

October 10, 2017

MDC Regulatory and Economic Resources Environmental Resources Management Pollution Regulation Division 701 NW 1<sup>st</sup> Ct., 7<sup>th</sup> Floor Miami, Fl. 33136-1912 REGENVED OCT 10 2017

POLLUTION REGULATION DIVISION

Attention: Johnny Vega PE

RE:

TM Tires, Inc.

FDEP Permit NO. 307803-002-WT

(WACS No. 100092/DERM File No. SW-1761) 5575 NW 36 Ave. Hialeah, Miami-Dade County, Fl.

Renewal Application

Dear Johnny:

Rafael L. Robayna, PE Professional Engineer # 19453 State of Florida

Cf: 17006902



# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Reset Form

Print Form

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

| Permit No. 30/803-     | JUZ-VV I                |                  |                 |                    |                                       |      |
|------------------------|-------------------------|------------------|-----------------|--------------------|---------------------------------------|------|
| Renewal Mod            | fication                | Existing unpermi | tted facility □ | Proposed           | new Denver                            |      |
| art I-General Inform   | ation:                  |                  |                 |                    | DER                                   | M    |
| ۱. Applicant Infor     | nation:                 |                  |                 |                    | OCT 10                                | 2017 |
| 1. Applicant Name:     | TM Tires, Inc.          |                  |                 |                    | POLLUTION RE                          |      |
| 2. Applicant Street    | Address: <u>5575 NW</u> | 36TH Avenue      |                 |                    | DIVISI                                | ON   |
| 3. City: Hialeah       |                         | County: Mia      | ımi-Dade        | Zip:               | 33142                                 |      |
| 4. Applicant Mailing   | Address: 5575 NV        | V 36th Avenue    |                 |                    | · · · · · · · · · · · · · · · · · · · |      |
| 5. City: Hialeah       |                         | County: Mi       | ami-Dade        | Zip:               | 33142                                 |      |
| 6. Contact person:     | Marcus A. Rivero        | _Phone: (786)43  | 1-1145          | FEID No:           | 26-436-3092                           | _    |
| does not constitu      | agone, addon.           |                  |                 |                    |                                       |      |
|                        |                         |                  |                 |                    |                                       |      |
| 6. Contact Person:     | Marcus A. Rivero        |                  | Phone: (786     | 6)431-1145         |                                       |      |
| 7. Facility Location ( | Coordinates:            |                  |                 |                    |                                       |      |
| Section: 17            |                         | Township:        | 53              | Range:             | 41                                    |      |
| Latitude: 25d49        | m28.8s                  | Lon              | gitude: 80d15m  | 118.9s             |                                       |      |
| 8. Anticipated date f  | or starting constructio | n <u>N/A</u>     | and for com     | pletion of constru | iction <u>N/A</u>                     | _    |
| 9. Anticipated date f  | or receipt of tires     | August 1, 2011   | and for star    | t of processing    | N/A                                   |      |
|                        | appro                   | Mail completed f |                 |                    |                                       |      |

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|                 | C. Land Owner Information (if different from applicant): 1. Owner's name: Gomez and Gomez Associates, LLC  |  |   |  |   |                         |  |
|-----------------|--|--|---|--|---|-------------------------|--|
| 2.              | 2. Land owner's mailing address: 5555-75 NW 36th Ave   |  |   |  |   |                         |  |
| 3.              | City: <u>Hialeah</u>   |  | State: FL                                     |  | Zip: 3                                  | 33142                   |  |
|                 | Authorized Agent:  |  |   |  |   |                         |  |
| 5.              | Current lease expi   | res: <u>11/30/2020</u>                     |   |  |   |                         |  |
| <b>D.</b><br>1. | Facility Operator Operator's name:   |  | erent from applicant                          | *                                      |   |                         |  |
| 2.              | Operator's mailing   |  |   |  |   |                         |  |
|                 | City:  |  |   |  |   |                         |  |
| 4.              | Contact person:  |  |   | Phone: (                               | )                                       |                         |  |
|                 | Preparer of Applie<br>Name of person pr  |  | : Rafael L. Rol                               | oayna                                  |   |                         |  |
| 2.              | Mailing address:   | 5725 NW 158 St                             |   |  |   |                         |  |
| 3.              | City: Miami Lake   | es   | State: FL                                     | E                                      | Zip:                                    | 33014                   |  |
| 1               | Phone: /3051000  | 0216                                       |   |  |   |                         |  |
|                 |  |  |   |  |   |                         |  |
| в. Т            | Type of processing   | g facility (check as                       | many as apply):                               |  |   |                         |  |
| Į<br>Į          | □Shredder □Cutter □Chopper □Incinerator only □Incinerator with energy recovery □Pyrolysis □Supplemental fuel user ■Other, explain <u>Used Tire Wholesalers</u> |  |   |  |   |                         |  |
| C. §            | Storage: Indicate the expressed in tons, to  | e maximum quanti<br>to be stored at the fa | ties of whole waste<br>acility, in accordance | tires, processed was with Rule 62-711. | vaste tires, and proc<br>530(2), F.A.C. | cessing residuals,      |  |
|                 |  | Outdoor<br>Storage(tons)                   | Outdoor<br>Storage (sq.ft)                    | Indoor Storage<br>(tons)               | Indoor Storage<br>(sq.ft)               | Total Storage<br>(tons) |  |
| W               | hole waste tires:  | 0  | 0   | 169                                    | 18,200                                  | 169                     |  |
| Pr              | ocessed tires:   | 0  | 0   | 0                                      | 0                                       | 0                       |  |
| Pr              | ocessing residuals:  | 0  | 0   | 0                                      | 0                                       | 0                       |  |
| TC              | DTALS:   | 0  | 0   | 169                                    | 18,200                                  | 169                     |  |

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| D. | For reporting qua   | antity of tires in tons, tires will be: |        | ned on site □<br>nts will be calculate | weighed off site |  |  |
|----|---|---|--------|--|------------------|--|--|
| E. | Facilities that will not be disposing of processed tire s or processing residual on the facility site must indicate the permitted solid waste management facility where processed tires or residuals will be disposed.  |   |        |  |                  |  |  |
| 1. | Name of facility  | Liberty Tire Recycling                  |        |  |                  | ar area and the same of the sa |  |
| 2. | Street address:   | 9675 Range Line Rd.                     |        |  |                  |  |  |
| 3. | City: Port St. L  | ucieC                                   | ounty: | Port St. Lucie                         | Zip:             | 34987  |  |
|    | Facilities that will be delivering processed tires to consuming facilities must describe the existing or proposed markets for those processed tires.  The Wholesaler, TM Tires, Inc., will purchase used tires wholesale and separates any damage waste tires tht will later deliver to the proposed recycling company. |   |        |  |                  |  |  |

#### 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

- i. Location of all fences, gates, and other access control measures; and
- j. 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.
- 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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- 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. The permit fee as required in Rule 62-4, F.A.C.

| Part IV-C | ertification: |
|-----------|---------------|
|-----------|---------------|

| A.    | Applicant:  |                                      |                              |
|-------|---|--------------------------------------|------------------------------|
|       | The undersigned applicant or authorized represe       |                                      |                              |
| Is aw | are that statements made in this form and attache     | ed information are an application fo | ra                           |
| Waste | Tire Processing Permit from the Florida               | Department of Environmental Prote    | ection and certifies that    |
| The i | nformation in this application is true, correct and c | omplete to the best of his knowled   | ge and belief.               |
|       | er, the undersigned agrees to comply with the pro     |                                      |                              |
| reaul | ations of the Department. It is understood that the   | Department will be notified prior t  | o the sale or legal transfer |
|       | a facility.   |                                      |                              |
|       | 11/   | Marcus A. Rivero                     | 8/31/2017                    |
|       | Signature of Applicant or Authorized Agent            | Name and Title                       | Date                         |
|       |   |                                      |                              |

| 19453                       | 305-823-9316     |
|-----------------------------|------------------|
| Florida Registration Number | Telephone number |
| S. L. Bog                   |                  |
| CO20036 10.                 |                  |
| The second P                | 10/3/17          |
| (please affix seal)         | Date             |



Miami-Dade County Department of Regulatory and Economic Resources 701 NW 1 CT Miami, FL 33130 305-372-6789

## Receipt

Receipt Date: 10/11/2017

Receipt Number: 20171011084205966971

Receipt Notes: SW-1761 / STATE DELEGATED PERMIT

Register: CR2

**REVIEW FEE** 

Customer Name: TM TIRES INC

| Reference Number     | Item Description                          |           | Amount       |
|----------------------|---|-----------|--------------|
| 20171011084218702195 | Solid Waste Review[PERPROTV][OTHER] [ - ] |           | \$1,250.00   |
| 20171011084328327419 | Check Payment [CK 4464]                   |           | (\$1,250.00) |
|                      |   | Total Due | \$0.00       |