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JUL 69 2020

Permitting & Compliance Assistance Program

July 1, 2020

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

RE: Water Recovery, LLC, Jacksonville Facility Used Oil Processing Facility Permit Renewal Application EPA ID No. FLR 000 069 062; Used Oil Permit No. 79677-HO-012

Water Recovery

a MER company

Dear Mr. Kothur,

Please find the enclosed Water Recovery, LLC (WRI) application for renewal of the above referenced permit. A check for \$2,000.00 is also enclosed with one paper copy and one digital copy of the complete application.

Your assistance with this matter is greatly appreciated.

Thank you,

& Mayt

Edward Maylon General Manager Water Recovery, LLC

Cc: Mrs. Bonnie Bradshaw 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 X Modificati	on X Date current peri	mit expires <u>10</u>	/11/2020
2.	Revision number <u>0</u>			
	NOTE: Used Oil Processors must also a scription for applicable standards) if th Generators (Subpart C of Pa Transporters (Subpart E) Burners of off-spec used oil Marketers (Subpart H) are disposing of used oil (States)	ney are: art 279) I (Subpart G)	(describe comp	liance in process
4.	Date current operation began:7/28	8/2001		
5.	Facility name:Waste Recovery, LL	С		
6.	EPA identification number: FLR00	0069062	1-1-2-5 \$7-10-0 M.P.18700 &L	
7.	Facility Location:			
	1819 Albert Street	Jacksonville	FL	32202
	Street	City	State	Zip Code
8.	Facility mailing address (if different from	n facility location):		
	Street or P.O. Box	City	State	Zip Code
9.	Contact person: Edward Maylon	Telepl	hone:(904)47	5-9320
	Title: General Manager	Email: ema	aylon@wrijax.co	om
	Mailing Address: 1819 Albert Street	Jacksonville	FL	32202
	Street or P.O. Box	City	State	Zip Code
10	. Operator's name: <u>Water Recovery</u> ,	LLCTel	ephone: (904)	475-9320
	Email:emaylon@wrijax.com	1		
	Mailing Address: 1819 Albert Street	Jacksonville	FL	32202
	Street or P.O. Box	City	State	Zip Code

11. Facility owner's name: Water Recovery, LLC, DBA Moran Environmental Recovery, LLC Telephone: 904-475-9320

Email: emailer@uriax	com					
Email: emaylon@wrijax						
Mailing Address:						
1819 Albert Street	Jacksonville	FL	32202			
Street or P.O. Box	City	State	Zip Code			
2. Legal structure:						
Corporation (indicate st	ate of incorporation) Delaware					
Individual (list name ar	nd address of each owner in spaces	provided belo	w)			
	and address of each owner in spaces	s provided bel	ow)			
Other, e.g., government (please specify) Individual, partnership, or business operating under an assumed name (enter the co						
and state where the nam						
	ntal Recovery, LLC					
Mailing Address: 75D York Avenue	Randolph	MA	02368			
Street or P.O. Box	City	State	Zip Code			
SHOCL OF F.U. DUX	Спу	अ	Lip 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			
Name:						
Mailing Address:						
Street or P.O. Box	City	State	Zip Code			
3. Site ownership status: [X] owned []] present	[]] to be purchased []] to be leady logical t					
If leased, indicate: Land owner	r's name.					
Mailing Address:						
		FL				
Street or P.O. Box	City	State	Zip Code			
4. Name of professional engineer	Blake T. Holcomb Registration	n No. 7238	31			
Telephone: (904) 363-3430	Email: <u>bholcomb</u>	@golder.com	1			
Mailing Address:	Outer 400 the large diffe	C1	00050			
9428 Baymeadows Road,		FL State	32256			
Street or P.O. Box	City	State	Zip Code			
Associated with:Golder Associated with:	ssociates Inc.					

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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.

C. OPERATING INFORMATION

- 1. Hazardous waste generator status (SQG, LQG, etc.) VSQG
- 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 C.3

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) 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) 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

Page 3 of 9 DEP Form 62-710.901(6), incorporated in Rule 62-710.800(3), F.A.C. Effective Date: 12/2019 **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 $\underline{C.5.A}$, 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) 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) 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 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 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 nine (9) of the instructions.]

A description of employee training is labeled as Attachment C.9

10. 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 ten (10) of the instructions.]

The closure plan is labeled as Attachment C.10, MP 4800

11.

The applicant must have an approved current dollar closing cost estimate using DEP Form 62-710.901(7), "Used Oil Processing Facility Closing Cost Estimate Form," before an application is considered complete. If not previously submitted pursuant to the requirements of Rule 62-710.800(6), F.A.C., and approved by the Department, attach DEP Form 62-710.901(7) here and send a copy to

Financial.Assurance.Working.Group@floridadep.gov. [See item eleven (11) of the instructions.]

The current dollar cost estimate is dated 01/02/2020 and was approved by the Department on 01/30/2020. or

A current dollar cost estimate is labeled as Attachment _____. A copy has been sent to the Financial Assurance Working Group.

12. The applicant must have acceptable proof of financial assurance covering the current dollar Department approved closing cost estimate before the issuance of a permit. Original signature financial assurance documentation that meets the requirements of Rule 62-701.630(6), F.A.C. (pursuant to Rule 62-710.800(6), F.A.C.), must be submitted directly to the Financial Assurance Working Group (aka Solid Waste Financial Coordinator) at the address below. Because this documentation and approval letters may contain proprietary information, copies are not required to be part of the permit application itself. [See item twelve (12) of the instructions.]

Financial Assurance Working Group Department of Environmental Protection Permitting & Compliance Assistance Program 2600 Blair Stone Rd. MS 4548 Tallahassee, FL 32399-2400

Financial assurance documentation will be submitted to the Department after the attached estimate is approved _____ (check if appropriate).

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 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*

 Robert Callahan, VP & Treasurer

 Name and Title (Please type or print)

 Date:
 June 15, 2020

 Telephone:
 781 - 815-1105

Email: rcallahan@moranenvironmental.com

* If authorized representative, attach letter of authorization.

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*

Robert Callahan, VP & Treasurer Name and Title (Please type or print)

Name and Title (Please type or print)

Date: June 15, 2020 Telephone: 781 _ 815-1105

Email: rcallahan@moranenvironmental.com

* 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*

 Robert Callahan, VP & Treasurer

 Name and Title (Please type or print)

 Date:
 June 15, 2020

 Telephone:
 781 - 815-1100

 Email:
 rcallahan@moranenvironmental.com

* 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.

Signature

Blake T. Holcomb Name (please type)

Florida Registration Number: 72381

Mailing Address:	9428 Baymeadows	Road, Suite 400	
-	Street or P. O. Box		
Jacksonville		FL	32256
City		State	Zip

Date: 6/24/2020 Telephone (904)- 363-3430

No. 72381 * STATE OF Solution State of Solution Solution

Email: bholcomb@golder.com

[PLEASE AFFIX SEAL]



GOLDER

PREPARED BCL REVIEWED BTH APPROVED DJM

PROJECT NO. REV. Control No

19128621-A001a

19-128621

FIGURE

4034-0

C. OPERATING INFORMATION

3. Brief Narrative Overview of Facility Operations

Water Recovery, LLC (WRI) has five buildings, the administrative office, the operations building, the laboratory building which has laboratory equipment for metals analysis, the maintenance building and the chemical storage building. The facility has other structures which include a tank farm, a drum storage area, a roll off box storage area and a sumped work area.

The nature of the WRI business is to (1) receive, store, process, treat and market used oil, (2) manage and process used oil filters, (3) receive, store, process, treat and discharge industrial wastewater, (4) receive, store, process and treat petroleum contact water (PCW) and (5) receive, store, process, treat and market fuel products.

The activities that WRI intends to conduct include used oil storage, used oil processing, used oil treatment, used oil marketing, used oil filter storage, used oil filter processing and used oil filter disposal.

Petroleum Contact Water (PCW) as defined by Florida Administrative Code (F.A.C.) 62-740 is accepted by Water Recovery, LLC. PCW is managed in accordance with WRI Management Procedure 4900.

The estimated total number of WRI employees is twenty-three plus or minus two as the workload varies. Employee variability is associated with the number of Operators. Employees roles include approximately three office staff, ten plant staff and ten field staff. The office staff includes an Administrative Assistant (1), General Manager (1) and an Assistant General Manager (1). The plant staff includes Lab Technicians (2), Maintenance Technicians (2), Operations Manager (1) and Plant Operators (5) Field staff includes Drivers (10).