PART S. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER

| 4 | OF SERVICE OF THE PROPERTY AND PRO- | MEDICON FODERO OF FIGURE | |
|-------------|--|---|--|
| 1. | Applicant: | | |
| | The undersigned applicant or authorized representativ | e of Trium virale Equipmental | |
| | Fbn/dais aware that | t statements made in this form and attached | |
| | of his/her knowledge and belief. Further, the undersig | when Permit from the Florida Department of tion in this application is true, correct and complete to the best ned agrees to comply with the provisions of Chapter 403, epartment. It is understood that the Permit is not transferable, legal transfer of the permitted facility. | |
| | July 12 | 3670 SW 47" Ave. Mailing Address | |
| John | Signature of Applicant or Agent Shown Name and Title (please type) | Dovie F1 33314 City, State, Zip Code | |
| | E-Mail address (if available) | (954) <u>583</u> <u>\$3795</u> Telephone Number | |
| | | Date: 9/17/17 | |
| | Attach letter of authorization if agent is not a governme | | |
| 2. | Professional Engineer registered in Florida (or Public Officer if authorized under Sections 403.707 and 403.707 Florida Statutes): | | |
| <u>.</u> ** | by me and found to conform to engineering principles a facility, when properly maintained and operated, will co | olid waste management facility have been designed/examined applicable to such facilities. In my professional judgment, this applicable statutes of the State of Florida and ned will provide the applicant with a set of instructions of | |
| | Victoria I. L. Contract. | FECC, INC. 3652 OLD Winter Garden Fd. Mailing Address | |
| | VICTORIAND L. SAN AGUSTIN, JR. Name and Title (please type) SENIOR ENGINEER | Orlando, FL 32805 City, State, Zip Code | |
| | | <u>Vsanagustin@ feccorporation.</u> com E-Mall address (if available) | |
| | 40226 | | |
| | Florida Registration Number | (407) 296 - 9995 Telephone Number | |
| | (please affix seal) | Date: 9-21-2012 | |

DEP Form#

62-710.901(6)(d)

Form Title

Used Oil Processing Facility

Permit Application

Effective Date

June 9, 2005

APPLICATION FORM 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:

- Certification of secondary containment adequacy (capacity), structural integrity (structural strength), and underground process piping for storage tanks, process tanks, and container storage.
- 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.

| 6. Recertification of above items. | | | | | |
|---|--------------|-------------------|--|--|--|
| Please Prin | t or Type | 1 | | | |
| Initial Certification | . <u>X</u> | Recertification | | | |
| 1. DEP Facility ID Number: FLD 981 018 773 | 2. Tank Numb | ers: see attached | | | |
| 3. Facility Name: Triumvirate Environmental Florida Inc | 3, | | | | |
| 4. Facility Address: 3701 SW 47th Street Sulte 109 Day | vie FL 33314 | | | | |
| 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 VICTORIAPO L. SAN AGNSTIN, JR., Name (please type) Florida Registration Number: 40226 FECC, INC. Street or P. O. Box Orlando FL 32505 City State Zip Date: 9-21-2012 Telephone (407-296-9995 | | | | | |

[PLEASE AFFIX SEAL]