

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 August 20, 2023

2. Revision number _____

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: 5/1/1980

5. Facility name: Heritage-Crystal Clean, LLC, Plant City Facility

6. EPA identification number: FLD 065 680 613

7. Facility Location:

<u>105 South Alexander Street</u>	<u>Plant City</u>	<u>FL</u>	<u>33563</u>
Street	City	State	Zip Code

8. Facility mailing address (if different from facility location):

_____	_____	_____	_____
Street or P.O. Box	City	State	Zip Code

9. Contact person: Tony Pietrowski Telephone: 224-242-0273

Title: Area Manager Email: tony.piotrowski@crystal-clean.com

Mailing Address:

<u>105 S. Alexander Street</u>	<u>Plant City</u>	<u>FL</u>	<u>33563</u>
Street or P.O. Box	City	State	Zip Code

10. Operator's name: Heritage-Crystal Clean, LLC Telephone: 224-242-0273

Email: tony.piotrowski@crystal.clean.com

Mailing Address:

<u>105 S. Alexander Street</u>	<u>Plant City</u>	<u>FL</u>	<u>33563</u>
Street or P.O. Box	City	State	Zip Code

11. Facility owner's name: Heritage-Crystal Clean, LLC Telephone: 224-242-0273

Email: tony.piotrowski@crystal.clean.com

Mailing Address:
105 S. Alexander Street Plant City FL 33563
Street or P.O. Box City State Zip Code

12. Legal structure:

Corporation (indicate state of incorporation) Illinois
 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) _____
 Individual, partnership, or business operating under an assumed name (enter the county and state where the name is registered) County _____ State _____

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

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: _____

If leased, indicate: Land owner's name: _____
Mailing Address: _____

Street or P.O. Box City State Zip Code

14. Name of professional engineer David Hawley Registration No. 95492

Telephone: 225-755-1000 Email: david.hawley@c-ka.com

Mailing Address:
8591 United Plaza Boulevard, Suite 300 Baton Rouge LA 70809
Street or P.O. Box City State Zip Code

Associated with: C-K Associates, LLC

B. SITE INFORMATION

1. Facility location:

County: Hillsborough

Nearest community: Plant City, Florida

Latitude: 28 00'42.8" N Longitude: 82 08' 21.1" W

Section: 30 Township: 28S Range: 22E

UTM # 17 / 3879970.0 / 309881.8

2. Facility size (area in acres): 10

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, D004, D006, D007, D008, D018, D039, F001, F003, F005, F006 and F007

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 B-1

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 B-2

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 B-3

- 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 B-4

- 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 B-5

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 B-6

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 B-6

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 B-7

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 B-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 B-8

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 _____ and was approved by the Department on _____. or

A current dollar cost estimate is labeled as Attachment B-8. 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 (FA) documentation was submitted to the Department and the most recent FA compliance letter is dated _____ . or

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