

HC53-170970

Application for a Hazardous Waste Facility Permit

Part I - General

To Be Completed By All Applicants

RECEIVED
 6001 9-100
 7/11/87

Please Type or Print

A. General Information

1. Type of Facility:

- Disposal Landfill Land Treatment Surface Impoundment Miscellaneous Units
 Storage Containers Tanks Piles Surface Impoundment Miscellaneous Units
 Treatment Tanks 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

4. Facility Name: Tricil Recovery Services, Inc.

5. EPA/DER I.D. No.: FLD980729610

6. Facility location or street address: Avenue D North, Bartow Municipal Airport

7. Facility mailing address: Route 3, Box 249 Bartow Florida 33830-9504
Street or P.O. Box City State Zip

8. Contact person: Steven J. Taylor Telephone: (813) 533-6111

Title: Safety and Compliance Manager

Mailing address: Route 3, Box 249 Bartow Florida 33830-9504
Street or P.O. Box City State Zip

9. Operator's name: James W. Lederer Telephone: (813) 533-6111

10. Operator's address: Route 3, Box 249 Bartow Florida 33830-9504
Street or P.O. Box City State Zip

11. Facility owner's name: Tricil Recovery Services, Inc.

12. Facility owner's address: Route 3, Box 249 Bartow Florida 33830-9504
Street or P.O. Box City State Zip

13. Legal structure: 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

16. an individual or partnership, list owners:

Name: _____
 Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____
 Name: _____
 Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____
 Name: _____
 Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____
 Name: _____
 Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____

17. Site ownership status: Owned To be purchased To be leased _____ years
 Presently leased: Expiration date 1998 If leased, give:
 Land owner's name Bartow Municipal Airport Authority
 Land owner's address Bartow Municipal Airport Bartow Florida 33830
Street or P.O. Box City State Zip

18. Engineer: R.O. Covington Registration No.: 016041
 Address: Route 3, Box 248 Bartow Florida 33830-9504
Street or P.O. Box City State Zip
 associated with: R.O. Covington and Associates

19. Facility located on Indian land: Yes No

20. Existing or pending environmental permits: (Attach a separate sheet if necessary)

Name of Permit	Agency	Permit Number	Date Issued	Expiration Date
Hazardous Waste Storage	Florida DER	HO53-86011A	5/15/89	11/6/90
Boiler Operation	Florida DER	A053-133758	6/4/87	6/3/92
Storage Tank Vents	Florida DER	A053-128774	3/19/87	3/10/92
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.	401359.01	3/2/89	

B. Site Information

1. Facility location: County: Polk Nearest community: Eagle Lake
 Latitude: 27° 57' 05" Longitude: 81° 47' 09"

2. Area of facility site (acres): 10.2

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. Refer to Chapter 7 of part B permit application.

Attach topographic map which shows all the features indicated in the instruction sheet for this part. Refer to Appendices A, B, C of part B permit application.

5. Is the site located in a 100-year flood plain? Yes No

C. Land Use Information

1. Present zoning of the site? Heavy Industry
2. If a zoning change is needed, what should new zoning be? N/A
3. Present land use of site Solvent Recovery

D. Operating Information

1. Is waste generated on site? Yes No List the SIC codes (4-digit)
3999
2. Attach a brief description of the facility operation, nature of the business, and activities that generate or otherwise involve hazardous waste.
Refer to Chapter 1 of part B permit application.
3. Using the following table and codes provided, specify, (1) each process used for treating, storing, or disposing of hazardous waste (including design capacities) at the facility, and (2) the hazardous waste (or wastes) listed or designated in 40 CFR Part 261, including the annual quantities to be treated, stored, or disposed by each process at the facility. (See instructions for list of process codes and units).

Process Code	Process Design Capacity and Units of Measure	Hazardous Waste Code	Annual Quantity of Hazardous Waste and Units of Measure
Refer	to pages G-5 through G-11 of	this	appendix.

APPLICATION TRACKING SYSTEM

12/10/93

APPL NO:242189

APPL RECVD:12/09/93 TYPE CODE:HC SUBCODE:TX LAST UPDATE:12/10/93

DER OFFICE RECVD:TPA DER OFFICE TRANSFER TO:___ APPLICATION COMPLETE:___/___/___

DER PROCESSOR:HWP

APPL STATUS:AC DATE:12/09/93 (ACTIVE/DENIED/WITHDRAWN/EXEMPT/ISSUED/GENERAL)

RELIEF:___ (SSAC/EXEMPTIONS/VARIANCE)

(Y/N) N MANUAL TRACKING DISTRICT:40 COUNTY:53
(Y/N) N OGC HEARING REQUESTED LAT/LONG:27.57,05/81.47,09
(Y/N) N PUBLIC NOTICE REQ'D? BASIN-SEGMENT:___
(Y/N) N GOV BODY LOCAL APPROVAL REQ'D? CODE #:___
(Y/N) Y LETTER OF INTENT REQ'D? (I/ISSUE D/DENY) ALT#:___

PROJECT SOURCE NAME:ADD'T TANK & CONTAINER STORAGE

STREET:AVE. D NORTH, BARTOW AIRPORT CITY:BARTOW

STATE:FL ZIP:___ PHONE:___

APPLICATION NAME:LAIDLAW ENVIRONMENTAL SVCS.

STREET:170 BARTOW MUNICIPAL AIRPORT CITY:BARTOW

STATE:FL ZIP:33830 PHONE:813-533-6111

AGENT NAME:NA

STREET:NA CITY:NA

STATE:FL ZIP:___ PHONE:___

FEE #1 DATE PAID:12/09/93 AMOUNT PAID:00050 RECEIPT NUMBER:00224476

B DATE APPLICANT INFORMED OF NEED FOR PUBLIC NOTICE - - - - - ___/___/___
C DATE DER SENT DNR APPLICATION/SENT DNR INTENT - - - - - ___/___/___
D DATE DER REQ. COMMENTS FROM GOV. BODY FOR LOCAL APP. - - - - - ___/___/___
E DATE #1 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - 12/02/93--12/09/93
E DATE #2 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - ___/___/___
E DATE #3 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - ___/___/___
E DATE #4 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - ___/___/___
E DATE #5 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - ___/___/___
E DATE #6 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - ___/___/___
F DATE LAST 45 DAY LETTER WAS SENT - - - - - ___/___/___
G DATE FIELD REPORT WAS REQ--REC - - - - - ___/___/___
H DATE DNR REVIEW WAS COMPLETED - - - - - ___/___/___
I DATE APPLICATION WAS COMPLETE - - - - - 12/09/93
J DATE GOVERNING BODY PROVIDED COMMENTS OR OBJECTIONS - - - - - ___/___/___
K DATE NOTICE OF INTENT WAS SENT--REC TO APPLICANT - - - - - ___/___/___
L DATE PUBLIC NOTICE WAS SENT TO APPLICANT - - - - - ___/___/___
M DATE PROOF OF PUBLICATION OF PUBLIC NOTICE RECEIVED - - - - - ___/___/___
N WAIVER DATE BEGIN--END (DAY 90) - - - - - ___/___/___

COMMENTS:

Construction Permit expiration date extension

issued 12-16-93 -

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

15110192

APPLICATION TRACKING SYSTEM

APPL NO: 945189

LAST UPDATE: 05/10/93

APPL RCD: 12/09/93 TYPE CODE: HC SUECODE: TX

APPLICATION COMPLETE

DER OFFICE: 170 BARSTON MUNICIPAL AIRPORT, BARSTON, NJ 07004

DER PROCESSOR: HWS

APPL STATUS: AC PATEL: 12/09/93 BY: HWS

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

224476

RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE

Received from Laidlaw Environmental Svcs. Date 12-9-93

Address 170 Barston Municipal Airport, Barston Dollars \$ 50.00

Applicant Name & Address Same

Source of Revenue extension

Revenue Code 2232 Application Number HC 53 - 242189

By Betty Cannon

ck#
129

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

224476

RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE

Received from Laidlaw Environmental Svcs. Date 12-9-93

Address 170 Barston Municipal Airport; Barston Dollars \$ 50.00

Applicant Name & Address Same

Source of Revenue extension

Revenue Code 2232 Application Number HC 53 - 242189

By Betty Cannon

ck#
129

APPLICATION TRACKING SYSTEM

10/06/89

APPL NO:170970

APPL RECVD:10/05/89 TYPE CODE:HC SUBCODE:01

LAST UPDATE:10/05/89

DER OFFICE RECVD:TPA DER OFFICE TRANSFER TO:___

APPLICATION COMPLETE:00/00/00

DER PROCESSOR:POLK

APPL STATUS:AC DATE:10/05/89 (ACTIVE/DENIED/WITHDRAWN/EXEMPT/ISSUED/GENERAL)

RELIEF:___ (SSAC/EXEMPTIONS/VARIANCE)

(Y/N) N MANUAL TRACKING

DISTRICT:40 COUNTY:53

(Y/N) DNR REVIEW REQD?

LAT/LONG:27.57.05/81.47.09

(Y/N) N PUBLIC NOTICE REQD?

BASIN-SEGMENT:___

(Y/N) N GOV BODY LOCAL APPROVAL REQD?

COE #:_____

(Y/N) Y LETTER OF INTENT REQD? _ (I/ISSUE D/DENY)

ALT#:_____

PROJECT SOURCE NAME:TRICIL RECOVERY SERVICES, INC.

STREET:AVE. D NORTH, BARTOW AIRPORT CITY:BARTOW

STATE:FL ZIP:_____ PHONE:____-____-____

APPLICATION NAME:TRICIL RECOVERY SERVICES, INC.

STREET:ROUTE 3, BOX 249 CITY:BARTOW

STATE:FL ZIP:33830 PHONE:813-533-6111

AGENT NAME:R.O. COVINGTON & ASSOCIATES

STREET:ROUTE 3, BOX 248 CITY:BARTOW

STATE:FL ZIP:33830 PHONE:____-____-____

FEE #1 DATE PAID:10/05/89 AMOUNT PAID:05000 RECEIPT NUMBER:00144091

B	DATE APPLICANT INFORMED OF NEED FOR PUBLIC NOTICE	- - -	___/___/___
C	DATE DER SENT DNR APPLICATION/SENT DNR INTENT	- - - - -	___/___/___
D	DATE DER REQ. COMMENTS FROM GOV. BODY FOR LOCAL APP.	- .	___/___/___
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E	DATE #4 ADDITIONAL INFO REQ--REC FROM APPLICANT	- - - - -	___/___/___
E	DATE #5 ADDITIONAL INFO REQ--REC FROM APPLICANT	- - - - -	___/___/___
E	DATE #6 ADDITIONAL INFO REQ--REC FROM APPLICANT	- - - - -	___/___/___
F	DATE GOVERNING BODY REQUESTED SURVEY RESULTS/REPORTS	- -	___/___/___
G	DATE FIELD REPORT WAS REQ--REC	- - - - -	___/___/___
H	DATE DNR REVIEW WAS COMPLETED	- - - - -	___/___/___
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N	WAIVER DATE BEGIN--END (DAY 90)	- - - - -	___/___/___

COMMENTS:

