



Department of Environmental Protection

Lawton Chiles
Governor

Southeast District
P.O. Box 15425
West Palm Beach, Florida 33416

Virginia B. Wetherell
Secretary

JUN 15 1994

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Skip Robinson
9675 Range Line Road
Port St. Lucie, FL 34987

St. Lucie County
SW - Florida Tire Recycling, Inc.
Permit Files

Dear Mr. Robinson:

This is to acknowledge receipt of your application, file number WT 56-252068.

- ☐ This letter constitutes notice that a permit will be required for your project pursuant to Chapter(s) _____, Florida Statutes.
- ☐ Your application for permit is complete as of _____ and processing has begun. You are advised that the Department under Chapter 120, Florida Statutes, must take final action on your application within ninety (90) days unless the time is tolled by administrative hearing.
- ☒ Your application for permit is incomplete. Please provide the information listed on the attached sheet(s) promptly. Evaluation of your proposed project will be delayed until all requested information has been received.
- ☐ The additional information received on _____ was reviewed, however, the item(s) listed on the attached sheet(s) remain incomplete. Evaluation of your proposed project will continue to be delayed until we receive all requested information.
- ☐ At this time no permit is required for your project by the Solid Waste Section. Any modifications in your plans should be submitted for review, as changes may result in permits being required. This letter does not relieve you from the need to obtain any other permits (local, state or federal) which may be required.

If you have any questions, please contact me at telephone number 407-433-2650 of this office. When referring to this project, please use the file number indicated.

Sincerely,


Mr. Joseph Lurix, Engineer
Solid Waste Section

cc: Janet Bowman, OGC/TLH
Joseph Friscia, P.E.
Greg Coffelt, WM/SED
Jan Clark, SW/TLH

In order to complete review of your application pursuant to Section 403.087(4), Florida Statutes (F.S.), Sections 17-711, and 17-4.070(1), Florida Administrative Code (F.A.C.), please provide the following information.

1. Please submit a minimum of three additional application packages with the original signatures and seals pursuant to Rule 17-4.050(2), F.A.C. Your application shall not be reviewed until the additional application packages have been received.

Note that all submittals must be signed and sealed by a professional engineer licensed in the state of Florida.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Skip Robinson
9675 Range Line Road
Port St. Lucie, FL 34987

4a. Article Number

P893729723

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

6/16/94

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Sheila Shuffo

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.