

Certified Mail

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
RESOURCE RECOVERY AND MANAGEMENT FACILITY INSPECTION REPORT

GMS I.D. No. 5013 P04999 Inspection Date: 10-15-93
Facility Name: Tofra Landfill Permit No.: 5013-213220 Expiration Date: 5-12-97
Address (or location by section, township and range): 84th Ave N.W. & N.W. 57th St.
City: Miami State: FL Zip: _____
Permittee or Operating Authority: Mr. Enrique Frapedas
Address (Mailing): 2601 S.W. 69th Court City: Miami State: FL Zip: 33155
Telephone Number (Permittee or Operating Authority): (305) 266-3896

Inspection Participants - Include All Landfill and Department Employees Specifying Titles (Indicate Principal Inspector) _____

TYPE OF FACILITY:

Sanitary Landfill
 Class I
 Class II
 Class III: Trash/Yard Trash
 Class III: Yard Trash Composting
Volume Reduction
 Composting
 Shredder
 Incinerator/Trench Burner
 Resource Recovery
 Energy Materials

Lurin, ETU - DEP

✓ C&D

TYPE OF INSPECTION:

Construction Completion (___ phase) Closure Reinspection Facility File Review
 Operation Post-Closure Complaint Response Other

REQUIREMENTS

THE REQUIREMENTS LISTED ON THIS INSPECTION REPORT ARE BASED UPON RULES OF THE FLORIDA ADMINISTRATIVE CODE. A "NO" RESPONSE TO A REQUIREMENT (UNLESS OTHERWISE NOTED) REFLECTS A VIOLATION OF THE CORRESPONDING DEPARTMENT RULE(S). EACH VIOLATION IS DISCUSSED IN THE NARRATIVE SECTION OF THIS REPORT.

	Yes	No	Unk	N/A
I CONSTRUCTION VERIFICATION				
1. Subgrade or foundation adequately prepared? 17-7.050(4)(a)(d)				✓
2. Liner construction/installation according to plans? 17-7.050(4)(a)(c)(d)				✓
3. Leachate control system installation according to plans? 17-7.050(4)(e)(f)				✓
4. Surface water management system construction according to plans? 17-7.050(4)(g)(h)		X		
5. Gas control system installation according to plans? 17-7.050(4)(i)(j)				✓
6. Groundwater monitoring system constructed per approved plan? 17-7.050(3)(e)(5)(a)				✓
II OPERATIONS				
7. Copy of approved drawings, plans, reports, operational plan, supporting information, and permit kept on-site? 17-7.030(8)	✓			
8. All permit specific conditions complied with? 17-7.030(1)		X		
9. Only permitted waste types disposed of? 17-7.050(1)	✓			
10. Sludge properly disposed of at site (indicate type in "comments")? 17-7.050(1)	✓			
11. Waste quantity/type records kept and forwarded as required? 17-7.050(5)(c)	✓			
12. Weighing or measuring of incoming waste? 17-7.050(5)(b)				✓
13. Method and sequence of filling waste according to plans? 17-7.050(5)(b)	✓			
14. Waste compaction as required? 17-7.050(5)(j)	✓			
15. Working face/grades above ground no greater than a slope of 30 degrees? 17-7.050(5)(k)	✓			
16. Narrow working face practiced? 17-7.050(5)(l)	✓			
17. Attendant present? 17-7.050(5)(d)	✓			
18. Sufficient operating equipment? 17-7.050(5)(e)	✓			
19. Sufficient reserve equipment (or other arrangements)? 17-7.050(5)(e)	✓			
20. Safety devices on equipment to shield and protect operators? 17-7.050(5)(e)				✓
21. Adequate communication facilities? 17-7.050(5)(d)				✓
22. Salvaging or resource recovery under control of operating authority? 17-7.050(5)(q)				✓
23. Burning of allowable wastes only, in a properly operated incinerator/trench burner with a valid air permit? 17-7.060(1)				✓
24. Proper control or disposal of asbestos and other special wastes? 17-7.060				✓
25. Required signs for operational directions and public information? 17-7.050(5)(c)				✓

Department copy (white)
Facility copy (yellow)

P 876 590 477



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Mr. Enrique Fraxedas	
Street and No. 2601 S.W. 69th Court	
P.O., State and ZIP Code Miami 33155	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date Lofra Landfill 10/19 JL	

PS Form 3800, JUNE 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Enrique Fraxedas
2601 S.W. 69th Court
Miami, FL 33155

4a. Article Number

P876540477

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

10-20-93

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

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OCT 25 1993

DEPT. OF ENVIRONMENTAL PROTECTION
Print your name, address and ZIP Code here
WEST PALM BEACH

JOE LUTIX
State of Florida, DEP
1900 S. Congress Avenue
P.O. Box 15425
West Palm Beach, FL 33416

Lofra Landfill - Dade County
Compliance Files

