

Attachment C
Brief Description of Facility Operations

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Triumvirate Environmental (Florida) Inc., (TEIFL) is used oil processing and solid waste processing facility that is located in the Town of Davie. As used oil filter and used oil processor, transporter, transfer facility, and marketer, TEIFL is subject to 40 CFR 279 and applicable state regulations governing used oil management. Used oil is stored in one of the multiple tanks located within the southernmost tank storage area. There are no underground tanks or underground piping located at the facility. All above ground tanks, piping, and ancillary equipment is secondarily contained. Used oil is processed at the facility utilizing proprietary physical and chemical methodologies. Used oil is separated from water by allowing the material to settle and in addition chemical separation is also utilized. Used oil and non-hazardous waste are tested in accordance with the facility's Waste Analysis Plan (Located in Attachment E).

TEIFL is also a solid waste processing facility. TEIFL receives non-hazardous wastes from CERCLA and non-CERCLA sites. TEIFL consolidates non-recyclable, non-hazardous oily sludge's and other non-hazardous wastes from drums and other containers into a roll-off container. The roll-off container is then shipped offsite to a permitted municipal landfill.

Additionally, TEIFL is also a hazardous waste transporter, 10 day hazardous waste transfer facility, and a biomedical waste transporter and storage facility. TEIFL is also a transporter, transfer facility, and small quantity handler of universal waste lamps and devices.

As of the date of this application TEIFL has 20 employees.

CONTINGENCY PLAN & EMERGENCY PROCEDURES

**TRIUMVIRATE ENVIRONMENTAL (FLORIDA), INC.
3701 S.W. 47th Avenue, Suite 109
Davie, FL 33314**

**August 31, 2017
(Revision 8)**

Prepared by

**Brooke Rabe
Environmental, Transportation, Safety, & Compliance Specialist
Triumvirate Environmental (Florida) Inc.**

This plan will be revised, if necessary, whenever:

- a. Applicable ordinances or regulations are revised;
- b. The plan fails in an emergency;
- c. The facility changes in a manner that materially increases the potential for fires, explosions, or the release of hazardous materials / waste, or changes the response necessary in an emergency,
- d. The Emergency Coordinators change,
- e. The list of emergency equipment changes.

In the event of revisions to this plan, a revised copy will be submitted to the authorities identified in Section 4.0. A revised copy of this plan will also be maintained at the facility and office.

7.0 Emergency Coordinators

The following identifies the facility's primary and alternate emergency coordinators (EC):

Primary: John P. "Shawn" Lennon, Jr.
General Manager
(954)583-3795 (office)
(954)296-3873 (cell/Home)

Work - 3670 S.W. 47th Avenue, Davie, FL 33314

Alternate: Jacob Blaisdell
Technical Services Manager
(954)583-3795 (office)
(321)594-8047 (cell/Home)

Work - 3701 S.W. 47th Avenue, Suite 109, Davie, FL 33314

At all times, there will be at least one EC either at the facility or on call who is available to respond to an emergency by reaching the facility within a short period of time (1 hour drive) and has the responsibility of coordinating all emergency response activities. The EC will be familiar with all aspects of this plan, all operations, and activities at the facility, the location and characteristics of the waste handled, the location of all records within the facility, and the facility layout. Additionally, the EC has the authority to commit the resources needed to carry out this plan.

8.0 Emergency Procedures

8.1 Identifying Releases and Hazards

Whenever there is a release, fire, or explosion, the EC will immediately identify the characteristics, exact source, amount, and a real extent of any released

Appendix B

Phone Numbers of Local Authorities, Agencies, Etc.

Local Authority / Agency	Phone Numbers	Contact Period
Davie Fire Department Non-Emergency Number	911 (954) 797-1213	Immediately
Davie Police Department Non -Emergency Number	911 (954) 693-8200	Immediately
Emergency Medical Service	911	As Needed
Broward County Environmental Protection and Growth Management Department	(954) 519-1260	Within 24 hours
Florida Department of Environmental Protection – Southeast District Office	(561) 681-6600	Within 24 hours
Florida Division of Emergency Management (aka Florida State Warning Point)	(850) 413-9911 (800) 320-0519	Within 24 hours
National Response Center	(800) 424-8802	As Needed
Plantation General Hospital (Primary)	(954) 587-5010	As Needed
Broward General Hospital (2ndary)	(954) 355-4400	As Needed
Primary Emergency Coordinator John P. "Shawn" Lennon, Jr. General Manager Address: 9140 SW 49 St., Cooper City, FL. 33328	(954) 583-3795 (office) (954) 296-3873 (cell)	
Alternate Emergency Coordinator Jacob Blaisdel Technical Services Manager Address: 4471 N Federal Hwy Apt 204 Pompano Beach, FL 33064-6798	(954) 583-3795 (office) (321) 594-8047 (cell)	
Outside Cleanup Contractor: SWS Environmental 6900 NW 12 th Ave Fort Lauderdale, FL 33309	(954) 957-7271	As Needed

SPILL PREVENTION, CONTROL, AND COUNTERMEASURE PLAN

Triumvirate Environmental (Florida) Inc.

May 2007

Updated September 2017

Prepared for:

**Triumvirate Environmental (Florida), Inc.
(Former Perma-Fix of Ft. Lauderdale, Inc.)
3670 SW 47th Avenue
Davie, Florida 33312**

Project No. 070060



16252 Westwoods Business Park Drive • Ellisville, MO 63021 • (636) 256-7200
www.perma-fix.com/sya

DOCUMENTATION OF REVIEW
OF SPCC PLAN
IN ACCORDANCE WITH 40 CFR 112.5(b)

A review and evaluation of the Spill Prevention, Control, and Countermeasure (SPCC) Plan must be completed at least once every five years.

I have completed a review and evaluation of the Spill Prevention, Control, and Countermeasure Plan for Triumvirate Environmental (Florida) Inc. and will amend the Plan if required.

REVIEW DATE	WILL AMEND	WILL NOT AMEND	NAME, TITLE, AND SIGNATURE OF PERSON REVIEWING THIS PLAN
5/18/2012	X		Sara Gilbert, ETSC
7/6/2012	X		John Wyluda, Lab Services/Compliance Coordinator
9/13/2012	X		John Wyluda, Lab Services/Compliance Coordinator
10/22/2012	X		John Wyluda, Lab Services/Compliance Coordinator
11/14/2014		X	Kyle Lopic, ETSC
4/6/2015	X		Kyle Lopic, ETSC
9/15/2017	X		Brooke Rabe, ETSC

REVISION HISTORY

Revision #	Date	Description of Change	Pages Affected
0	05/21/2007	Initial Release	Several
1	05/18/2012	Updated Name Change, Added Revision History Page Added Management Approval Page Added Lat/Long to Section 2 Added Facility Phone Number Section 2.III 2 nd paragraph first word, changed from drummed to containerized Changed All Personnel to Oil-Handling Personnel Removed reference to Training Form in Appendix D and detailed TEFI Training Record Management through Intellex Detailed perimeter fencing Added statement about certification of substantial harm Added FI-specific spill notification statements (5.) to Section 4.I and V Added cooking oil totes and used oil filter containers to inspection procedures Added Local Emergency Contact Phone Numbers, Removed Pager Numbers Added facility specific information to Spill Reporting Form and Discharge Report Form	Page iv Page i Page 2 Page 2 Page 3 Page 13 Several Page 14 Page 19 Pages 21, 22 Appendix A Appendix B Appendix C
2	7/6/2012	Removed Containment 6 as containment, replaced with Drum Storage Area (old containment 8) Removed Optional Inspections	Several Appendix D
3	9/13/2012	Added Transformer to inspection list	Several
4	10/22/2012	Updated Table 1 – Summary of Storage Locations	Page 4
5	4/6/2015	Updated Emergency Notification List	Appendix B
6	9/15/2017	Updated Emergency Notification List	Appendix B

APPENDIX B
EMERGENCY CONTACT LIST

EMERGENCY CONTACT LIST

Local Authority/ Agency	Phone Number	Contact Period
Davie Fire Department	911	Immediately
Davie Police Department	911	Immediately
Emergency Medical Service	911	As Needed
Broward County Pollution Prevention Division	954-519-1260	24 Hours
Florida Department of Environmental Protection	651-681-6600	24 Hours
Florida Bureau of Disaster Preparedness	850-413-9911	24 Hours
National Response Center	800-424-8802	As Needed
Plantation General Hospital (Primary)	954-587-5010	As Needed
Broward General Hospital (Secondary)	954-355-4400	As Needed
Emergency Coordinator: John "Shawn" Lennon, Jr. General Manager	954-583-3795 954-296-3871	
Emergency Coordinator: Jacob Blaisdell Technical Services Manager	954-583-3795 321-594-8047	
Cleanup Contractor – SWS Environmental Services	954-957-7271 877-742-4215	

SURETY BOND RIDER

Facility name: Triumvirate Environmental (Florida), Inc. FDEP I.D. Number: FLD98108773
To be attached to and form part of guarantee bond number 1024289, originally effective on
July 29, 2011, for Triumvirate Environmental (Florida), Inc., as Principal,
and Lexon Insurance Company, as Surety(ies),
in favor of the Florida Department of Environmental Protection (FDEP), as Obligee. It is understood and agreed that the
bond is amended as follows:

(Check appropriate boxes below and complete.)



Increase Penal Sum from \$ 473,702.76 to \$ 477,966.08. Required Action amounts
"Increase" or "Decrease"
are merged and related requirements of Rule 62-701.630(6), F.A.C., as amended, shall apply.



Change facility amounts* - _____: \$ _____
(use this section only when bond covers multiple facilities) Facility name New facility amount
_____: \$ _____
Facility name (use "Other" section for additional facilities) New facility amount

* - Reductions of Penal Sum or Facility Amounts, in accordance with the terms of the bond and FDEP regulations, require prior written permission
from the FDEP Tallahassee office. Authorization will be addressed to Surety or Surety's representative and will specify bond to be changed.



Change _____ name from _____
"principal" or "facility"
to _____



Change Co-surety Liability Limits to \$ _____ for _____
Surety Company
and \$ _____ for _____
Surety Company (use "Other" section for additional Sureties)



Other: _____

Said Bond shall be subject to all its terms, conditions and limitations, except as herein expressly amended. This rider shall
become effective on February 9, 2017. This rider is executed on March 10, 2017. IN WITNESS WHEREOF,
Lexon Insurance Company

Surety Company(ies)

has caused its corporate seal to be hereunto affixed.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond rider on
behalf of the Principal and Surety(ies).

John F. McQuillian, Jr.
Signature of Authorized Representative of Principal
John F. McQuillian, Jr. President and Sole Director
Type Name and Title

Jalene K. Brown
Signature of Authorized Representative of Surety
Affix Surety Seal and Attach Power of Attorney
Jalene K. Brown
Type Name
12890 Lebanon Rd., Mt. Juliet TN 37122
Address of Authorized Representative
615-553-9500 Telephone Number
jbrown@lexonsurety.com E-mail Address

POWER OF ATTORNEY

LX-296084

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Christopher Dobbs, Jalene K. Brown, Tracy L. Carlile its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$7,500,000.00, Seven Million Five Hundred Thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.

LEXON INSURANCE COMPANY



BY

David E. Campbell
David E. Campbell
President

ACKNOWLEDGEMENT

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR
Notary Public- State of Tennessee
Davidson County
My Commission Expires 07-08-19

BY

Amy Taylor
Amy Taylor
Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

10th March 17

Signed and Seal at Mount Juliet, Tennessee this _____ Day of _____, 20____.



BY

Andrew Smith
Andrew Smith
Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Acknowledgement of Surety

State of Tennessee

County of Wilson

On this 10th day of March, 2017 located in and for said County and State, before me personally came **Jalene K. Brown**, to me known, who, being by me duly sworn, did depose and say that she resides in Hendersonville, TN; that she is the Attorney-in-Fact for **Lexon Insurance Company**, the corporation described in and which executed the above instrument; and that she signed her name thereto by authority of the Board of Directors of said corporation to the **Surety Bond Rider, Bond Number 1024289 effective February 9, 2017.**

In Witness hereof, I here unto set my hand and official seal.


Tracy L. Carlile

County of Residence: Rutherford

My Commission Expires: November 18, 2017

SEAL:

