



Water Recovery
a **MER** company

August 7, 2015

Mr. Bheem Kothur, P.E. III
Used Oil Permit Coordinator
MS 4560 FDEP
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: Water Recovery, LLC Used Oil Permit Renewal Application
EPA ID No. FLR 000 069 062; Used Oil Permit No. 79677-HO-07

Dear Mr. Kothur,

Please find enclosed Water Recovery, LLC (WRI) application for renewal of the above referenced permit. A check for the \$2000 application fee is also enclosed with one paper copy and one digital copy of the complete application.

Once again, your assistance with this matter is greatly appreciated.

Kindest Regards,

A handwritten signature in blue ink, appearing to read 'G. Reynolds', is written over the typed name.

Gregory Reynolds
Vice President & General Manager
Water Recovery, LLC

Cc: Mr. Jabe Breland
FDEP Northeast District Office

USED OIL PROCESSING FACILITY PERMIT APPLICATION

Part I

TO BE COMPLETED BY ALL APPLICANTS (*Please type or print*)

A. General Information

1. New ☐ Renewal ☒ Modification ☒ Date current permit expires 10/11/2015

2. Revision number 0

3. NOTE: Used Oil Processors must also meet all applicable subparts, (describe compliance in process description for applicable standards) if they are:

- ☒ Generators (Subpart C of Part 279)
☒ Transporters (Subpart E)
☐ Burners of off-spec used oil (Subpart G)
☒ Marketers (Subpart H)
☐ are disposing of used oil (Subpart I)

4. Date current operation began: 7/28/2001

5. Facility name: Water Recovery, LLC

6. EPA identification number: FLR000069062

8. Facility mailing address:

<u>1819 Albert Street</u>	<u>Jacksonville</u>	<u>FL</u>	<u>32202</u>
Street or P.O. Box	City	State	Zip Code

9. Contact person: Gregory Reynolds Telephone: (904) 475-9320

Title: Vice President & General Manager Email: greynolds@wrijax.com

Mailing Address:

<u>1819 Albert Street</u>	<u>Jacksonville</u>	<u>FL</u>	<u>32202</u>
Street or P.O. Box	City	State	Zip Code

10. Operator's name: Water Recovery, LLC Telephone: (904) 475-9320

Mailing Address:

<u>1819 Albert Street</u>	<u>Jacksonville</u>	<u>FL</u>	<u>32202</u>
Street or P.O. Box	City	State	Zip Code

11. Facility owner's name: DLAC/WRI, LLC Telephone: (904) 475-9320

Mailing Address:

<u>1819 Albert Street</u>	<u>Jacksonville</u>	<u>FL</u>	<u>32202</u>
Street or P.O. Box	City	State	Zip Code

12. Legal structure:

- ☐ Corporation (indicate state of incorporation) _____
☐ Individual (list name and address of each owner in spaces provided below)
☒ Partnership (list name and address of each owner in spaces provided below)
☐ Other, e.g., government (please specify) _____

If an individual, partnership, or business is operating under an assumed name, enter the county and state where the name is registered: County Duval State FL

Name: Moran Environmental Recovery, LLC

Mailing Address:

75D York Ave, Randolph MA 02368

Street or P.O. Box City State Zip Code

Name: See Attachment " Part 1 Item 12 Schedule of Partnership Owners"

Mailing Address:

Street or P.O. Box City State Zip Code

Name: _____

Mailing Address:

Street or P.O. Box City State Zip Code

Name: _____

Mailing Address:

Street or P.O. Box City State Zip Code

13. Site ownership status: ☐ owned ☐ to be purchased ☐ to be leased _____ years
☒ presently leased; the expiration date of the lease is: 7/1/2026

If leased, indicate: Land owner's name: DLAC/WRI, LLC

Mailing Address:

1819 Albert Street Jacksonville FL 32202

Street or P.O. Box City State Zip Code

14. Name of professional engineer Blake T. Holcomb Registration No. 72381

Mailing Address:

9428 Baymeadows Road, Suite 400, Jacksonville FL 32256

Street or P.O. Box City State Zip Code

Associated with: _____

B. SITE INFORMATION

1. Facility location:

County: Duval

Nearest community: Jacksonville

Latitude: 30:19:45:0 Longitude: 81:37:25:0

Section: 45 Township: 25 Range: 27E

UTM # _____ / _____ / _____

2. Facility size (area in acres): 1.5 acres

3. Attach a topographic map of the facility area and a scale drawing and photographs of the facility showing the location of all past, present and future material and waste receiving, storage and processing areas, including size and location of tanks, containers, pipelines and equipment. Also show incoming and outgoing material and waste traffic pattern including estimated volume and controls.

The facility's detailed process description is labeled as Attachment B.3

C. OPERATING INFORMATION

1. Hazardous waste generator status (SQG, LQG, Etc.) CESQG

2. List applicable EPA hazardous waste codes:

D001, D002, D030, F003, F005

Note 1 - Miscellaneous hazardous waste is generated by laboratory operations

Note 2 - No hazardous waste is generated by used oil processing operations

3. Attach a brief description of the facility operation, nature of the business, and activities that it intends to conduct, and the anticipated number of employees. No proprietary information need be included in this narrative.

A brief description of the facility operation is labeled as Attachment C3

4. A detailed description of the process flow should be included. This description should discuss the overall scope of the operation including analysis, treatment, storage and other processing, beginning with the arrival of an incoming shipment to the departure of an outgoing shipment. Include items such as size and location of tanks, containers, etc. A detailed site map, drawn to scale, should be attached to this description. [See item four (4), page four (4) of the instructions.]

The facility's detailed process description is labeled as Attachment C.4, MP 4200

5. The following parts of the facility's operating plan should be included as attachments to the permit application. [See item five (5), page four (4) of the instructions.]

- a. An analysis plan which must include:
- (i) a sampling plan, including methods and frequency of sampling and analyses;
 - (ii) a description of the fingerprint analysis on incoming shipments, as appropriate; and
 - (iii) an analysis plan for each outgoing shipment (one batch/lot can equal a shipment provided the lots are discreet units) to include: metals and halogen content

The analysis plan is labeled as Attachment C.5, MP 4100

- b. A description of the management of sludges, residues and byproducts. This must include the characterization analysis as well as the frequency of sludge removal.

Sludge, residue and byproduct management description is labeled as Attachment C.5, MP 4300

- c. A tracking plan which must include the name, address and EPA identification number of the transporter, origin, destination, quantities and dates of all incoming and outgoing shipments of used oil.

The tracking plan is included as Attachment C.5, MP 4400

6. Attach a copy of the facility's preparedness and prevention plan. This requirement may be satisfied by modifying or expounding upon an existing SPCC plan. Describe how the facility is maintained and operated to minimize the possibility of a fire, explosion or any unplanned releases of used oil to air, soil, surface water or groundwater which could threaten human health or the environment. [See item six (6), page five (5) of the instructions.]

The preparedness and prevention plan is labeled as Attachment C.6, C.7, MP 4600

7. Attach a copy of the facility's Contingency Plan. This requirement should describe emergency management personnel and procedures and may be met using a modifying or expounding on an existing SPCC plan or should contain the items listed in the Specific Instructions. [See item seven (7), page five (5) of the instructions.]

The contingency plan is labeled as Attachment C.6, C.7, MP 4600

8. Attach a description of the facility's unit management for tanks and containers holding used oil. This attachment must describe secondary containment specifications, inspection and monitoring schedules and corrective actions. This attachment must also provide evidence that all used oil process and storage tanks meet the requirements described in item 8b on page 6 of the specific instructions, and should be certified by a professional engineer, as applicable.

The unit management description is labeled as Attachment C.8, MP 4700

9. Attach a copy of the facility's Closure plan and schedule. This plan may be generic in nature and will be modified to address site specific closure standards at the time of closure. [See item nine (9), page six (6) of the instructions.]

The closure plan is labeled as Attachment C.9, MP 4800

10. Attach a copy of facility's employee training for used oil management. This attachment should describe the methods or materials, frequency, and documentation of the training of employees in familiarity with state and federal rules and regulations as well as personal safety and emergency response equipment and procedures. [See item ten (10), page seven (7) of the instructions.]

A description of employee training is labeled as Attachment C.10

APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

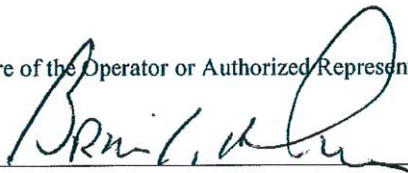
PART II - CERTIFICATION

Form 62-710.901(6) Facility Owner Certification

Facility Name: Water Recovery, LLC EPA ID# FLR000069062

This is to certify that I understand this application is submitted for the purpose of obtaining a permit to construct, or operate a used oil processing facility. As the facility owner, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, Chapters 62-701 and 62-710, F.A.C., and all rules and regulations of the Department of Environmental Protection.

Signature of the Operator or Authorized Representative*



Brian J House, President

Name and Title (Please type or print)

Date: July 13, 2015 Telephone: (781) 815-1175

* If authorized representative, attach letter of authorization.

APPLICATION FROM FOR A USED OIL PROCESSING PERMIT

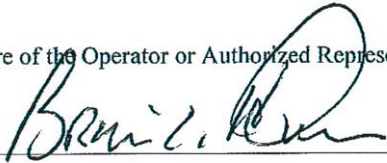
PART II - CERTIFICATION

Form 62-710.901(6) Land Owner Certification

Facility Name: Water Recovery, LLC EPA ID# FLR000069062

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct, or operate a used oil processing facility on the property as described.

Signature of the Operator or Authorized Representative*



Brian J. House, President

Name and Title (Please type or print)

Date: July 13, 2015 Telephone: (781) 815-1175

* If authorized representative, attach letter of authorization.

APPLICATION FORM FOR A USED OIL PROCESSING PERMIT

PART II - CERTIFICATION

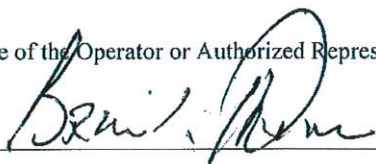
TO BE COMPLETED BY ALL APPLICANTS

Form 62-710.901(6) Operator Certification

Facility Name: Water Recovery, LLC EPA ID# FLR000069062

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 or knowing violations. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, Chapters 62701 and 62-710, F.A.C., and all rules and regulations of the Department of Environmental Protection

Signature of the Operator or Authorized Representative*



Brian J House, President

Name and Title (Please type or print)

Date: July 13, 2015 Telephone: (781) 815-1175

* If authorized representative, attach letter of authorization.

APPLICATION FORM FOR A USED OIL PROCESSING PERMIT

PART II - CERTIFICATION

Form 62-710.901(6) P. E. Certification [Complete when required by Chapter 471, F.S. and Rules 62 - 4.050, 62-761, 62-762, 62-701 and 62-710, F.A.C.]

Use this form to certify to the Department of Environmental Protection for:

1. Certification of secondary containment adequacy (capacity), structural integrity (structural strength), and underground process piping for storage tanks, process tanks, and container storage.
2. Certification of leak detection.
3. Substantial construction modifications.
4. Those elements of a closure plan requiring the expertise of an engineer.
5. Tank design for new or additional tanks.
6. Recertification of above items.

Please Print or Type

Initial Certification _____ **X** _____ Recertification

1. DEP Facility ID Number: **FLR000069062** 2. Tank Numbers: _____
1P, 2P, 3P, 4P, 5P, 6P, 7P, 8P, 9P, 10P

3. Facility Name: **Water Recovery, LLC**

4. Facility Address: **1819 Albert Street, Jacksonville, FL 32202**

This is to certify that the engineering features of this used oil 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 constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of Environmental Protection.

Blake T. Holcomb

Signature

Blake T. Holcomb

Name (please type)

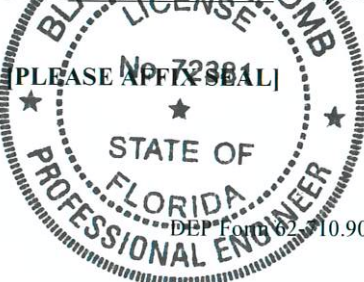
Florida Registration Number: **72381**

Mailing Address: **9428 Baymeadows Road Suite 400**

Street or P. O. Box

Jacksonville Florida 32256
City State Zip

Date: **8/6/2015** Telephone: **(904) 363-3430**



Part I Item 12. Schedule of Partnership Owners

Brian J. House
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Marshfield, MA 02050
781-815-1175
bhouse@moranenvironmental.com

Robert J. Zammito, Jr
50 L'Herault Dr.
Wrentham, MA 02093
781-815-1100
rzammito@moranenvironmental.com

William P. Muller
16 Puritan Valley Road
Brookfield, CT 06804
203-442-2800
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22 Canterbury Lane
Monroe, CT 06468
jmurray@morantug.com