Print Form

Revision Number	0
Date	05/09/2013
Page	I-1 of

APPLICATION FOR A HAZARDOUS WASTE PERMIT
PART I – GENERAL
TO BE COMPLETED BY ALL APPLICANTS

Please Type or Print

A. General Information

1. Type of Facility in accordance with Part 270.13(a)

☐ DISPOSAL
- ☐ Landfill ☐ Land Treatment ☐ Surface Impoundment
- ☐ Miscellaneous Units Type of Unit _____

☒ STORAGE
- ☒ Containers ☐ Tanks ☐ Piles
- ☐ Surface Impoundment ☐ Containment Building
- ☐ Miscellaneous Unit Type of Unit _____

☒ TREATMENT
- ☐ Tanks ☐ Piles ☐ Surface Impoundment
- ☐ Incineration ☐ Containment Building
- ☐ Boiler / Industrial Furnace Type of Unit _____
- ☒ Miscellaneous Unit Type of Unit Drums, Roll-off

2. Type of application:

☐ Temporary Operation Permit (TOP)
☐ Construction Permit
☒ Operation Permit
☐ Construction & Operation Permit
☐ Research, Development & Demonstration (RD&D) Permit
☐ Postclosure Permit
☐ Clean Closure Plan
☐ Subpart H Remedial Action Plan
☐ Equivalency Demonstration

3. Revision Number: 0

4. Date current operation began, or is expected to begin: 01 / 01 / 1985

5. Facility Name Triumvirate Environmental (Florida) Inc.

6. EPA/DEP I.D. No. FLD 980 559 728

7. Facility location or street address 10100 Rocket Boulevard Orlando, FL 32824

8. Facility mailing address 10100 Rocket Boulevard
street or P.O. Box
Orlando Florida 32824
city state zip

9. Contact person James Green Telephone (407)859-4441

Title Vice President, Florida

Mailing address 10100 Rocket Boulevard
street or P.O. Box
Orlando FL 32824
city state zip

E-mail address jgreen@triumvirate.com

10. Operator's name James Green Telephone (407)859-4441

Mailing address 10100 Rocket Boulevard
street or P.O. Box
Orlando FL 32824
city state zip

11. Facility owner's name Rocket Boulevard Properties LLC Telephone (407)859-4441

Mailing address 10100 Rocket Boulevard
street or P.O. Box
Orlando FL 32824
city state zip

12. Legal structure

☐ Corporation ☐ Non-profit corporation ☐ Partnership ☒ Individual
☐ Local government ☐ State government ☐ Federal government ☐ Other

13. If an individual, partnership, or business is operating under an assumed name, specify the county and state where the name is registered.

County Not Applicable State Not Applicable

14. If the legal structure is a corporation, indicate the state of incorporation.

State of incorporation Florida

15. If the legal structure is an individual or partnership, list the owners.

Name John McQuillian

Address 200 Inner Belt Road Somerville MA 02143
Street or P.O. Box city state zip

Name

Address
Street or P.O. Box city state zip

16. Site ownership status

☐ Owned ☐ To be purchased ☒ To be leased 100 years

☒ Presently leased; the expiration date of the lease is 5/1/2020.

If leased, indicate land owner's name Rocket Boulevard Properties LLC

Address 10100 Rocket Boulevard Orlando Florida 32824
Street or P.O. Box city state zip

17. Name of engineer _____ Registration No. _____

Address _____
Street or P.O. Box city state zip

Associated with _____

18. Is the facility located on Indian land? ☐ Yes ☒ No

19. Existing or pending environmental permits (attach a separate sheet if necessary)

NAME OF PERMIT	AGENCY	PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE
See Attached Shee				

B. Site Information

1. The facility is located in Orange County.

The nearest community to the facility is Taft.

Latitude 28 25' 04" N Longitude 81 23' 10" W

Method and datum Google Earth, wgs84

2. The area of the facility site is 6.123 acres.

3. Attach a scale drawing and photographs of the facility showing the location of all past, present, and future treatment, storage and disposal areas. Also show the hazardous wastes traffic pattern including estimated volume and control.

4. Attach a topographic map which shows all the features indicated in the instructions for this part.

5. Is the facility located in a 100-year flood plain? ☒ Yes ☐ No

6. The facility complies with the wellhead protection requirements of Rule 62-730.521, F.A.C. ☒ Yes ☐ No

C. Land Use Information

1. The present zoning of the site is Industrial (IND-4).

2. If a zoning change is needed, what should the new zoning be? NA.

D. Operating Information

1. Is waste generated on-site? ☒ Yes ☐ No

2. List the NAICS codes (5 to 6 digits) 562211 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

3. Use the codes and units provided in the instructions to complete the following table. Specify:

   a. Each process used for treating, storing or disposing of hazardous waste (including design capacities) at the facility, and

   b. The hazardous waste(s) listed or designated in 40 CFR Part 261, including the annual quantities, to be treated, stored, or disposed by each process at the facility.

PROCESS CODE	PROCESS DESIGN CAPACITY AND UNITS OF MEASURE	HAZARDOUS WASTE CODE	ANNUAL QUANITY OF HAZARDOUS WASTE AND UNITS OF MEASURE
See Table I.D.3			