DER Form #17-730.900(2)
form 1se. Ap. for a Hazardous Waste Fecility Permit
Etective Date
DER Application No

HC53-170970

## Application for a Hazardous Waste Facility Permit

Part I - General

To Be Completed By All Applicants

Plea	ase Type or Print
A.	General Information
1.	Type of Facility:  Disposal Landfill Land Treatment Surface Impoundment Miscellaneous Units  Storage X Tanks X Piles Surface Impoundment Miscellaneous Units  Treatment X Tanks X Piles Incineration Surface Impoundment Miscellaneous Units
2.	Type of Application: TOP Construction Operation Closure RD&D
3	Date current operation began (or is expected to begin): March 10, 1987
<u> </u>	Facility Name: Tricil Recovery Services, Inc.
5	FDA/DER LD No: FLD980729610
<u>ی</u>	Facility location or street address: Avenue D North, Bartow Municipal Airport
D. 7	Route 3, Box 249 Bartow Fiorita 3303 330
	Contact person: Steven J. Taylor Telephone: (813) 533-6111
	Title: Safety and Compliance Manager  Bartow Florida 33830-9504
	Mailing address: ROULE 3, BOX 249  Street or PO, Box City State - Zip
9.	Operator's name:
	Operator's address: Route 3, Box 249 Bartow Florida 33830-9504
	Street or P.O. Box Cay State Zip  Facility owner's name:Tricil Recovery Services, Inc
11.	Facility owner's name:
12.	Facility owner's address: Route 3, Box 249 Bartow Florida 33830-9504 Street or PO. Box City State Zip
13.	Legal structure: X Corporation Non-Profit Corporation Partnership Individual
	Local Government State Government Federal Government Other
14.	If an individual, partnership, or business is performed under an assumed name, specify county and state where name is registered.
	County: State:
15	If a corporation, indicate state of incorporation Florida

DER form a	17-730.900(2)
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	(PAGE OF DE DEC)

6.	an individual or partnership, list owners:						•
Į	Name:						
	Address:Street or P.O. Box		Cay		State		Zip
	Name:						· · · · · · · · · · · · · · · · · · ·
	Address:Street or P.O. Box		Cay		State		Zip
	Name:	, , , , , , , , , , , , , , , , , , , ,					
	Address:Street or P.O. Box		Cay	<u> </u>	Stave		Zip
	Name:		<u>-i</u>				
	Address:Sirest or PO. Bo	K	Cay		State		Zip
	Site ownership status: Owned		To be lea	sed	yea	rs	
••	X Presently leased: Expiration date	1998	<del></del>	If lease	d, give:		
	Land owner's name Bartow Munici	pal Airport	Authori	.ty			
	Land owner's address Bartow Muni	cipal Airpo	rt Bar	tow	Florida Sæe	33830	Zip
	Engineer: R.O. Covington			stration No	a: <u>01604</u>	1	
8.	Address: Route 3, Box 248	Bar	tow	Fl	orida	33830-950	) 4
	Street or PO Bo sociated with: R.O. Covingto	n and Assoc	Cay ciates		State		Zip
	<del></del>	X No					
	Facility located on Indian land: Yes		heat if necess	an/l	, <b></b>		
20.	Existing or pending environmental permits: (	Attach a separate s		<del></del>	Permit	ı Date i	Expiration
	Name of Permit	A	gency		Number	Issued	Date
	Hazardous Waste Storage	Florida	DER	но53	-86011A	5/15/89	11/6/90
	Boiler Operation	Florida	DER	A053	-133758	6/4/87	6/3/92
	Storage Tank Vents	Florida	DER		-128774	1	
	Process Vents	Florida	DER	A053	-131682	8/5/87	8/4/92
	Tank Truck Loading	Florida	DER	A053	-153224	10/31/88	10/28/93
	Stormwater	S.W.F.W	.M.D.	4013	359.01	3/2/89	
 3.	Site Information						
	Facility location: County: Polk		Nearest	communit	y: <u>Eagle</u>	e Lake	
1.	Latitude: 27° 57' 05"		Longitude:	010	47' 09"		
2	Area of facility site (acres): 10.2		Dinglio00				<del>.</del>
۷.		e facility showing the	e location of all	past, pres	ent, and future	treatment, stora	ge and disposal
J.							
	Attach topographic map which shows all the	e features indicated	in the instruc	tion sheet	for this part.	Refer to	Appendic
5	Is the site located in a 100-year flood plain?	Yes X	No		A,B,C o	f part B tion.	permit

DER Form &	17-730.900(2)
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DER Applica	(Fined in by DER)
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<del>.</del>	Land Use I	nformation					
1.	Present zon	ing of the site? _	Heav	y Indus	try		
		change is neede		ld new zonir	ng be?	N/A	
3.	Present land	d use of site	Solv	ent Rec	overy		
	Operating I	nformation		<u></u>		,	
<u>.                                    </u>	Operating in						
1.	ls waste ge	nerated on site?	X Yes	□No 1	List the SIC (	codes (4-dig	git)
2. 3.	Ref Using the fo	fer to Cha plowing table and	codes provi	or part ded, specify,	(1) each pro	cess used to	vities that generate or otherwise involve hazardous waste. olication. or treating, storing, or disposing of hazardous waste (intes) listed or designated in 40 CFR Part 261, including acility. (See instructions for list of process codes and units).
	Process Code	Pı	rocess Design and Units of Me			Hazardous Waste Code	Annual Quantity of Hazardous Waste and Units of Measure
	Refer	to pages			-11 of	this	appendix.
							•

## APPLICATION TRACKING SYSTEM

APPL NO:242189	
APPL RECVD:12/09/93 TYPE CODE:HC SUBCODE:TX DER OFFICE RECVD:TPA DER OFFICE TRANSFER TO:	LAST UPDATE: 12/10/93 APPLICATION COMPLETE://
DER PROCESSOR: HWP	
APPL STATUS: AC DATE: 12/09/93 (ACTIVE/DENIED/WITHI	RIANCE
(Y/N) N MANUAL TRACKING (Y/N) N OGC HEARING REQUESTED (Y/N) N PUBLIC NOTICE REQD? (Y/N) N GOV BODY LOCAL APPROVAL REQD? (Y/N) Y LETTER OF INTENT REQD? (I/ISSUE D/DENY)	DISTRICT:40 CDUNTY:53
(Y/N) N OGC HEARING REQUESTED	LAT/LONG:27.57.05/81.47.0
(Y/N) N PUBLIC NOTICE REQD?	BASIN-SEQMENT:
(Y/N) N GOV BOBY LOCAL APPROVAL REGD?	COE #;
(Y/N) Y LETTER OF INTENT REQD? _ (I/ISSUE D/DENY)	) AL [#:
PROJECT SOURCE NAME: ADD'T TANK & CONTAINER STORAG	
STATE:FL ZIP: PHONE:	
APPLICATION NAME: LAIDLAW ENVIRONMENTAL SVCS.	table place part print date table after 1986
STREET: 170 BARTOW MUNICIPAL AIRPORT	CITY: BARTOW
STATE:FL ZIP:33830 PHONE:	:813-533-6111
AGENT NAME: NA	
AGENT NAME:NA STREET:NA STATE:FL ZIP: PHONE:	CITY:NA
STATE:FL ZIP: PHONE	,
FEE #1 DATE PAID:12/09/93 AMOUNT PAID:00050	
B DATE APPLICANT INFORMED OF NEED FOR PUBLIC NOTICE DATE DER SENT DNR APPLICATION/SENT DNR INTENT DO DATE DER REQ. COMMENTS FROM GOV. BODY FOR LOCAL DATE #1 ADDITIONAL INFO REQ-REC FROM APPLICANT DATE #2 ADDITIONAL INFO REQ-REC FROM APPLICANT DATE #3 ADDITIONAL INFO REQ-REC FROM APPLICANT DATE #4 ADDITIONAL INFO REQ-REC FROM APPLICANT DATE #5 ADDITIONAL INFO REQ-REC FROM APPLICANT DATE #6 ADDITIONAL INFO REQ-REC FROM APPLICANT DATE LAST 45 DAY LETTER WAS SENT	CE/_/_
C DATE BER SENT DNR APPLICATION/SENT DNR INTENT -	
D DATE DER REQ. COMMENTS FROM GOV. BODY FOR LOCAL	APP/_/
E DATE #1 ADDITIONAL INFO REQREC FRUM APPLICANT	/2/02/93/2/09/93
E DATE #2 ADDITIONAL INFO REG-REG FROM APPLICANT	
E DATE #3 ADDITIONAL INFO REQUERED FROM APPLICANT	
E DATE ## ABDITIONAL INCO DECDEC EDOM ADDITIONAL	
E DATE #4 ABBITIONAL INCO DECDEC EDOM ADDITIONAL	
E DATE   ACT AS DAY   ETTED WAS GENT	
C NATE ETELD REPORT MAG DEN_DEC	
U DATE BND REVIEW WAS REGISTED	
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T DATE APPLICATION WAS COMPLETE	/2/09/93
J DATE GOVERNING BODY PROVIDED COMMENTS OR OBJECT:	IONS//
K DATE MOTICE OF INTENT WAS SENTREC TO APPLICAN?	T//
L DATE PUBLIC NOTICE WAS SENT TO APPLICANT	
M DATE PROOF OF PUBLICATION OF PUBLIC NOTICE RECE	IVED/_/_ /_/
N WAIVER DATE BEGINEND (DAY 90)	/_//
COMMENTS:	

Construction Permit expiration date extension

1550ed 12-16-93 -

Expiration data from 1-10-95 to 1-10-97

## APPLICATION TRACKING SYSTEM

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STATE OF FLORIDA
DERTMENT OF ENVIRONMENTAL PROTECTION 224476
RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE
Received from Landlaw Connormental Svas.   Date 12-9-93
Address 170 Barton Municipal aport, Barton Dollars \$50.00
Applicant Name & Address
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1000
Revenue Code Application Number #100 Application Number
129 By Sitty Carrier
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STATE OF FLORIDA
DESTATE OF FLORIDA  DESTATE OF FLORIDA  22447
RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE
Received from Landlaw Consumental Sias. 1 Date 12-9-93
170 Rotania Minust Rotania Sa 00
Address 1 10 + MANS W/ / Williams & Dollars \$ 50,00
Applicant Name & Address
6. 4 Source of Revenue Wilmon
10.52 - 7.09189
Revenue Code Application Number 700 Ay 610
129 By Little Carrier

APPLICATION TRACKING SYSTEM

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COMMENTS:

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