USED OIL PROCESSING FACILITY PERMIT APPLICATION

Part I

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

A. Gei	neral Information					
1. Ne	w Renewal _X M	odification	Date current p	ermit expires	4	/22/2022
2. Rev	ision number <u>001</u> 92423	3-007-HO				
3. NO descrip	TE: Used Oil Processors maption for applicable standa Generators (Subpart Transporters (Subpart Burners of off-spectors) Marketers (Subpart are disposing of use	rds) if they are: rt C of Part 279) art E) used oil (Subpart H)		ts, (describe co	ompli	ance in process
4. Date	e current operation began:	10/29/2001				
5. Fac	ility name:Cli	ff Berry, Inc. Po	rt Everglades	Facility		
6. EPA	A identification number:	FLR 000 083 (071			
7. Fac	ility Location:					
	3400 SE 9th Ave	Fort L	auderdale	FI	L	33316
	Street		City	Sta	te	Zip Code
8. Fac	ility mailing address (if diffe	rent from facility l	ocation):			
	PO Box 13079	Fort l	auderdale	F	.r	33316
	Street or P.O. Box		City	Sta	te	Zip Code
9. Cont	tact person: Kelly Bran	denburg	Tel	ephone:954 -	763-	3390 ext 1005
	Title: Compliance M	anager	Email: _con	npliance@cli	ffber	ryinc.com
	Mailing Address: PO Bo	x 13079 Fort La	auderdale	FL		33316
	Street or P.O. Box		City	Stat	te	Zip Code
10. Ope	erator's name: Cliff Berry	y, II.		Telephone: 954	4_76	3-3390
	Email: cb2@cliffbe	rryinc.com	*1			
	Mailing Address: PO Bo	x 13079 Fort La	auderdale	FL	-	33316
	Street or P.O. Box		City	Stat	te	Zip Code

 Facility owner's nameCliff Berry, Ir 	acility owner's nameCliff Berry, Inc.						
Email: compliance@cliffbe	erryinc.com						
Mailing Address: PO Box 130	079 Fort Lauderdale	FL	33316				
Street or P.O. Box	City	State	Zip Code				
 Legal structure: X Corporation (indicate state 	e of incorporation) Florid	а					
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) Individual, partnership, or business operating under an assumed name (enter the county)							
and state where the name	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				
Site ownership status: [X] owned [[] presently]] to be purchased [] to leased; the expiration date of	be leasedyear	rs				
If leased, indicate: Land owner's name: Cliff Berry Family Ltd. Partnership Mailing Address:							
	79 Fort Lauderdale	FL	33316				
Street or P.O. Box	City	State	Zip Code				
Name of professional engineer Deris H	. Bardales, P.E., P.S. Negist	ration No. 64661					
Telephone:561-452-2348	Email:deris@)bdhcg.com					
Mailing Address: 712 NE 8th Avenue	Boynton Beach	FL	33435				
Street or P.O. Box	City	State	Zip Code				
	City sulting Group, LLC	State	Zip Code				

В.	SITE INFORMATION
1.	Facility location: County: Broward
	Nearest community: Dania
	Latitude: 26 05'00"N Longitude: 80 07' 57.6"W
	Section: 23 Township: 50 Range: 42
	UTM# <u>1758 / 6742 / 8850 / 78</u>
2.	Facility size (area in acres): approx 4 acres
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.
C.	OPERATING INFORMATION
1.	Hazardous waste generator status (SQG, LQG, etc.)VSQG
2.	List applicable EPA hazardous waste codes:
24.	List applicable LFA hazardous waste codes:
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
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) of the instructions.]
	The facility's detailed process description is labeled as Attachment
5.	The following parts of the facility's operating plan should be included as attachments to the permit application. [See item five (5) 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