

Poor Original

Application for a Hazardous Waste Facility Permit Certification

RECEIVED

JAN 10 1992

To be completed by all applicants

**HAZARDOUS WASTE
PERMITTING**

1 Operator

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department of Environmental Regulation. It is understood that this permit is only transferable in accordance with Section 17-730, FAC, and, if granted a permit, the Department of Environmental Regulation will be notified prior to the sale or legal transfer of the permitted facility.

Gary L. Moore
Signature of the Operator or Authorized Representative*

GARY L. MOORE, President
Name and Title (Please Type or Print)
Date 10-29-91 Telephone No. (305) 583-3795

*Attach a letter of authorization

2 Facility Owner

This is to certify that I understand this application is submitted for the purpose of obtaining a permit to construct, operate, or close a hazardous waste management facility on the property as described. As owner of the facility, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department of Environmental Regulation.

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3 Land Owner

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct, operate, or close a hazardous waste management facility, on the property as described. For hazardous waste disposal facilities, I further understand that I am responsible for providing the notice in the deed to the property required by 40 CFR §264.119 and §265.119, as adopted by reference in Chapter 17-730, FAC.

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Signature of the Facility Owner or Authorized Representative*

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Date 10-29-91 Telephone No. (305) 583-3795

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4 Professional Engineer Registered in Florida (Where Required by Chapter 471, FS or not exempted by Rule 17-730.220(5), F.A.C.)

This is to certify that the engineering features of this hazardous waste management facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of Environmental Regulation.

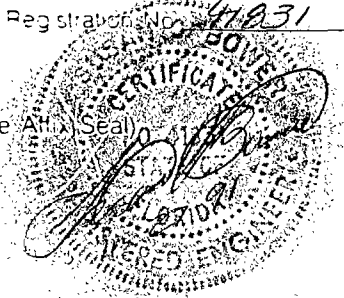
[Signature]
Signature

JUDITH C. BOWER
Name (Please Type)

Florida Registration No. 41831

Mailing address 11708 NW 12 ST
Street or PO Box

(Please Affix Seal)



Penbrooke Pines FL 33026
City State

Date 11-27-91 Telephone No. (305) 711-5906

IMAGE QUALITY

AS YOU VIEW THE FOLLOWING
DOCUMENT, PLEASE NOTE THAT
PORTIONS OF THE ORIGINAL WERE OF
POOR QUALITY

Application for a Hazardous Waste Facility Permit Certification

To be completed by all applicants

1. Operator

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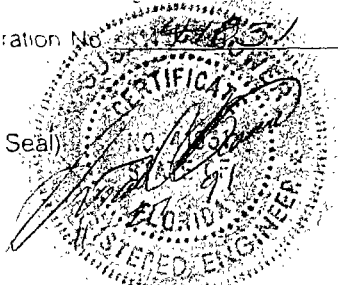
Susan C. Bower
 Signature

SUSAN C. BOWER
 Name (Please Type)

Florida Registration No. 5833

Mailing address 11708 NW 12 ST
 Street or PO Box

(Please Affix Seal)



Pembroke Pines FL 33026
 City State

Date 11-27-91 Telephone No. (305) 761-5908

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*Attach a letter of authorization

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Gary L. Moore
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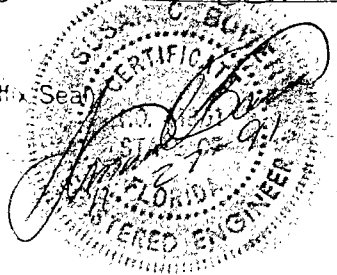
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Susan C. Bower
 Signature

Florida Registration No. 441031

(Please Affix Seal)



SUSAN C. BOWER
 Name (Please Type)

Mailing address 11708 NW 12 ST
 Street or PO Box
Pembroke Pines FL 33026
 City State

Date 11-27-91 Telephone No. (305) 261-5900

17. If an individual or partnership, list owners:

Name: N/A

Address: _____
Street or PO Box City State Zip

Name: _____

Address: _____
Street or PO Box City State Zip

Name: _____

Address: _____
Street or PO Box City State Zip

Name: _____

Address: _____
Street or PO Box City State Zip

18. Site ownership status: Owned To be purchased To be leased _____ years
 Presently leased: Expiration date _____ If leased, give

Land owner's name Integrated Resource Recovery, Inc.

Land owner's address 4001 SW 47th Ave., Suite 211 Davie FL 33314
Street or PO Box City State Zip

19. Engineer: Susan Bower Registration No.: 41831

Address: 11708 NW 12th St. Pembroke Pines FL 33026
Street or PO Box City State Zip

Associated with: Susan Bower, P.E.

20. Facility located on Indian land: Yes No

21. Existing or pending environmental permits: (Attach a separate sheet if necessary)

Name of Permit	Agency	Permit Number	Date Issued	Expiration Date
Wastewater Discharge Permit	Broward Co Wastewater Mgt Div	133314053	3/7/91	12/31/91
Port Everglades Oily Waste Removal	Port Everglades	10-002	1/3/91	12/31/91
Transfer Station	Broward Co.	HTS-WO-5	3/30/91	3/31/92
License to haul industrial sludge	Broward Co.	letter	7/6/90	4/26/92
General Permit	FDER	S006-198476	7/91	1996
Waste Transporter	Metro-Dade	HW91-154-000	4/91	3/31/92
Used Oil Transporter, Coll, Recycling	FDER	50030-U0	7/91	6/30/92

B. Site Information

1. Facility location. County Broward Nearest community Davie, FL
 Latitude 26°4'34" Longitude: 80°12'37"

2. Area of facility site (acres) 1.035

3. Attach a scale drawing and photographs of the facility showing the location of all past, present, and future treatment, storage, disposal areas. Also show the hazardous wastes traffic pattern including estimated volume and control.

4. Attach topographic map which shows all the features indicated in the instruction sheet for this part

5. Is the site located in a 100-year flood plain? Yes No

17. If an individual or partnership, list owners:

Name: N/A
 Address: _____
Street or PO Box City State Zip
 Name: _____
 Address: _____
Street or PO Box City State Zip
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Street or PO Box City State Zip

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