

USED OIL PROCESSING FACILITY PERMIT APPLICATION

Part I

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

A. General Information

1. New Renewal Modification Date current permit expires 2/12/18

2. Revision number 1

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

- Generators (Subpart C of Part 279)
 Transporters (Subpart E)
 Burners of off-spec used oil (Subpart G)
 Marketers (Subpart H)
 are disposing of used oil (Subpart I)

4. Date current operation began: 10/31/1995

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

6. EPA identification number: FLD 058 560 699

8. Facility mailing address:

PO BOX 13079 FORT LAUDERDALE FL 33316
Street or P.O. Box City State Zip Code

9. Contact person: KELLY BRANDENBURG Telephone: (954) 763-3390

Title: MANAGER - REGULATORY AFFAIRS Email KBRANDENBURG@CLIFFBERRYINC.COM

Mailing Address:

PO BOX 13079 FORT LAUDERDALE FL 33316
Street or P.O. Box City State Zip Code

10. Operator's name: CLIFF BERRY, II Telephone: (954) 763-3390

Mailing Address:

PO BOX 13079 FORT 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:

PO BOX 13079 FORT 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 MIAMI-DADE 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 FORT LAUDERDALE State FL Zip Code 33316

14. Name of professional engineer D.M. AMBROSE, P.E. Registration No. 12831

Mailing Address: _____
PO BOX 2368 City BLOWING ROCK State NC Zip Code 28605
Street or P.O. Box _____ City _____ State _____ Zip Code _____
Associated with: CONSULTING ENGINEER

B. SITE INFORMATION

1. Facility location:

County: MIAMI-DADE
Nearest community: MIAMI
Latitude: 25°47' 48" n Longitude: 80°14' 42" W
Section: 28 Township: 53 Range: 41
UTM # _____ / _____ / _____ / _____

2. Facility size (area in acres): 3.39

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.

The facility's detailed process description is labeled as Attachment SEE C4, PAGE 3

C. OPERATING INFORMATION

1. Hazardous waste generator status (SQG, LQG, Etc.) N/A

2. List applicable EPA hazardous waste codes:

NONE

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 1

4. 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 four (4), page four (4) of the instructions.]

The facility's detailed process description is labeled as Attachment 2

5. The following parts of the facility's operating plan should be included as attachments to the permit application. [See item five (5), page four (4) of the instructions.]

- 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 discreet units) to include: metals and halogen content

The analysis plan is labeled as Attachment 3

- 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 4

- 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 5

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 six (6), page five (5) of the instructions.]

The preparedness and prevention plan is labeled as Attachment 6

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 seven (7), page five (5) of the instructions.]

The contingency plan is labeled as Attachment 7

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 8

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 nine (9), page six (6) of the instructions.]

The closure plan is labeled as Attachment 9

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 ten (10), page seven (7) of the instructions.]

A description of employee training is labeled as Attachment 10

APPLICATION FORM FOR A USED OIL PROCESSING PERMIT

PART II - CERTIFICATION

TO BE COMPLETED BY ALL APPLICANTS

Form 62-710.901(6) Operator Certification

Facility Name: CLIFF BERRY, INC. - MIAMI FACILITY EPA ID# FLD 058 560 699

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 62701 and 62-710, F.A.C., and all rules and regulations of the Department of Environmental Protection

Signature of the Operator or Authorized Representative*



Cliff Berry, II Owner & CEO

Name and Title (Please type or print)

Date: 7-2-15 Telephone: () 954 763-3390

* If authorized representative, attach letter of authorization.

APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

PART II - CERTIFICATION

Form 62-710.901(6) Facility Owner Certification

Facility Name: CLIFF BERRY, INC. - MIAMI FACILITY EPA ID# FLD 058 560 699

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.

Signature of the Operator or Authorized Representative*



Cliff Berry, II Owner & CEO

Name and Title (Please type or print)

Date: 7-2-15 Telephone: (954) 763-3390

* If authorized representative, attach letter of authorization.

APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

PART II - CERTIFICATION

Form 62-710.901(6) Land Owner Certification

Facility Name: CLIFF BERRY, INC. - MIAMI FACILITY EPA ID# FLD 058 560 699

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.

Signature of the Operator or Authorized Representative*



Cliff Berry, II Owner & CEO

Name and Title (Please type or print)

Date: 7-2-15 Telephone: (954) 763-3390

* If authorized representative, attach letter of authorization.

