



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 17, 1994

Certified Mail
Return Receipt Requested

Mr. Skip Robinson
Florida Tire Recycling, Inc.
9675 Range Line Road
Port St. Lucie, FL 34987

St. Lucie County
SW - FTRI
Permit Files

Dear Mr. Robinson:

This is to acknowledge receipt of your application, file number WT 56-252068, for a permit to construct and operate a Waste Tire Processing Facility.

- [] 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 promptly. Evaluation of your proposed project will be delayed until all requested information has been received.
- [X] The additional information received on July 21, 1994 was reviewed, however, the items listed on the attached sheet 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 this Department. 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 Mr. Joe Lurix at telephone number 407/433-2650 of this office. When referring to this project, please use the file number indicated.

Sincerely,

Vivek Kamath
for Joseph Kahn, P.E.
Solid Waste Programs

JK:jl

attachment

cc: Greg Coffelt, MSSW/WPB
Jackie Kelly, DF/PSL
Joseph T. Friscia, P.E.
Janet Bowman, OGC/TLH

In order to complete review of your application pursuant to Sections 403.087(4), and 403.707, Florida Statutes (F.S.) and Rules 17-711.530 and 17-711.540 Florida Administrative Code (F.A.C.), please provide the following information below.

1. Please clarify the depth of the existing well in the northeast portion of the property as shown on the revised plot plan. The plot plan shows depth of the well to be 40 feet and the written response states 60 feet.
2. Question #6 in the Department's letter dated July 8, 1994 requested that FTRI provide a copy of a recent fire survey conducted by SLCFPFCD or other fire agency to support the renewal of this application. The applicant responded by submitting a copy of a letter dated July 12, 1994, signed by Deputy Chief Perry Sessoms, Fire Marshal of the SLCFPFCD, copy enclosed. Please provide clarification in writing from the SLCFPFCD if this is a fire safety survey. If SLCFPFCD's response is no, please provide a copy of a recent fire safety survey.
3. In accordance with Rule 17-711.510(2), F.A.C., FTRI shall provide closing cost estimates for the quantities of waste tires on FTRI's site or the quantity of waste tires that FTRI is permitted to have on site, whichever is greater. Since the existing accumulation of waste tires was estimated by FTRI's consultant to be "30,000 tons" on June 2, 1994 in comparison to the revised figures of proposed waste tire storage at "9,700 tons" on June 16, 1994, FTRI would have to provide financial assurance at the greater number. Please revise the closure cost estimates to reflect existing conditions at the site today. Please revise the closure cost estimates with engineering calculations and a site map revealing the waste tire locations that are signed and sealed by a professional engineer registered in the State of Florida. The applicant must provide financial assurance for the entire amount of moneys in the final approved closure cost estimate issued in favor of the State of Florida for this facility pursuant to Rule 17-711.510(2)(a), F.A.C. to satisfy this rule.

Note: District Offices of the Department can only issue permits based upon compliance with Department rules. The applicant is advised to read item 10J of the Stipulation for other mechanisms that are available for FTRI to demonstrate compliance, i.e.: Variance Procedure, Alternate Procedure. Furthermore, this office has forwarded a copy of the letter dated August 16, 1994 from Mr. James R. Brindell, Esquire, attorney representing FTRI, to the Office of General Counsel for a legal interpretation. This item will remain incomplete until a legal interpretation has been made.

4. The Southeast District Office provided copies of all the inspection reports conducted at FTRI since the Stipulation was executed. A teleconference was held during the week of July 4, 1994 between our offices in Tallahassee, Southwest District and the Southeast District. The Southeast District informed all parties of the substantial compliance that FTRI had made with the Stipulation. Again, please state clearly what waste tire processing equipment will remain at the FTRI - Port St. Lucie facility for processing waste tires.

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
Florida Tire Recycling, Inc.
4675 Range Line Rd.
Port St. Lucie, FL 34987

4a. Article Number

P893729787

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

8-18-90

5. Signature (Addressee)

6. Signature (Agent)

[Handwritten Signature]

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

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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