Print Form

Revision Number
Date5/1/2013
Page of

APPLICATION FOR A HAZARDOUS WASTE FACILITY PERMIT CERTIFICATION
TO BE COMPLETED BY ALL APPLICANTS

Signature and Certification

Facility Name Triumvirate Environmental (Florida)

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

The following certifications must be included with the submittal of an application for a hazardous waste authorization. The certifications must be signed by the owner of a sole proprietorship; or by a general partner of a partnership; or by a principal executive officer of at least the level of vice president of a corporation or business association, or by a duly authorized representative of that person. If the same person is a facility operator, facility owner, and real property owner, that person can cross out and initial the signature blocks under "1. Facility Operator" and "2. Facility Owner," and add the words "Facility Owner and Operator" at the line "Signature of the Land Owner or Authorized Representative."

1. Facility Operator

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 for knowing violations. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, and all rules of the Department of Environmental Protection. It is understood that the permit is only transferable in accordance with Chapter 62-730, F.A.C., and, if granted a permit, the Department of Environmental Protection will be notified prior to the sale or legal transfer of the permitted facility.

_____
Signature of the Operator or Authorized Representative*

John McQuillan, President and CEO
Name and Title (Please type or print)

Date _____

Telephone (____)_____

- **Attach a letter of authorization**

Revision Number	
Date	
Page	of

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 conduct remedial activities at a hazardous waste management facility on the property as described. As owner of the facility, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions if Chapter 403, Florida Statutes, and all rules of the Department of Environmental Protection.

_____
Signature of the Facility Owner or Authorized Representative*

James Green, Vice President, Florida
Name and Title (Please type or print)

Date _____

Telephone (____)_____

*** Attach a letter of authorization**

3. Land Owner

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit for the construction, operation or postclosure of a hazardous waste management facility on the property as described. For hazardous waste facilities that close with waste in place, I further understand that I am responsible for providing the notice in the deed to the property required by 40 CFR 264.119 and 265.119, as adopted by reference in Chapter 62-730, F.A.C.

_____
Signature of the Land Owner or Authorized Representative*

James Green, Vice President, Florida
Name and Title (Please type or print)

Date _____

Telephone (____)_____

*** Attach a letter of authorization**

4. Professional Engineer Registered in Florida

Complete this certification when required to do so by Chapter 471, F.S., or when not exempted by Rule 62-730.220(7), F.A.C.

This is to certify that the engineering features of this hazardous waste management facility have been designed or examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgement, 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

_____
Name (please type)

Florida Registration Number _____

Mailing Address _____
street or P.O. Box

_____
city state zip

Date _____

Telephone (____)_____

(PLEASE AFFIX SEAL)

5. Professional Geologist Registered in Florida

Complete this certification when required to do so by Chapter 492, F.S., or when not exempted by Rule 62-730.220(8), F.A.C.

This is to certify that the interpretations of geology at this hazardous waste management facility have been examined by me, and the interpretations conform to sound geological principles. In my professional judgement, this facility, when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and the rules of the Department of Environmental Protection.

_____
Signature

_____
Name (please type)

Florida Registration Number _____

Mailing Address _____
street or P.O. Box

_____
city state zip

Date _____

Telephone (____)_____

(PLEASE AFFIX SEAL)