE-LOUIS Telephone: (954) 763-3390  
Mailing Address: P.O. Box 13079 FT. LAUDERDALE, FL 33316  
Street or P.O. Box City State Zip Code

11. Facility owner's name: CLIFF BERRY, II Telephone: (954) 763-3390  
Mailing Address: P.O. Box 13079 FT. LAUDERDALE, FL 33316  
Street or P.O. Box City State Zip Code

12. Legal structure:  
☒ corporation (indicate state of incorporation) FLORIDA  
☐ individual (list name and address of each owner in spaces provided below)  
☐ partnership (list name and address of each owner in spaces provided below)  
☐ other, e.g. government (please specify) \_\_\_\_\_

If an individual, partnership, or business is operating under an assumed name, enter the county and state where the name is registered: County \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- 13 Site ownership status: ☒ owned ☐ to be purchased ☐ to be leased \_\_\_\_\_ years  
☐ presently leased; the expiration date of the lease is: \_\_\_\_\_

If leased, indicate:

Land owner's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- 14 Name of professional engineer NEAL B. JANOV Registration No. 21998

Mailing Address: 250 N.W. 4TH DIAGONAL BOCA RATON, FL. 33432

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Associated with: DIVERSIFIED CONSTRUCTION & ENGINEERING SERVICES (DCES)

## B. SITE INFORMATION

### 1. Facility location:

County: MIAMI - DANE

Nearest community: MIAMI

Latitude: 25° 47' 48" Longitude: 80° 14' 42"

Section: NORTH 25 Township: WEST 53 Range: 41

UTM # — / — / — / —

2. Facility size (area in acres): 3.39 ACRES

3. Attach a topographic map of the facility area and a scale drawing and photographs of the facility showing the location of all past, present and future material and waste receiving, storage and processing areas, including size and location of tanks, containers, pipelines and equipment. Also show incoming and outgoing material and waste traffic pattern including estimated volume and controls.

(SEE ATTACHMENT C)

**C. OPERATING INFORMATION**

1. Hazardous waste generator status (SQG, LQG) — (PREVIOUSLY SUBMITTED)

2. List applicable EPA hazardous waste codes:

(PREVIOUSLY SUBMITTED)  
\_\_\_\_\_  
\_\_\_\_\_

3. Attach a brief description of the facility operation, nature of the business, and activities that it intends to conduct, and the anticipated number of employees. No proprietary information need be included in this narrative.

A brief description of the facility operation is labeled as Attachment D

4. Attach a detailed description of the process flow should be included. This description should discuss the overall scope of the operation including analysis, treatment, storage and other processing, beginning with the arrival of an incoming shipment to the departure of an outgoing shipment. Include items such as size and location of tanks, containers, etc. A detailed site map, drawn to scale, should be attached to this description. (See item 4, page 4).

The facility's detailed process description is labeled as Attachment D

5. The following parts of the facility's operating plan should be included as attachments to the permit application. (See item 5 on pages 4 and 5):

a. An analysis plan which must include:

- (i) a sampling plan, including methods and frequency of sampling and analyses;
- (ii) a description of the fingerprint analysis on incoming shipments, as appropriate; and
- (iii) an analysis plan for each outgoing shipment (one batch/lot can equal a shipment, provided the lots are discrete units) to include: metals and halogen content.

The analysis plan is labeled as Attachment — (PREVIOUSLY SUBMITTED)

b. A description of the management of sludges, residues and byproducts. This must include the characterization analysis as well as the frequency of sludge removal.

Sludge, residue and byproduct management description is labeled as Attachment —

c. A tracking plan which must include the name, address and EPA identification number of the transporter, origin, destination, quantities and dates of all incoming and outgoing shipments of used oil.

The tracking plan is included as Attachment — (PREVIOUSLY SUBMITTED)

6. Attach a copy of the facility's preparedness and prevention plan. This requirement may be satisfied by modifying or expounding upon an existing SPCC plan. Describe how the facility is maintained and operated to minimize the possibility of a fire, explosion or any unplanned releases of used oil to air, soil, surface water or groundwater which could threaten human health or the environment. (See item 6, page 5).

The preparedness and prevention plan is labeled as Attachment (SPCCP REVISED

JANUARY, 2002 - COPY SENT  
TO FDEP)

7. Attach a copy of the facility's Contingency Plan. This requirement should describe emergency management personnel and procedures and may be met using a modifying or expounding on an existing SPCC plan or should contain the items listed in the Specific Instructions. (see item 7 on pages 5 and 6).

The contingency plan is labeled as Attachment (SEE PREVIOUS ITEM #6)

8. Attach a description of the facility's unit management for tanks and containers holding used oil. This attachment must describe secondary containment specifications, inspection and monitoring schedules and corrective actions. This attachment must also provide evidence that all used oil process and storage tanks meet the requirements described in item 8b on page 6 of the specific instructions, and should be certified by a professional engineer, as applicable.

The unit management description is labeled as Attachment (PREVIOUSLY SUBMITTED)

9. Attach a copy of the facility's Closure plan and schedule. This plan may be generic in nature and will be modified to address site specific closure standards at the time of closure. (See item 9, pages 6 and 7).

The closure plan is labeled as Attachment (PREVIOUSLY SUBMITTED)

10. Attach a copy of facility's employee training for used oil management. This attachment should describe the methods or materials, frequency, and documentation of the training of employees in familiarity with state and federal rules and regulations as well as personal safety and emergency response equipment and procedures. (See item 10, page 7).

A description of employee training is labeled as Attachment E

DEP Form#	62-710.901(a)
Form Title	Used Oil Processing Facility Permit Application
Effective Date	December 23, 1996

## APPLICATION FORM FOR A USED OIL PROCESSING PERMIT

### PART II - CERTIFICATION

#### TO BE COMPLETED BY ALL APPLICANTS

##### Form 62-710.901(a). Operator Certification

Facility Name: CLIFF BERRY INC. - EPA ID# FLD058580699  
MIAMI FACILITY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry 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 submitting false information, including the possibility of fine and imprisonment or knowing violations. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, Chapters 62-701 and 62-710, F.A.C., and all rules and regulations of the Department of Environmental Protection.

Signature of the Operator or Authorized Representative\*

x [Signature]

CLIFF BERRY, II PRESIDENT/OWNER  
Name and Title (Please type or print)

Date: 11/19/02 Telephone: (954) 763-3390


\* If authorized representative, attach letter of authorization.

DEP Form#	62-710.901(b)
Form Title	Used Oil Processing Facility Permit Application
Effective Date	December 23, 1996

**APPLICATION FROM FOR A USED OIL PROCESSING PERMIT****PART II - CERTIFICATION****Form 62-710.901(b). Facility Owner Certification**

Facility Name: CLIFF BERRY, INC. - EPA ID# FLD 058560699  
MIAMI FACILITY

This is to certify that I understand this application is submitted for the purpose of obtaining a permit to construct, or operate a used oil processing facility. As the facility owner, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, Chapters 62-701 and 62-710, F.A.C. and all rules and regulations of the Department of Environmental Protection.

X   
Signature of the Facility Owner or Authorized Representative\*

CLIFF BERRY, II PRESIDENT/OWNER  
Name and Title (Please type or print)

Date: 11/17/02 Telephone: (954) 763-3390

\* If authorized representative, attach letter of authorization.

DEP Form#	62-710.901(c)
Form Title	Used Oil Processing Facility Permit Application
Effective Date	December 23, 1996

## APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

### PART II - CERTIFICATION

#### Form 62-710.901(c) Land Owner Certification

Facility Name: CLIFF BERRY, INC. - BPA ID# FLD 005560699  
PAINT FACILITY

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct, or operate a used oil processing facility on the property as described.

X [Signature]  
Signature of the Land Owner or Authorized Representative\*

CLIFF BERRY, II PRESIDENT/OWNER  
Name and Title (Please type or print)

Date: 11/19/02 Telephone: (954) 763-3390

\* If authorized representative, attach letter of authorization.



DEP Form#	62-710.901(a)
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## APPLICATION FORM FOR A USED OIL PROCESSING PERMIT

### PART II - CERTIFICATION

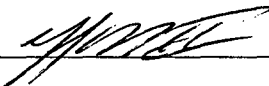
TO BE COMPLETED BY ALL APPLICANTS

#### Form 62-710.901(a). Operator Certification

Facility Name: CLIFF BERRY INC. - EPA ID# FLD 058560699  
MIAMI FACILITY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry 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 submitting false information, including the possibility of fine and imprisonment or knowing violations. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, Chapters 62-701 and 62-710, F.A.C., and all rules and regulations of the Department of Environmental Protection

Signature of the Operator or Authorized Representative\*

x 

CLIFF BERRY, II PRESIDENT/OWNER  
Name and Title (Please type or print)

Date: \_\_\_\_\_ Telephone: (954) 763-3390

\* If authorized representative, attach letter of authorization.

DEP Form#	62-710.901(b)
Form Title	<u>Used Oil Processing Facility</u> <u>Permit Application</u>
Effective Date	<u>December 23, 1996</u>

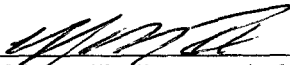
## APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

### PART II - CERTIFICATION

#### Form 62-710.901(b). Facility Owner Certification

Facility Name: CLIFF BERRY, INC. - EPA ID# FLD 058560699  
MIAMI FACILITY

This is to certify that I understand this application is submitted for the purpose of obtaining a permit to construct, or operate a used oil processing facility. As the facility owner, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, Chapters 62-701 and 62-710, F.A.C. and all rules and regulations of the Department of Environmental Protection.

x   
Signature of the Facility Owner or Authorized Representative\*

CLIFF BERRY, II PRESIDENT/OWNER  
Name and Title (Please type or print)

Date: \_\_\_\_\_ Telephone: (954) 763-3390

\* If authorized representative, attach letter of authorization.

DEP Form#	62-710.901(c)
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Effective Date	<u>December 23, 1996</u>


## APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

### PART II - CERTIFICATION

#### Form 62-710.901(c) Land Owner Certification

Facility Name: CLIFF BERRY, INC. - EPA ID# FLO 008560699  
MIAMI FACILITY

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct, or operate a used oil processing facility on the property as described.

x   
Signature of the Land Owner or Authorized Representative\*

CLIFF BERRY, II PRESIDENT/OWNER  
Name and Title (Please type or print)

Date: \_\_\_\_\_ Telephone: (954) 763-3390

\* If authorized representative, attach letter of authorization.

DEP Form#	62-710.901(d)
Form Title	Used Oil Processing Facility Permit Application
Effective Date	December 23, 1996

## APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

### PART II - CERTIFICATION

Form 62-710.901(d) P. E. Certification [Complete when required by Chapter 471, F.S. and Rules 62-4.050, 62-761, 62-762, 62-701 and 62-710, F.A.C.]

Use this form to certify to the Department of Environmental Protection for:

1. Certification of secondary containment adequacy (capacity), structural integrity (structural strength), and underground process piping for storage tanks, process tanks, and container storage.
2. Certification of leak detection.
3. Substantial construction modifications.
4. Those elements of a closure plan requiring the expertise of an engineer.
5. Tank design for new or additional tanks.
6. Recertification of above items.

Please Print or Type

Initial Certification \_\_\_\_\_ X \_\_\_\_\_ Recertification \_\_\_\_\_

1. DEP Facility ID Number: 8630152 2. Tank Numbers: (SEE TABLE #1 IN SPCCP)

3. Facility Name: CLIFF BERRY, INC. - MIAMI FACILITY

4. Facility Address: 3033 N.W. NORTH RIVER DRIVE MIAMI, FL. 33142

This is to certify that the engineering features of this used oil processing 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 constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of Environmental Protection.

Signature: [Signature]  
 Name (please type): B. JANOV, P.E.  
 Florida Registration Number: 21998  
 Mailing Address: 250 N.W. 4TH DIAGONAL  
 Street or P. O. Box  
BOCA RATON FL. 33432  
 City State Zip  
 Date: 11/20/02 Telephone: (561) 750-3717

[PLEASE AFFIX SEAL]