

# Florida Department of **Environmental Protection**

**Bob Martinez Center** 2600 Blair Stone Road Tallahassee, Florida 32399-2400 DEP Form # 62-701.900(23)

Form Title: Waste Tire Processing Facility Permit Application

Effective Date: January 6, 2010 Incorporated in Rule 62-711.530(6)

## Waste Tire Processing Facility Permit Application

| Perr                   | nit No.  |                               |                    |           |                |  |  |
|------------------------|--|-------------------------------|--------------------|-----------|----------------|--|--|
| Ren                    | ewal ☐ Modification ☐ E  | Existing unpermitted facility |                    | Proposed  | new facility 🔀 |  |  |
| Part                   | : I-General Information:   |                               |                    |           |                |  |  |
| A.                     | Applicant Information:   |                               | 1                  |           |                |  |  |
| 1.                     | Applicant Name: Emilio Perez   |                               |                    |           |                |  |  |
| 2.                     | 2. Applicant Street Address: 246 East Main Street  |                               |                    |           |                |  |  |
| 3.                     | City: Pahokee  | _County: _                    | Palm Beach         | Zip: _    | 33476          |  |  |
| 4.                     | 4. Applicant Mailing Address: 246 East Main Street   |                               |                    |           |                |  |  |
| 5.                     | City: Pahokee  | County:                       | Palm Beach         | Zip:      | _33476         |  |  |
| 6.                     | Contact person: _EmilioPh  | none: (561)                   | 924-9250           | FEID No:  |                |  |  |
| 7.                     | 7. Have any enforcement actions been taken by the Department against the applicant relating to the operation of any solid waste management facility in this state? This includes any Complaint, Notice of Violation, or revocation of a permit or registration, as well as any Consent Order in which a violation of Department rules is admitted. It does not include a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document which does not constitute agency action.  Yes No Yes, attach a history and description of the enforcement actions. |                               |                    |           |                |  |  |
| В.                     | B. Facility Information:   |                               |                    |           |                |  |  |
| 1.                     | . Facility Name: Forever Recycling   |                               |                    |           |                |  |  |
| 2.                     | Facility Street Address (Main Entrance): 857 1/2 Old Belle Glade Rd  |                               |                    |           |                |  |  |
| 3.                     | City: Pahokee  | County:                       | Palm Beach         | Zip:      | 33476          |  |  |
| 4.                     | 4. Facility Mailing Address: 246 East Main Street  |                               |                    |           |                |  |  |
| 5.                     | City: Pahokee  | State:                        | Fl.                | Zip:      | _33476         |  |  |
| 6.                     | Contact Person:Phone: (561 924-9250  |                               |                    |           |                |  |  |
| 7.                     | Facility Location Coordinates:   |                               |                    |           |                |  |  |
|                        | Section: 20  | Township                      | : 42               | Range:    | 37             |  |  |
|                        | Latitude: Longitude:   |                               |                    |           |                |  |  |
| 8.                     | Anticipated date for starting construction and for completion of construction  |                               |                    |           |                |  |  |
| 9.                     | Anticipated date for receipt of tires  | 2/1/2015                      | and for start of p | rocessing | _3/1/2015      |  |  |
| Mail completed form to |  |                               |                    |           |                |  |  |

appropriate district office listed below

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|   | Land Owner Information (if different from applicant):  1. Owner's name: Perez Investments, Inc.  |                          |                            |                          |                           |                      |  |
|---|--|--------------------------|----------------------------|--------------------------|---------------------------|----------------------|--|
|   | Land owner's mailing address:  |                          |                            |                          |                           |                      |  |
| 3   | . City: Pahok  | ee                       | State:                     | FI.                      | Zip: _3                   | 3476                 |  |
| 4   | . Authorized Agent:  | _Emilio Perez            |                            | Agent's phone            | (561) 924-9250            | )                    |  |
| 5   | . Current lease expire   | s:                       |                            |                          |                           |                      |  |
| D.<br>1.  | Facility Operator Information (if different from applicant):  Operator's name: SAA   |                          |                            |                          |                           |                      |  |
|   | Operator's mailing a   |                          |                            |                          |                           |                      |  |
| 3.  | City:  |                          | State:                     |                          | Zip:                      |                      |  |
| 4.  | Contact person: _  |                          |                            | Phone: ()                |                           |                      |  |
|   | Preparer of Application:  1. Name of person preparing application:  Sara Perez   |                          |                            |                          |                           |                      |  |
| 2.  | Mailing address:   | 246 East Mai             | n Street                   |                          |                           |                      |  |
| 3.  | City: Pahokee  |                          | State:                     | Fl.                      | Zip:                      | 33476                |  |
| 4.  | Phone: (561) 924   | -9250                    |                            |                          |                           |                      |  |
| 5.  | Affiliation with facility  | Supervis                 | sor                        |                          |                           |                      |  |
|   | Part II-Operations: A. Facility type (check appropriate box):  |                          |                            |                          |                           |                      |  |
| D   | Waste tire processing  | g facility.              |                            |                          |                           |                      |  |
|   | Waste tire processing  | g facility with on-site  | e disposal of proce        | essed tires or proce     | ssing residuals.          |                      |  |
| ☐ Waste tire processing facility with on-site consumption of waste tires or processing residuals. |  |                          |                            |                          |                           |                      |  |
|   | Permitted solid waste  | e management facil       | ty modification to         | allow wa ste tire site   | and processing.           |                      |  |
| В.  | B. Type of processing facility (check as many as apply):   |                          |                            |                          |                           |                      |  |
|   | □Shredder □Cutter □Chopper □Incinerator only □Incinerator with energy recovery □Supplemental fuel user □Other, explain ☐Tire Bundling and Transport for fuel   |                          |                            |                          |                           |                      |  |
| C.  | Storage: Indicate the maximum quantities of whole waste tires, processed waste tires, and processing residuals, expressed in tons, to be stored at the facility, in accordance with Rule 62-711.530(2), F.A.C. |                          |                            |                          |                           |                      |  |
|   |  | Outdoor<br>Storage(tons) | Outdoor<br>Storage (sq.ft) | Indoor Storage<br>(tons) | Indoor Storage<br>(sq.ft) | Total Storage (tons) |  |
| ٧   | Vhole waste tires:   | 250 tons                 | 9,000                      |                          |                           |                      |  |
| F   | Processed tires:   | 0                        | 0                          |                          |                           |                      |  |
| F   | Processing residuals:  | 0                        | 0                          |                          |                           |                      |  |
| 1   | OTALS:   | 350 tons                 | 9,000                      |                          |                           |                      |  |

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Facility Permit Application

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| D. | For reporting quantity   | or thes in tons, thes will b                       | -       | ts will be calculated | weighed on site |                   |
|----|--|--|---------|-----------------------|-----------------|-------------------|
| E. |  | pe disposing of processed management facility when |         |                       |                 | nust indicate the |
| 1. | Name of facility Wheelabrator Ridge Energy   |  |         |                       |                 |                   |
| 2. | Street address:3.  | 131 K-Ville Ave                                    |         | 1                     |                 |                   |
| 3. | City: Auburnda   | ıle  | County: | Polk County           | Zip:            | 33823             |
| F. | Facilities that will be delivering processed tires to consuming facilities must describe the existing or proposed markets for those processed tires. |  |         |                       |                 |                   |
|    |  |  |         |                       |                 |                   |
|    |  |  |         |                       |                 |                   |

#### Part III-Attachments:

### A. Facility design

NOTE: All maps, plan sheets, drawings, isometrics, cross sections, or aerial photographs shall be legible; be signed and sealed by a registered professional engineer responsible for their preparation; be of appropriate scale to show clearly all required details; be numbered, referenced to narrative, titled, have a legend of symbols used, contain horizontal and vertical scales (where applicable), and specify drafting or origination dates; and use uniform scales as much as possible, contain a north arrow and use NGVD for all elevations.

- 1. A topographic or section map of the facility, including the surrounding area for one mile, no more than one year old, showing land use and zoning within one mile of the facility
- A plot plan of the facility on a scale of not less than one inch equals 200 feet. At a minimum, the plot plan shall include
  - The facility design, including the location and size of all storage and processing areas for used tires, unprocessed waste tires, processed waste tires, and waste tire processing residuals;
  - b. All wetlands and water bodies within the facility or within 200 feet of any storage area;
  - c. Stormwater control measures, including ditches, dikes, and other structures;
  - Boundaries of the facility, legal boundaries of the land containing the facility, and any easements or rights of way that are within the facility or within 200 feet of any storage area;
  - e. Location, size, and depth of all wells within the facility or within 200 feet of any storage area;
  - All structures and buildings that are, or will be, constructed at the facility; include those used in storage and processing operations;
  - All areas used for loading and unloading;
  - h. All access roads and internal roads, including fire lanes;

rting quantity of tires in tone tires will be

- i. Location of all fences, gates, and other access control measures; and
- i. Location of all disposal areas within the facility.

#### B. Facility operation.

- 1. A description of the facility's operation, process and products including how waste tires will be received and stored.
- 2. A description of the equipment used for processing tires. This description shall include the make, model, and hourly capacity of each piece of equipment.
- Description of the waste from the process, the amount of waste expected and how and where this waste will be disposed of.
- 4. Statement of the maximum daily throughput and the planned daily and annual throughput.
- A description of how the operator will maintain compliance with each of the storage requirements of Rule 62 -711.540, F.A.C.
- 6. A copy of the emergency preparedness manual for the facility with a statement of the on site and off site locations where that manual will be maintained.
- 7. A copy of the fire safety survey
- 8. A description of how 75% of the annual accumulation of waste tires will be removed for disposal or recycling.
- C. Completed closing plan for the facility as required by Rule 62 -711.700(2) and (3), F.A.C.

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Date

- D. Attach proof of financial responsibility as requirement by Rule 62 -711.500(3) OR a calculation showing that financial assurance documents, currently on file with the Department, are sufficient to assure closing of the waste tire site as well as any other solid waste management facility at that location.
- E. A letter from the land owner (if different from applicant) authorizing use of the land as a waste tire pr ocessing facility.
- F. If waste tires will be consumed or diposed of at the facility, attach a description of the other environmental permits that the applicant has for this use, including, permit number, date of issue, and name of issuing agency

| G.  | 3. The permit fee as required in Rule 62-4, F.A.C. |                                   |                  |  |  |  |
|---|--|-----------------------------------|------------------|--|--|--|
| Part  | IV-Certification:                                  |                                   |                  |  |  |  |
| A.  | Applicant:   |                                   |                  |  |  |  |
| The undersigned applicant or authorized representative of Is aware that statements made in this form and attached information are an application for a  Waste Tire Processing Permit from the Florida Department of Environmental Protection and certifies that  The information in this application is true, correct and complete to the best of his knowledge and belief.  Further, the undersigned agrees to comply with the provisions of Chap ter 403, Florida Statutes, and all rules and regulations of the Department. It is understood that the Department will be notified prior to the sale or legal transfer of the facility. |  |                                   |                  |  |  |  |
| _   | Signature of Applicant or Authorized Agent         | Emilio Perez/Owner Name and Title | 3/3/2015<br>Date |  |  |  |
| B. Professional Engineer registered in Florida.  This is to certify that the engineering features of this waste tire processing facility have been Designed/examined by me and found to conform to engineering principals applicable to such facilit ies. In my professional judgment, this facility, when properly maintained and operated will comply with all applicable statues of the State of Florida and rules of the Department. It is agreed that the undersigned will provide the applicant with a set of instructions for proper maintenance and operation of the facility.  |  |                                   |                  |  |  |  |
| Signature Mailing Address   |  |                                   |                  |  |  |  |
| Name and Title City, State, Zip   |  |                                   |                  |  |  |  |
|   | Florida Registration Number                        | Telephone numb                    | er               |  |  |  |

(please affix seal)