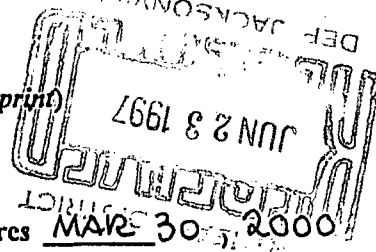


APPLICATION FORM FOR A USED OIL PROCESSING FACILITY PERMIT

Part I

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



A. General Information

1. New ☐ Renewal ☒ Modification ☐ Date old permit expires MAY 30 2000
2. Revision number 0 INITIAL SUBMITTAL
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: 1986
5. Facility name: INDUSTRIAL WATER SERVICES, INC.
6. EPA identification number: FLD 981 928 784
7. Facility location or street address: 1640 TALLEYRAND AVE. JACKSONVILLE 32206
8. Facility mailing address:
P.O. Box 43369 JACKSONVILLE FL 32203
Street or P.O. Box City State Zip Code
9. Contact person: CHARLES DUDLEY Telephone: (904) 354 0372
Title: VICE PRESIDENT
Mailing Address:
SAME AS ABOVE
Street or P.O. Box City State Zip Code
10. Operator's name: SAME AS ABOVE Telephone: ()
Mailing Address:
Street or P.O. Box City State Zip Code
11. Facility owner's name: SAME AS ABOVE Telephone: ()
Mailing Address:
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) _____