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January 17, 2013

VIA Bheem.kothur@dep.state.fl.us, Anthony.Tripp.dep.state.fl.us
Mail

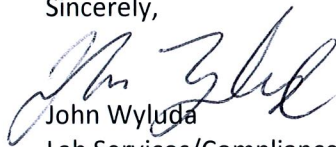
Anthony Tripp
Hazardous Waste Regulation
Florida Department of Environmental Protection
Mail Station #4550
2600 Bair Stone Road
Tallahassee, FL 32399-2400

Subject:: Used oil/solid waste processing permit renewal application – PE signature on DEP Form
62-701.900(4) ; FACILITY ID: FLD 981 018 773; Permit NO: 77390-H0-008 &
77390-S0-009

Dear Mr. Tripp,

Attached is Triumvirate's updated Solid Waste Permit Application, with PE signature, on DEP form 62-701.900(4).

Sincerely,



John Wyluda
Lab Services/Compliance Coordinator

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Hazardous Waste Regulation

Attachment B

Completed Solid Waste Processing Facility Permit Application Form



Florida Department of Environmental Protection

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

DEP Form # 62-701.900(4), F.A.C.

Form Title: Application to Construct, Operate, or
Modify a Waste Processing Facility

Effective Date: August 12, 2012

Incorporated in Rule 62-701.710(2), F.A.C.

APPLICATION TO CONSTRUCT, OPERATE, OR MODIFY A WASTE PROCESSING FACILITY

GENERAL REQUIREMENT: Solid Waste Management Facilities shall be permitted pursuant to Section 403.707, Florida Statutes (F.S.) and in accordance with Florida Administrative Code (F.A.C.) Chapter 62-701. A minimum of four copies of the application shall be submitted to the Department District Office having jurisdiction over the facility. The appropriate fee in accordance with subsection 62-701.315(4), F.A.C., shall be submitted with the application by check made payable to the Department of Environmental Protection (DEP). Complete appropriate sections for the type of facility for which application is made and include all additional information, drawings, and reports necessary to evaluate the facility.

Please Type or Print in Ink

A. GENERAL INFORMATION

1. Type of facility (check all that apply):

☐ Transfer Station:

☐ C&D

☐ Class III

☐ Class I

☐ Other Describe: _____

☐ Materials Recovery Facility:

☐ C&D Recycling

☐ Class III MRF

☐ Class I MRF

☐ Other Describe: _____

☒ Other Facility That Processes But Does Not Dispose Of Solid Waste On-Site:

☒ Storage, Processing or Disposal for Combustion Facilities (not addressed in another permit)

☐ Other Describe: _____

NOTE: C&D Disposal facilities that also recycle C&D shall apply on DEP Form 62-701.900(6), F.A.C.

2. Type of application:

☐ Construction/Operation

☒ Operation without Additional Construction

3. Classification of application:

☐ New

☐ Substantial Modification

☒ Renewal

☐ Intermediate Modification

☐ Minor Modification

4. Facility name: Triumvirate Environmental (Florida) Inc., (TEIFL)

5. DEP ID number: FLD 9810018773 County: Broward

6. Facility location (main entrance): 3670 SW 47th Avenue, Davie, FL 33314

Northwest District
160 Government Center
Pensacola, FL 32501-5794
850-595-8300

Northeast District
7777 Baymeadows Way W, Ste 100
Jacksonville, FL 32256-7590
904-256-1700

Central District
3319 Maguire Blvd, Ste 232
Orlando, FL 32803-3767
407-897-4100

Southwest District
13051 N Telecom Pkwy
Temple Terrace, FL 33637
813-632-7600

South District
2295 Victoria Ave, Ste 364
Fort Myers, FL 33901-3881
239-344-5600

Southeast District
400 North Congress Ave
West Palm Beach, FL 33401
561-681-6600

7. Location coordinates:
Section: 25 Township: 50 Range: 41
Latitude: 26 ° 4 ' 34 " Longitude: 80 ° 12 ' 37 "
Datum: _____ Coordinate Method: _____
Collected by: _____ Company/Affiliation: _____
8. Applicant name (operating authority): Triumvirate Environmental (Florida) Inc., (TEIFL)
Mailing address: 3701 SW 47th Avenue, Suite 109, Davie, Florida 33314
Street or P.O. Box City State Zip
Contact person: John Wyluda Telephone: (954) 583-3795
Title: Lab Services and Compliance Coordinator jwyluda@triumvirate.com
E-Mail address (if available)
9. Authorized agent/Consultant: _____
Mailing address: _____
Street or P.O. Box City State Zip
Contact person: _____ Telephone: (____) _____
Title: _____
E-Mail address (if available)
10. Landowner (if different than applicant): _____
Mailing address: _____
Street or P.O. Box City State Zip
Contact person: _____ Telephone: (____) _____
E-Mail address (if available)
11. Cities, towns and areas to be served: NA
12. Date site will be ready to be inspected for completion: _____
13. Estimated costs:
Total Construction: \$ 500 Closing Costs: \$ 500
14. Anticipated construction starting and completion dates:
From: NA To: NA
15. Expected volume of waste to be received: 20 yds³/day 2 tons/day

16. Provide a brief description of the operations planned for this facility: Simple Consolidation of non-hazardous materials from drums and other containers into a 20 cubic yard roll off container. Non-hazardous liquids may also be solidified in the same roll off container using inert absorbent materials. Non-hazardous wastes are parked next to the roll off for consolidation or solidification.

B. ADDITIONAL INFORMATION

Please attach the following reports or documentation as required.

1. Provide a description of the operation of the facility that shall include (62-701.710(2)(a), F.A.C.):
 - a. The types of materials, i.e., wastes, recyclable materials or recovered materials, to be managed or processed;
 - b. The expected daily average and maximum weights or volumes of materials to be managed or processed;
 - c. How the materials will be managed or processed;
 - d. How the materials will flow through the facility including locations of the loading, unloading, sorting, processing and storage areas;
 - e. The types of equipment that will be used;
 - f. The maximum time materials will be stored at the facility;
 - g. The maximum amounts of wastes, recyclable materials, and recovered materials that will be stored at the facility at any one time; and
 - h. The expected disposition of materials after leaving the facility.
2. Attach a site plan, signed and sealed by a professional engineer registered under Chapter 471, F.S., with a scale not greater than 200 feet to the inch, which shows the facility location, total acreage of the site, and any other relevant features such as water bodies or wetlands on or within 200 feet of the site, potable water wells on or within 500 feet of the site (62-701.710(2)(b), F.A.C.).
3. Provide a boundary survey and legal description of the property (62-701.710(2)(c), F.A.C.).
4. Provide a construction plan, including engineering calculations, that describes how the applicant will comply with the design requirements of subsection 62-701.710(3), F.A.C. (62-701.710(2)(d), F.A.C.).
5. Provide an operation plan that describes how the applicant will comply with subsection 62-701.710(4), F.A.C. and the recordkeeping requirements of subsection 62-701.710(8), F.A.C. (62-701.710(2)(e), F.A.C.).
6. Provide a closure plan that describes how the applicant will comply with subsection 62-701.710(6), F.A.C. (62-701.710(2)(f), F.A.C.).
7. Provide a contingency plan that describes how the applicant will comply with subsection 62-701.320(16), F.A.C. (62-701.710(2)(g), F.A.C.).
8. Unless exempted by subparagraph 62-701.710(1)(d)1., F.A.C., provide the financial assurance documentation required by subsection 62-701.710(7), F.A.C. (62-701.710(2)(h), F.A.C.).
9. Provide a history and description of any enforcement actions by the applicant described in subsection 62-701.320(3), F.A.C. relating to solid waste management facilities in Florida. (62-701.710(2), F.A.C. and 62-701.320(7)(i), F.A.C.)
10. Provide documentation that the applicant either owns the property or has legal authorization from the property owner to use the site for a waste processing facility (62-701.710(2), F.A.C. and 62-701.320(7)(g), F.A.C.)

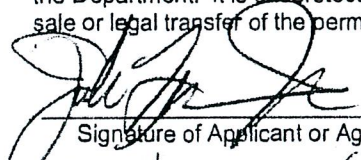
C. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER

1. Applicant:

The undersigned applicant or authorized representative of Triumvirate Environmental (Florida) Inc., (TEIFL)

is aware that statements made in this form and attached information are an application for a Waste

Processing Facility 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/her knowledge and belief. Further, the undersigned agrees to comply with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department. It is understood that the Permit is not transferable, and the Department will be notified prior to the sale or legal transfer of the permitted facility.

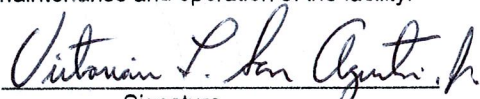

Signature of Applicant or Agent
John Lennon Jr. General Manager
Name and Title (please type)
JLennon@triumvirate.com
E-Mail address (if available)

3701 SW 47th Ave. Suite 109
Mailing Address
Davie, FL 33314
City, State, Zip Code
(954) 583 3795
Telephone Number
11/18/2012
Date

Attach letter of authorization if agent is not a governmental official, owner, or corporate officer.

2. Professional Engineer registered in Florida (or Public Officer if authorized under Sections 403.707 and 403.7075, Florida Statutes):

This is to certify that the engineering features of this waste processing 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 maintained and operated, will comply with all applicable statutes 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 of proper maintenance and operation of the facility.


Signature
Victoriano L. San Agustin, Jr.
Name and Title (please type)
Senior Engineer

40226
Florida Registration Number
(please affix seal)

FECC, INC.
Mailing Address
3652 Old Winter Garden Rd.
Orlando, FL 32805
City, State, Zip Code
vсанagustin@feccorporation.com
E-Mail address (if available)
(407) 296-9995
Telephone Number
01-16-2013
Date

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