

## Chamberlain, Justin

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**From:** robertdemet <robertdemet@aol.com>  
**Sent:** Monday, October 26, 2020 8:11 AM  
**To:** Chamberlain, Justin  
**Subject:** RE: U.S. Ironwork Company - Waste Tire Shredder Permit Application

Good morning Justin,

The submission is the response to RAIs. Thanks!

Robert

**Robert Middleton**  
**U.S. Ironworks Company**  
Office: 631-499-1299  
Fax: 904-485-8752  
Cell: 516-384-7404  
Email: robertdemet@aol.com

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Chamberlain, Justin" <Justin.Chamberlain@FloridaDEP.gov>  
Date: 10/26/20 7:58 AM (GMT-05:00)  
To: Robert Middleton <robertdemet@aol.com>  
Subject: RE: U.S. Ironwork Company - Waste Tire Shredder Permit Application

Good morning Robert, Could you please clarify if this response is a draft? Thanks.

Regards,

Justin



**Justin Chamberlain, P.G.**

**Professional Geologist I**

Florida Department of Environmental Protection

Solid Waste Permitting & Waste Cleanup

13051 N. Telecom Parkway, Suite 101

Temple Terrace, FL 33637-0926

Direct: (813) 470-5725 Main: (813) 470-5700

Email: [Justin.Chamberlain@floridadep.gov](mailto:Justin.Chamberlain@floridadep.gov)

**Note:** All your favorite people at the FDEP have new email addresses ([@floridadep.gov](mailto:@floridadep.gov))! Please make sure to update your contact list!

*For information on Solid Waste Permitting, please visit our [Solid Waste website](#):*

*For Waste Cleanup Program guidance and information, please visit our [Waste Cleanup website](#):*

*For information on the Florida Brownfields Redevelopment Program, please visit our [Brownfields website](#):*

**Permitting Consistency Initiative:** The Florida Department of Environmental Protection is committed to providing efficient, consistent and quality service to the citizens of Florida.

In keeping with these objectives, we continue to identify ongoing improvements to our permitting process by standardizing and simplifying our documents.

**From:** Robert Middleton <[robertdemet@aol.com](mailto:robertdemet@aol.com)>

**Sent:** Friday, October 23, 2020 3:50 PM

**To:** Chamberlain, Justin <[Justin.Chamberlain@FloridaDEP.gov](mailto:Justin.Chamberlain@FloridaDEP.gov)>

**Cc:** [tjfanell@usironworks.us](mailto:tjfanell@usironworks.us); [Cope@epchc.org](mailto:Cope@epchc.org); Morgan, Steve <[Steve.Morgan@FloridaDEP.gov](mailto:Steve.Morgan@FloridaDEP.gov)>; Wargo, Emily <[Emily.Wargo@FloridaDEP.gov](mailto:Emily.Wargo@FloridaDEP.gov)>; [burneys@epchc.org](mailto:burneys@epchc.org); [housh@northsideengineering.net](mailto:housh@northsideengineering.net); [don@northsideengineering.net](mailto:don@northsideengineering.net); [sandy@northsideengineering.net](mailto:sandy@northsideengineering.net)

**Subject:** U.S. Ironwork Company - Waste Tire Shredder Permit Application

Justin,

Please find attached the updated permit application and attachment documents, Facility ID: 106062 DEP Application No.: 391792-001-WT/02.

We appreciate the patience of the Department as we have worked through the responses to the initial RAls.

Thanks and we look forward to proceeding with the development.

Robert

**Robert Middleton**

**U. S. Ironworks Company**

Office: 631-499-1299

Fax: 904-485-8752

Cell: 516-384-7404

Email: [robertdemet@aol.com](mailto:robertdemet@aol.com)



## Chamberlain, Justin

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**From:** Robert Middleton <robertdemet@aol.com>  
**Sent:** Friday, October 23, 2020 3:50 PM  
**To:** Chamberlain, Justin  
**Cc:** tjfanell@usironworks.us; Cope@epchc.org; Morgan, Steve; Wargo, Emily; burneys@epchc.org; housh@northsideengineering.net; don@northsideengineering.net; sandy@northsideengineering.net  
**Subject:** U.S. Ironwork Company - Waste Tire Shredder Permit Application  
**Attachments:** consolidated-application20201023.pdf

Justin,

Please find attached the updated permit application and attachment documents, Facility ID: 106062 DEP Application No.: 391792-001-WT/02.

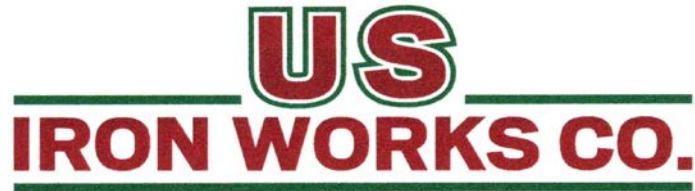
We appreciate the patience of the Department as we have worked through the responses to the initial RAls.

Thanks and we look forward to proceeding with the development.

Robert

**Robert Middleton**  
**U. S. Ironworks Company**  
Office: 631-499-1299  
Fax: 904-485-8752  
Cell: 516-384-7404  
Email: robertdemet@aol.com





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P.O. Box 9220, Panama City, FL 32417, Office: 850-235-1727, Fax: 850-235-0517

October 23, 2020

Florida Department of Environmental Protection  
Southwest District Office  
13051 North Telecom Parkway, Suite 101  
Temple Terrace, FL 33637

Re.: U.S. Ironworks Company  
Waste Tire Processing Facility Permit Application  
Hillsborough County, FL

Dear Sir:

Please find enclosed U.S. Ironworks Company application for a waste tire processing permit. The planned processing site will be located in Hillsborough County, Florida, with address at 6902 East 6<sup>th</sup> Ave., Tampa, FL 33619 on a site currently under the control of U.S. Ironworks Company through a long term lease agreement. This transmittal represents resubmittal of the entire application documents to address the items noted in the Florida Department of Environmental Protection First Request For Additional Information (RAI) dated September 11, 2020.

Included herein for this application are the following documents which append and are made part of this application:

- Completed DEP Form #62-701.900(23), signed and certified (updated revised)
- Site Plan Drawing C4.1 (updated revised)
- Operational Plan U.S. Ironworks – Tire Shredders of America (updated revised)
- Site Topographic Survey (updated based from new survey)
- Area Overview Zoning Map (updated)
- Surrounding Land Use Map (revised)
- Summary of Well Permits
- Site Lease Agreement (revised lease term date)
- Engineer's Closure Cost Estimate (updated revised)
- Shredder Unit Drawings and Specifications
- Tire Processing Staging Area Calculations (updated)
- Local Fire Department Contact Information
- Legal Notice of Application Affidavit



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**HEAVY EQUIPMENT** Buying | Dismantling **RAIL CAR** Cutting **BUILDING** Tear Downs

P.O. Box 9220, Panama City, FL 32417, Office: 850-235-1727, Fax: 850-235-0517

We would appreciate the department's consideration of this development and please feel free to contact me at 516-384-7404 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "R. D. Middleton", written over a horizontal line.

R. D. Middleton  
V. P. Marketing

cc: T. Fanell - CEO



# Florida Department of Environmental Protection

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

DEP Form # 62-701.900(23)

Form Title: Waste Tire Processing  
Facility Permit Application

Effective Date: January 6, 2010

Incorporated in Rule 62-711.530(6)

## Waste Tire Processing Facility Permit Application

Permit No. \_\_\_\_\_

Renewal ☐ Modification ☐ Existing unpermitted facility ☐ Proposed new facility ☐

### Part I-General Information:

#### A. Applicant Information:

1. Applicant Name: U.S. Ironworks Company
2. Applicant Street Address: \_\_\_\_\_
3. City: Panama City Beach County: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Applicant Mailing Address: \_\_\_\_\_
5. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Contact person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ FEID No: \_\_\_\_\_
7. Have any enforcement actions been taken by the Department against the applicant relating to the operation of any solid waste management facility in this state? This includes any Complaint, Notice of Violation, or revocation of a permit or registration, as well as any Consent Order in which a violation of Department rules is admitted. It does not include a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document which does not constitute agency action.  
**Yes** ☐ **No** ☐ **If yes, attach a history and description of the enforcement actions.**

#### B. Facility Information:

1. Facility Name: \_\_\_\_\_
2. Facility Street Address (Main Entrance): \_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Facility Mailing Address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
7. Facility Location Coordinates:  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
8. Anticipated date for starting construction \_\_\_\_\_ and for completion of construction \_\_\_\_\_
9. Anticipated date for receipt of tires \_\_\_\_\_ and for start of processing \_\_\_\_\_

**Mail completed form to  
appropriate district office listed below**

Northwest District  
160 Government Center  
Pensacola, FL 32501-5794  
850-595-8360

Northeast District  
7825 Baymeadows Way, Ste. 200 B  
Jacksonville, FL 32256-7590  
904-807-3300

Central District  
3319 Maguire Blvd., Ste. 232  
Orlando, FL 32803-3767  
407-894-7555

Southwest District  
13051 N. Telecom Pky  
Temple Terrace, FL  
813-632-7600

South District  
2295 Victoria Ave., Ste. 364  
Fort Myers, FL 33902-2549  
239-332-6975

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

**C. Land Owner Information** (if different from applicant):

1. Owner's name: \_\_\_\_\_
2. Land owner's mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Authorized Agent: \_\_\_\_\_ Agent's phone (\_\_\_\_) \_\_\_\_\_
5. Current lease expires: \_\_\_\_\_

**D. Facility Operator Information** (if different from applicant):

1. Operator's name: \_\_\_\_\_
2. Operator's mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**E. Preparer of Application:**

1. Name of person preparing application: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Phone: (\_\_\_\_) \_\_\_\_\_
5. Affiliation with facility: \_\_\_\_\_

**Part II-Operations:**

**A. Facility type (check appropriate box):**

- ☐ Waste tire processing facility.
- ☐ Waste tire processing facility with on-site disposal of processed tires or processing residuals.
- ☐ Waste tire processing facility with on-site consumption of waste tires or processing residuals.
- ☐ Permitted solid waste management facility modification to allow waste tire site and processing.

**B. Type of processing facility (check as many as apply):**

- ☐ Shredder    ☐ Cutter    ☐ Chopper    ☐ Incinerator only    ☐ Incinerator with energy recovery
- ☐ Pyrolysis    ☐ Supplemental fuel user    ☐ Other, explain \_\_\_\_\_

**C. Storage:** Indicate the maximum quantities of whole waste tires, processed waste tires, and processing residuals, expressed in tons, to be stored at the facility, in accordance with Rule 62-711.530(2), F.A.C.

	Outdoor Storage(tons)	Outdoor Storage (sq.ft)	Indoor Storage (tons)	Indoor Storage (sq.ft)	Total Storage (tons)
Whole waste tires:	_____	_____	_____	_____	_____
Processed tires:	_____	_____	_____	_____	_____
Processing residuals:	_____	_____	_____	_____	_____
TOTALS:	_____	=====	_____	_____	_____

- D. For reporting quantity of tires in tons, tires will be: weighed on site ☐ weighed off site ☐  
weights will be calculated ☐
- E. Facilities that will not be disposing of processed tires or processing residual on the facility site must indicate the permitted solid waste management facility where processed tires or residuals will be disposed.

1. Name of facility \_\_\_\_\_

2. Street address: \_\_\_\_\_

3. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

- F. Facilities that will be delivering processed tires to consuming facilities must describe the existing or proposed markets for those processed tires.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part III-Attachments:**

**A. Facility design**

NOTE: All maps, plan sheets, drawings, isometrics, cross sections, or aerial photographs shall be legible; be signed and sealed by a registered professional engineer responsible for their preparation; be of appropriate scale to show clearly all required details; be numbered, referenced to narrative, titled, have a legend of symbols used, contain horizontal and vertical scales (where applicable), and specify drafting or origination dates; and use uniform scales as much as possible, contain a north arrow and use NGVD for all elevations.

1. A topographic or section map of the facility, including the surrounding area for one mile, no more than one year old, showing land use and zoning within one mile of the facility
2. A plot plan of the facility on a scale of not less than one inch equals 200 feet. At a minimum, the plot plan shall include
  - a. The facility design, including the location and size of all storage and processing areas for used tires, unprocessed waste tires, processed waste tires, and waste tire processing residuals;
  - b. All wetlands and water bodies within the facility or within 200 feet of any storage area;
  - c. Stormwater control measures, including ditches, dikes, and other structures;
  - d. Boundaries of the facility, legal boundaries of the land containing the facility, and any easements or rights of way that are within the facility or within 200 feet of any storage area;
  - e. Location, size, and depth of all wells within the facility or within 200 feet of any storage area;
  - f. All structures and buildings that are, or will be, constructed at the facility; include those used in storage and processing operations;
  - g. All areas used for loading and unloading;
  - h. All access roads and internal roads, including firelanes;
  - i. Location of all fences, gates, and other access control measures; and
  - j. Location of all disposal areas within the facility.

**B. Facility operation.**

1. A description of the facility's operation, process and products including how waste tires will be received and stored.
2. A description of the equipment used for processing tires. This description shall include the make, model, and hourly capacity of each piece of equipment.
3. Description of the waste from the process, the amount of waste expected and how and where this waste will be disposed of.
4. Statement of the maximum daily throughput and the planned daily and annual throughput.
5. A description of how the operator will maintain compliance with each of the storage requirements of Rule 62 - 711.540, F.A.C.
6. A copy of the emergency preparedness manual for the facility with a statement of the on site and off site locations where that manual will be maintained.
7. A copy of the fire safety survey
8. A description of how 75% of the annual accumulation of waste tires will be removed for disposal or recycling.

- C. Completed closing plan for the facility as required by Rule 62-711.700(2) and (3), F.A.C.

- D. Attach proof of financial responsibility as requirement by Rule 62-711.500(3) OR a calculation showing that financial assurance documents, currently on file with the Department, are sufficient to assure closing of the waste tire site as well as any other solid waste management facility at that location.
- E. A letter from the land owner (if different from applicant) authorizing use of the land as a waste tire processing facility.
- F. If waste tires will be consumed or disposed of at the facility, attach a description of the other environmental permits that the applicant has for this use, including, permit number, date of issue, and name of issuing agency
- G. The permit fee as required in Rule 62-4, F.A.C.

**Part IV-Certification:****A. Applicant:**

The undersigned applicant or authorized representative of U.S. Ironworks Company  
Is aware that statements made in this form and attached information are an application for a  
Waste Tire Processing 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 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 Department will be notified prior to the sale or legal transfer of the facility.

Thomas J. Fanell  
Signature of Applicant or Authorized Agent

Thomas Fanell - CEO  
Name and Title

10-13-2020  
Date

**B. Professional Engineer registered in Florida.**

This is to certify that the engineering features of this waste tire processing facility have been  
Designed/examined by me and found to conform to engineering principals 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 for proper maintenance and operation of the facility.

Donald B. Fairbairn  
Signature

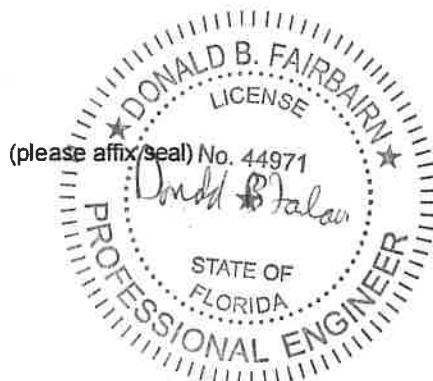
Donald B. Fairbairn, PE  
Name and Title

#44971  
Florida Registration Number

Northside Engineering, Inc, 300 South Belcher Road  
Mailing Address

Clearwater, Florida 33765  
City, State, Zip

727-443-2869  
Telephone number



10/13/2020  
Date

# Operational Plan

U.S. Ironworks Company

## Tire Shredders of America Orient Road Tire Processing Center

6902 East 6<sup>th</sup> Avenue  
Tampa, Florida 33619

July 31, 2020

(Last Revised 09/17/2020)

**A COPY OF THIS OPERATIONAL PLAN SHALL BE MAINTAINED AT THE  
FACILITY IN THE SITE OFFICE TRAILER.**

THE ORIGINAL DOCUMENT OF THIS PLAN SHALL BE MAINTAINED AT THE COMPANY'S MAIN OFFICE, 328 WAHOO ROAD, PANAMA CITY BEACH, FLORIDA 32408. THIS PLAN SHALL BE MODIFIED FROM TIME TO TIME TO MAINTAIN THE PLAN TO ANY UPDATED CONDITIONS AT THE FACILITY. EMPLOYMEE TRAINING SHALL BE BASED ON THE CONTENT OF THIS PLAN IN SPECIFIC TO THE REQUIREMENTS FOR EMERGENCY PREPAREDNESS AND CONTINGENCY CONDITIONS FOR THE FACILITY.

## **GENERAL INFORMATION**

### **First Emergency Contact**

Contact Title: Site Manager  
Contact Name: Steve Roehrig  
Contact Phone: 727-906-6243

### **Additional Emergency Contact**

Contact Title: General Manager  
Contact Name: Tom Fanell  
Contact Phone: 850-814-1595

Site Phone Number: 813-635-9294

Operations Schedule: Daily including Saturdays  
7:00 a.m to 5:00 p.m (Sat. 3pm)

Number Employees on Site: 4 to 6 daily

### **City of Tampa, Fire Station #16**

5126 East 10<sup>th</sup> Ave., Tampa, FL 33619

Station Phone: 813-242-5319

For Fire Emergency Dial: 911

**Emergency/Police Response: Dial 911**



## U.S. IRONWORKS

### TIRE SHREDDERS OF AMERICA

#### JOB SITE WORK RULES

##### IMPORTANT TIMES

- 7:00 a.m. is starting time to work
- 12:00 -12:45 p.m. is lunch unless other advised
- 5:00 p.m. is the end of the work day, unless otherwise agreed

##### EQUIPMENT

- Be aware as large powered equipment is operated on the job site
- Qualified operators only are allowed on powered equipment
- Tools and supplies are to be stored in proper designed and secured containers

##### CLOTHES

- You may get dirty on the job, dress appropriately – jeans, long pants, button shirts
- Wear hard soled, closed toed shoes (no sandals, flip-flops, dress shoes)
- Wear safety protection when instructed – safety glasses, safety belts, hard hats, gloves, dust masks, etc. (see applicable sections publication OSHA 3077 and company safety manual)

##### HOUSEKEEPING

- Smoking is allowed in designed outdoor areas
- Dispose of trash and garbage in containers on the site
- Maintain work and storage areas neat and clean
- Park personal vehicles in designated areas

##### GOOD WORK PRACTICES

- No horseplay, arguing, or fighting
- No illicit or illegal activity will be allowed, any violation will mean immediate dismissal
- Report all accident to job site leader immediately
- All employees must complete and sign-off job site training log on minimum annual basis

##### SECURITY

- Return used tools and materials to appropriate storage trailer or containers
- Direct all visitors or strangers to the job site leader

\*\*\*\*



**PO BOX 9220 PANAMA CITY FL 32417**  
**850-235-1727**

**Processing Location:**

Tire Shredders of America (T.S.A.)  
6902 East 6<sup>th</sup> Avenue  
Tampa, FL 33619

**Primary Contact:**

Robert Middleton  
Phone #: 516-384-7404

**General Site Information:**

1. Operating hours: M – F: 7 a.m. to 5 p.m., Saturday: 7 a.m. to 3 p.m.  
The site will only accept inbound waste tires during operating hours and when the site is fully attended.
2. Signage shall be posted at the site gate indicating the operating hours, the tipping fee at the facility, and site rules. The entrance way to the site shall be maintained clear to prevent traffic backups.
3. Primary Site Equipment and Configuration:
  - a. Primary equipment will consist of a dual auger shredder (see specification details, make, and model attached). Additional processing equipment will include feed and discharge conveyors. Other site ancillary equipment will include a de-reamer. The shredder will be electric operated supplied by diesel generator set.
  - b. The site area consists of approximately 6 acres with approximately 5 acres dedicated to the tire processing operations. Approximately 0.06 acre (approx. 8,000 tires) is dedicated to inbound staging of whole tires. Shredded tires will be discharged directly to staged hauling trailers. Up to two (2) trailers will be staged on the site with capacity to haul 20 tons each, or approximately 40 tons of storage for the shredded tire material in an area of roughly 640 square-feet.
  - c. Rolling stock at the site will include one front-end wheel loader and two grapple cranes for handling and feeding the tire materials, one skid-steer for site cleanup and materials handling.
  - d. A spare parts and consumable materials storage container is included at the site. The container is secured and locked.
  - e. The site includes a truck weigh scale.
  - f. Site includes an office building with facilities for site personnel.

### Operational Procedures:

1. The tire processing center will accept whole waste tires for processing and ultimate disposal. Inbound whole tires will be delivered by truck from third party commercial tire collectors as well as by our own company trucks and discharged at the site in a designated unloading area. The whole tires will be processed daily through the shredder system and the shredded material will be discharged from the shredder discharge conveyor directly into trailer trucks for hauling to off-site disposal. The shredder is a "primary" shredder designed to cut rubber tires to 3 inch width pieces with length varying 3 inch to 9 inch and with minimum residuals (less than 1%). Any amounts of residuals from the tire processing operations shall be controlled, collected, and disposed along with the shredded rubber cut pieces in a permitted solid waste management facility. Each shredded tire shall be cut into over 8 parts for purposes of disposal.
2. Other than waste tires, no other materials or waste material are accepted at the tire processing center. In event any unauthorized materials are incidentally delivered to the tire processing center, operator shall isolate off the unauthorized material for appropriate management.
3. Processed shredded tires will be discharged directly into the hauling vehicles for delivery to approved landfill disposal sites. The outbound hauling of the shredded material to disposal will be 2 to 3 trucks per day (weekdays). At this hauling rate the facility will remove approximately 10,000 (=250 day/yr x 40 tons per day) tons per year, and shall achieve a minimum of 75 percent of the annual inbound waste tires delivered to the site.
4. Weights for both inbound whole tires and outbound shredded tires will be established at the tire processing center. Each inbound delivery vehicle will be weighed, contents inspected, and originating documents checked prior to discharge of the material. Deliveries of greater than 25 tires shall only be accepted from registered Waste Tire Collectors with decals verified at delivery. Each outbound vehicle will be weighed and provided proper documents for delivery to disposal.
5. Inventories at the site shall be approximately:

Inbound whole tons:	80 (max. staged)
Processed shred tons :	40 (max. staged in trailers)

A single storage pile for inbound whole tires shall be maximum of 50x50 feet wide, 9 feet high (max.), and 2,500 square-feet of area. No waste tires shall be maintained on the site for more than 30 days. (A 50-foot unobstructed fire lane shall be maintained about the perimeter of tire pile at all times.)

The shredder processing capacity is rated at 15-20 tons per hour and the site anticipates processing approximately 50-90 tons per day sufficient for the management of the estimated daily streams. Anticipated annual delivery to the facility is 12,000 tons per year.

Records of the all material delivered to, transported from, and inventoried at the tire processing center are maintained daily and tabulated for reporting on a monthly basis and such records are available to agencies having jurisdiction upon request. Such records are generated using the aforementioned weigh scale data and historical records are maintained. All site operations records and data are maintained off-sites at the company main offices.

6. Operations at the tire processing center provide for daily site maintenance including:
  - a. Equipment inspections for operational readiness and to insure equipment properly maintained.
  - b. Site areas are provided with litter control devices and any site trash is cleaned daily. The tire processing center gets twice weekly garbage pickup services. No putrescible waste shall be maintained at the site. The site shall be maintained in a clean manner to prevent and control rodents. Additionally, the site shall maintained free of any flammable vegetation or underbrush.
  - c. Areas of standing or trapped water shall be mitigated to control mosquitoes.
  - d. Access to the tire processing center shall be control by entrance and exit access gates to the public roads and such access shall be restricted to posted operating hours when tire processing operator staff is on duty.
  - e. No materials which will generate objectionable odors are managed at the tire processing center. Oils and lubricates are maintained closed containers and enclosed and secured storage.
  - f. Adequate fire protection is maintained with extinguishers located at the tire processing center site. A fire safety survey shall be conducted annually and the report completed and submitted to required agencies as well as maintained in company records.
  - g. Under this operating plan annual employee training shall be conducted for all employees of the tire processing center. Training shall be conducted by qualified supervisory personnel. Each employee shall sign off attendance to the training and a training log shall be maintained for record and inspection at the tire processing center.
  - h. The tire processing center design includes a drainage control system to manage and control stromwater. Operational practices for stormwater management include regular cleaning and changing site drain filters. All site drains are inspected on a periodically and maintained. The tire processing facility site perimeter shall be bermed using fixed and portable berms to prevent any drainage flows from the site from entering any identified wetland areas.
  - i. Spill cleanup materials are maintained on site to immediately clean any incidental spills or leaks. No equipment is washed down on the site, fluids are stored in secured building.
7. Tools and consumables are maintained in a secured storage trailer on site. The tire processing center maintains three (3) 500 gallon fuel tanks on the site.

## Contingency Plan

As part of this Operational Plan, the tire processing center shall maintain the following procedures to address contingency situations such as emergency preparedness for fire, explosions, or natural disasters and storm conditions. Each employee at the tire processing center shall be aware and trained on the procedures that shall be implemented during an emergency situation. Under this Contingency Plan the following shall be acknowledged:

1. The site superintendent shall be responsible for implementation of the Contingency Plan.
2. Employees are required to advise to the site superintendent any observation requiring an exigent response. With such advice to the site superintendent, superintendent shall determine the response and determine if the operations of the tire processing center and its equipment shall be shutdown. Communications from the site shall be maintained by telephone land line and the site superintendent shall maintain cell phone service and either may be use in contingencies requiring contact for emergency response. The site superintendent shall maintain an outcall list to notify the fire department and applicable agencies as to the specific emergency situation. The site superintendent shall notify the generation sites and the haulers that the tire processing center has ceased accepting materials until such time that the emergency condition is resolved.
3. No operations involving the use of open flames shall be conducted within 25 feet of the tire staging areas.
4. Specific actions related to fire contingencies shall be:
  - a. Contact information for the local Fire Department shall be available to all employees. The location and contact information for the local fire response house is provided included attached herewith to this plan.
  - b. A fire safety survey shall be conducted annually and survey report shall be part of the next quarterly site report.
  - c. The location of fire extinguishers shall be ostensibly available and such locations advised to employees. Fire extinguishers are located and maintained in following areas: 1) office area, 2) tool and parts storage building, 3) at each fuel storage tank, 4) on each unit of mobile operating equipment.
  - d. Employees shall be trained in the use of fire extinguisher equipment for the purpose of managing small contained fires that can be controlled within 1 hour. If the fire cannot be extinguished in 1 hour the emergency plan shall be implemented and the site superintendent shall immediately initiate the call procedures for emergency notifications per item 2 above.
  - e. NO EMPLOYEE SHALL RESPOND TO FIGHT A LARGE FIRE. ALL EMPLOYEES SHALL BE DIRECTED TO GATHER AT A LOCATION OUTSIDE FROM THE TIRE PROCESSING CENTER AND THE SITE SUPERINTENDENT SHALL BE RESPONSIBLE TO CONFIRM ALL EMPLOYEES ARE ACCOUNTED FOR.
  - f. In the event of a Fire Department response to a fire with the use of liquid extinguishing agents, the site superintendent shall be responsible to take the following steps for the cleanup of any undissolved agent from the site area:

- i) The site drains shall be immediately covered to prevent release of any liquid materials into the storm water system. Drain covers shall be ostensibly available and such locations advised to employees.
  - ii) The site shall employ services of clean-up contractor (sucker truck) to remove liquid fire extinguishing materials.
  - iii) The site shall be wash down prior to removal of drain covers.
- 5. In the event of an anticipated emergency condition (i.e., severe storm event) the tire processing center shall shutdown operations and the site secured to mitigate the impact to the tire processing center equipment and minimize any impacts to surrounding areas within 16 hours from the forecasted event. In preparation for a pending emergency, the site superintendent shall advise to the company management any needs for extra manpower support and/or extra equipment support that may be required to secure the tire processing center for the event and to prepare for any anticipated resources needed to recovery from the pending event.
- 6. The site management shall notify the authorities (including FL-DEP) immediately in the event of a contingency or emergency which poses an unanticipated threat to the public health or the environment. Within two weeks of any emergency, the site operator shall submit to agencies, as required, a written report on the emergency. The agency report shall include the origins of the emergency, the actions there were taken to deal with the emergency, the results of the actions that were taken, and an analysis of the success or failure of the actions.

### **Closure Plan**

Upon completion of the work at the site and under the terms of termination of the lease agreement, tire processing operator shall be responsible to leave the site in well maintained conditions with normal wear and tear under the lease terms. Additionally, and to be consistent with the lease requirements tire processing operator shall:

- 1. Notify the "authorities" ("including EPC, DEP, etc.") in writing prior to ceasing operations, and shall specify a closing date. No materials will be received by tire processing center after the closing date.
- 2. The tire processing center shall cease accepting inbound whole tires a minimum of 30 days prior to the closing date. All inbound whole tires shall be processed prior to the abeyance of the shredding operations. The operator shall remove all processed tire materials from the site.
- 3. Within 30 days of receipt of the final materials at the tire processing center, remove all product materials and shall additionally remove or dispose of all wastes and residues that or staged at the tire processing center with putrescible waste managed in accordance with applicable regulations.
- 4. Shall notify to authorities that closure will be completed within 180 days after receiving the final materials shipments, that closure will include removal of all recovered materials from the tire processing center, as well as performing any contamination evaluation

required by applicable regulation and shall certify in writing to authorities when closure is complete.

### **Regulatory Permits**

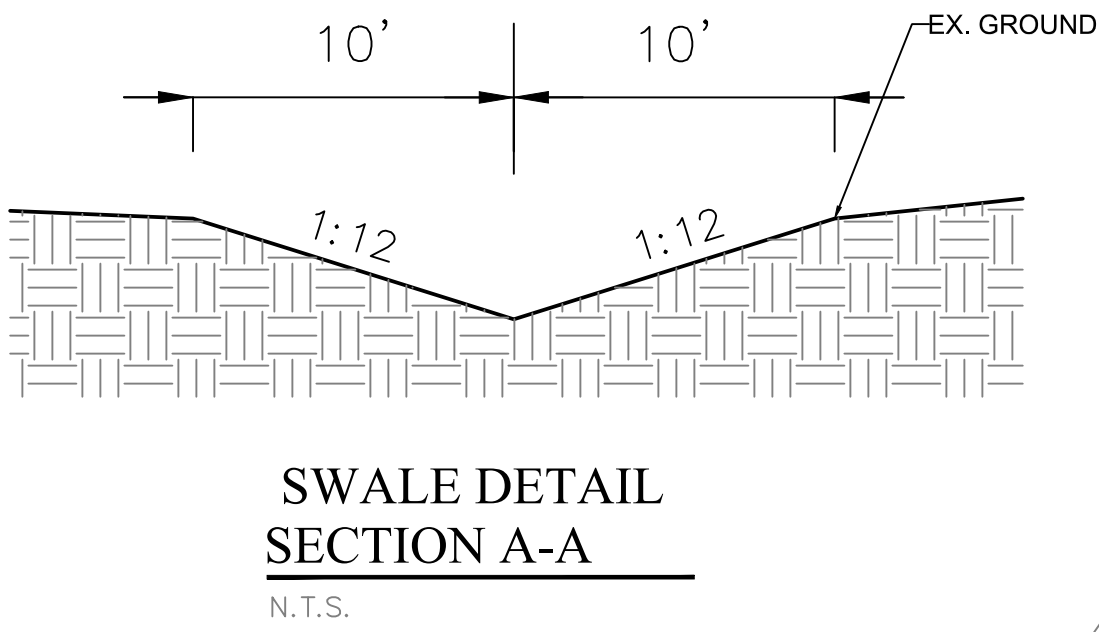
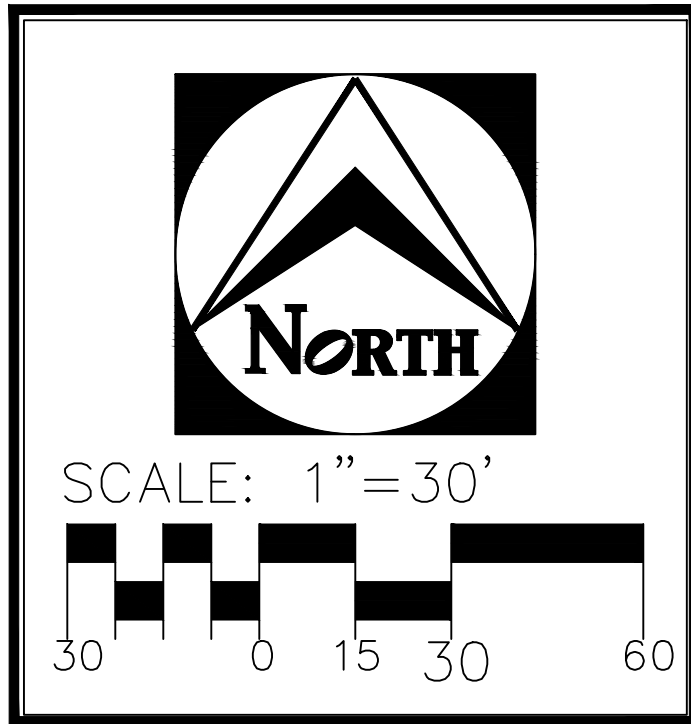
Agency: Florida Department of Environmental Protection  
Reference: ID: 1866, 1867  
Activity: Waste Tire Collector Registration  
Status: Current

Agency: Southwest Florida Water Management District  
Reference: 44032821.000  
Activity: Operations  
Status: Renewal required

Agency: Florida Department of Environmental Protection  
Reference: FLR05H923-001  
Activity: Industrial Stormwater (SWPPP)  
Status: Renewal required

\*\*\*





NOTE:  
THE SITE COMPLIES WITH SWFWMD  
ERP PERMIT #44032821.000

L-10.97(F)  
R-10.00(F)  
A-06.03(F)  
C LEM-10.92(F)  
BFG-N 3206'S E

CSX TRANSPORTATION INC-ASSESSED  
BY DEPT OF REVENUE  
FOLIO: 1596540000

RETENTION POND #2A  
TOP EL. 24.5  
BOT. EL. 23.5

RETENTION POND #1 B  
TOP EL. 25.0  
BOT. EL. 23.0

EASTERLY (1/3) OF SUBJECT PROPERTY  
LEVANT ENTERPRISES LLC  
FOLIO: 1596540010  
133233.4 SQ. FT.  
3.06 ACRES

ORIENT ROAD

GRADING, DRAINAGE & UTILITIES  
SITE PLAN

U.S Ironwork Tire Shredders of America  
6902 E. 6th AVE, TAMPA  
HILLSBOROUGH COUNTY, FL. 33619

Northside  
Engineering, Inc.  
C4.1

Project # 1602		
Issue Date: 10/17/19		
Revisions:		
No.	Date	Description
1	12/27/19	REVISED
2	10/07/20	REVISED
3		
4		
5		
6		
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19		
20		

Donald B. Fairbairn, P.E. #44971  
COPIES OF THESE PLANS ARE NOT VALID UNLESS  
EMBOSSED WITH THE SIGNING ENGINEER'S SEAL

CA # 31306

Northside  
Engineering, Inc.  
300 South Belcher Road, Clearwater, Florida 33765  
Tel: 727-443-2865 Fax: 727-446-9038  
tech@northsideengineering.net  
Est. 1989  
Civil - Land Planning - Traffic Studies - Landscape  
Due Diligence Reports - Land Use - Re-Zoning  
Stormwater Management - Utility Design  
Construction Administration



**Pictures of the Tire Processing Center Site for review/reference:**



**Tools and consumables storage trailer.**



## Office trailer



## Truck weigh scale

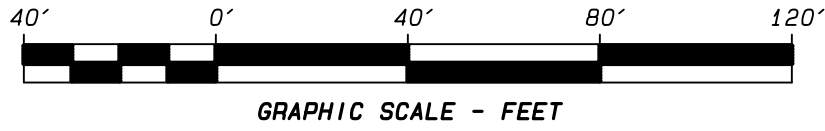


# TOPOGRAPHIC SURVEY

Curve	Radius	Delta	Length	Tangent	Chord/Brg
C1	1050.00'	6°03'19"	110.97'	55.54'	110.92' N32-06-12.5E

CERTIFIED TO:  
LEVANT ENTERPRISES LLC

FLOOD INSURANCE RATE MAP INFORMATION:  
COMMUNITY PANEL NUMBER: 12057C-0359-H DATED: 08/28/2008  
THE PROPERTY APPEARS TO BE IN FLOOD ZONE 'X'  
THE BASE 100 YEAR FLOOD ELEVATION IS N/A MEAN SEA LEVEL.



LINE	BEARING	LENGTH
L1	N30°00'00"E	20.00'
L2	N00°00'00"E	44.25'
L3	N89°58'51"E	70.34'

SEABOARD RAILROAD

N28°04'39"E 432.35'

UTILITY POLE  
N75°12'29"E 562.42'

P.O.C.  
SW CORNER LOT 7, BLOCK 4  
ORIENT PARK

L3  
P.O.B.

NORTH 69TH STREET

S00°00'00"E 615.52'

EAST 6TH AVENUE  
(45' RIGHT-OF-WAY)

LEGAL DESCRIPTION: (SECTION 14, TOWNSHIP 29 SOUTH, RANGE 19 EAST)  
THAT PART OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 14, TOWNSHIP 29 SOUTH, RANGE 19 EAST, HILLSBOROUGH COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE SOUTHWEST CORNER OF LOT 7, BLOCK 4, OF ORIENT PARK SUBDIVISION, ACCORDING TO MAP OR PLAT THEREOF AS RECORDED IN PLAT BOOK 11, PAGE 7, PUBLIC RECORDS OF HILLSBOROUGH COUNTY, FLORIDA; THENCE NORTH 90 DEGREES 00'00" WEST, PERPENDICULAR TO THE RIGHT-OF-WAY LINE OF 69TH STREET (60TH STREET BY PLAT), A DISTANCE OF 20.00 FEET TO A POINT ON THE WEST RIGHT-OF-WAY LINE OF SAID 69TH STREET; THENCE ALONG SAID RIGHT-OF-WAY LINE SOUTH 00 DEGREES 00'00" WEST, A DISTANCE OF 44.25 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE ALONG SAID RIGHT-OF-WAY LINE SOUTH 00 DEGREES 00'00" EAST, A DISTANCE OF 615.52 FEET TO A POINT ON THE NORTH RIGHT-OF-WAY LINE OF 6TH AVENUE AS PER CITY OF TAMPA RESOLUTION NO. 9963-6, THE SAME RIGHT-OF-WAY LINE BEING THE WESTERLY PROJECTION OF THE NORTH RIGHT-OF-WAY LINE OF 6TH AVENUE BY PLAT OF SAID ORIENT PARK SUBDIVISION; THENCE ALONG SAID NORTH RIGHT-OF-WAY LINE OF 6TH AVENUE NORTH 89 DEGREES 59'40" WEST, A DISTANCE OF 883.17 FEET TO A POINT THAT IS 50.00 FEET PERPENDICULAR TO THE CENTER LINE OF A SPUR TRACK OF GRANTOR; THENCE ALONG A LINE THAT IS 50.00 FEET FROM AND PARALLEL WITH SAID SPUR TRACK, NORTH 29 DEGREES 04'33" EAST, A DISTANCE OF 432.35 FEET TO THE POINT OF CURVATURE OF A CURVE CONCAVE SOUTHEASTERLY, SAID CURVE HAVING A RADIUS OF 1050.00 FEET AND A CENTRAL ANGLE OF 06 DEGREES 03'19"; THENCE ALONG THE ARC OF SAID CURVE 110.97 FEET (CHORD BEARING NORTH 32 DEGREES 06'13" EAST - CHORD DISTANCE 110.92 FEET); THENCE NORTH 75 DEGREES 12'29" EAST, A DISTANCE OF 562.42 FEET; THENCE NORTH 89 DEGREES 58'51" EAST, A DISTANCE OF 70.34 FEET TO THE POINT OF BEGINNING.

## LEGEND:

CL	= CENTERLINE
A	= ARC LENGTH
A/C	= AIR CONDITIONER
(C)	= CALCULATED
C.B.S.	= CONCRETE BLOCK STRUCTURE
CH	= CHORD
CLF	= CHAIN LINK FENCE
CONC.	= CONCRETE
CB/CH	= CHORD BEARING/CHORD
ELEV.	= ELEVATION
FCM	= FOUND CONCRETE MONUMENT
FCH	= FOUND DRILL HOLE
FCIR	= FOUND CAPPED IRON ROD
FIR	= FOUND IRON ROD
FND	= FOUND
FNT	= FOUND NAIL & TIN
FOEP	= FOUND OPEN END PIPE
FPP	= FOUND PINCHED PIPE
L.L.F.	= LOWEST LIVING FLOOR
(M)	= MEASURED
N/A	= NOT APPLICABLE
O.R.B.	= OFFICIAL RECORDS BOOK
(P)	= PLAT
P.B.	= PLAT BOOK
PG	= PAGE
PGB	= POINT OF BEGINNING
POC	= POINT OF COMMENCEMENT
R	= RECORD
(R)	= RECORD
SDH	= SET DRILL HOLE
SNT	= SET NAIL & TIN
SCIR	= SET 1/2" CAPPED IRON ROD #5545
U.E.	= UTILITY EASEMENT
---	= FENCE LINE
Ø	= UTILITY POLE

## SURVEYOR'S REPORT/NOTES:

- THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A CURRENT TITLE POLICY. THERE MAY BE SETBACKS, EASEMENTS, RESTRICTIONS, AND/OR OTHER MATTERS OF RECORD WHICH COULD AFFECT THE PROPERTY AND/OR BOUNDARIES.
- THE BEARINGS SHOWN HEREON ARE BASED ON THE NORTHERLY R/W OF BEARING S00°00'00"E N.A.V.D. 1988
- ELEVATIONS SHOWN HEREON ARE BASED ON N.A.V.D. 1988
- BENCHMARK: GPS DETERMINED
- CALCULATED INFORMATION IS BASED ON (A) CONCEPTUAL RECREATION OF PLAT INTENT, (B) INFORMATION REQUIRED TO SET RECORD CORNERS, 6/OR (C) COMPILED DATA FROM SURROUNDING PLATS, DEEDS, AND CERTIFIED CORNER DOCUMENTS
- ALL PROPERTY DIMENSIONS ARE RECORD UNLESS NOTED OTHERWISE.
- DIMENSIONS ARE EXPRESSED IN FEET AND DECIMAL PARTS THEREOF.
- PHYSICAL ADDRESS: 6902 EAST 6TH AVENUE, TAMPA, FLORIDA 33619
- THIS DRAWING DOCUMENTS THE BOUNDARIES AND IMPROVEMENTS AS THEY EXISTED 09-09-2020. THE SURVEYOR MAKES NO WARRANTY, WRITTEN OR OTHERWISE, AS TO THE ACCURACY AND/OR DISPOSITION OF THE BOUNDARIES BEYOND THAT DATE.
- THE SURVEYOR ACCEPTS NO LIABILITY FOR CONSTRUCTION, ADDITIONS, AND/OR IMPROVEMENTS HEREAFTER ERECTED.
- ELEVATIONS ARE SHOWN THUS: +0.00
- UNDERGROUND FEATURES SUCH AS UTILITIES, FOOTERS AND STEMWALLS ARE NOT LOCATED.
- C = CONCRETE
- TB = TOP OF BANK
- TS = TOE OF SLOPE

## CERTIFICATION:

I HEREBY CERTIFY THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON WAS MADE UNDER MY DIRECT SUPERVISION AND THAT THE SURVEY COMPLIES WITH THE STANDARDS OF PRACTICE SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AND MAPPERS IN CHAPTER 5J-17 F.A.C., PURSUANT TO SECTION 472.027, FLORIDA STATUTES. ALSO, THE SKETCH SHOWN HEREON IS A TRUE AND ACCURATE REPRESENTATION OF SAID PROPERTY TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SUBJECT TO NOTES AND NOTATIONS SHOWN HEREON.

No. 5545  
Mohammad B. Far  
STATE OF FLORIDA  
Mohammad B. Far, P.L.S. #5545

09/09/2020

DATE

NOT VALID UNLESS SIGNED, DATED, AND STAMPED WITH AN ELECTRONIC SEAL.

MOHAMMAD B. FAR

8131 Meadowview Place, New Port Richey, Florida, 34655  
Phone: (727) 375-1740 Fax: (727) 375-1741

## REVISIONS

1:	DRAWN BY: WGM	CREW CHIEF: AR
2:	CHECKED BY: MBF	F.B. FILE
3:	SCALE: 1" = 40'	FIELD WORK: 09/09/20
4:		

SHEET 1 OF 1

JOB NO. 201015H

DATA FILE: 201015



# Zoning District Lookup

Zoning Code (Municode)

+

▼ 1900 N. 69th × 🔍

Show search results for 1900 N...

PD

IH

E 9th Ave

E 8th Ave

E 7th Ave

E 6th Ave

N 69th St

N 71st St

CSX

CSX

400ft

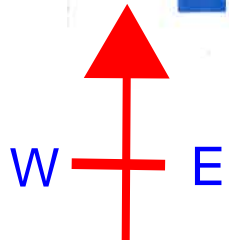
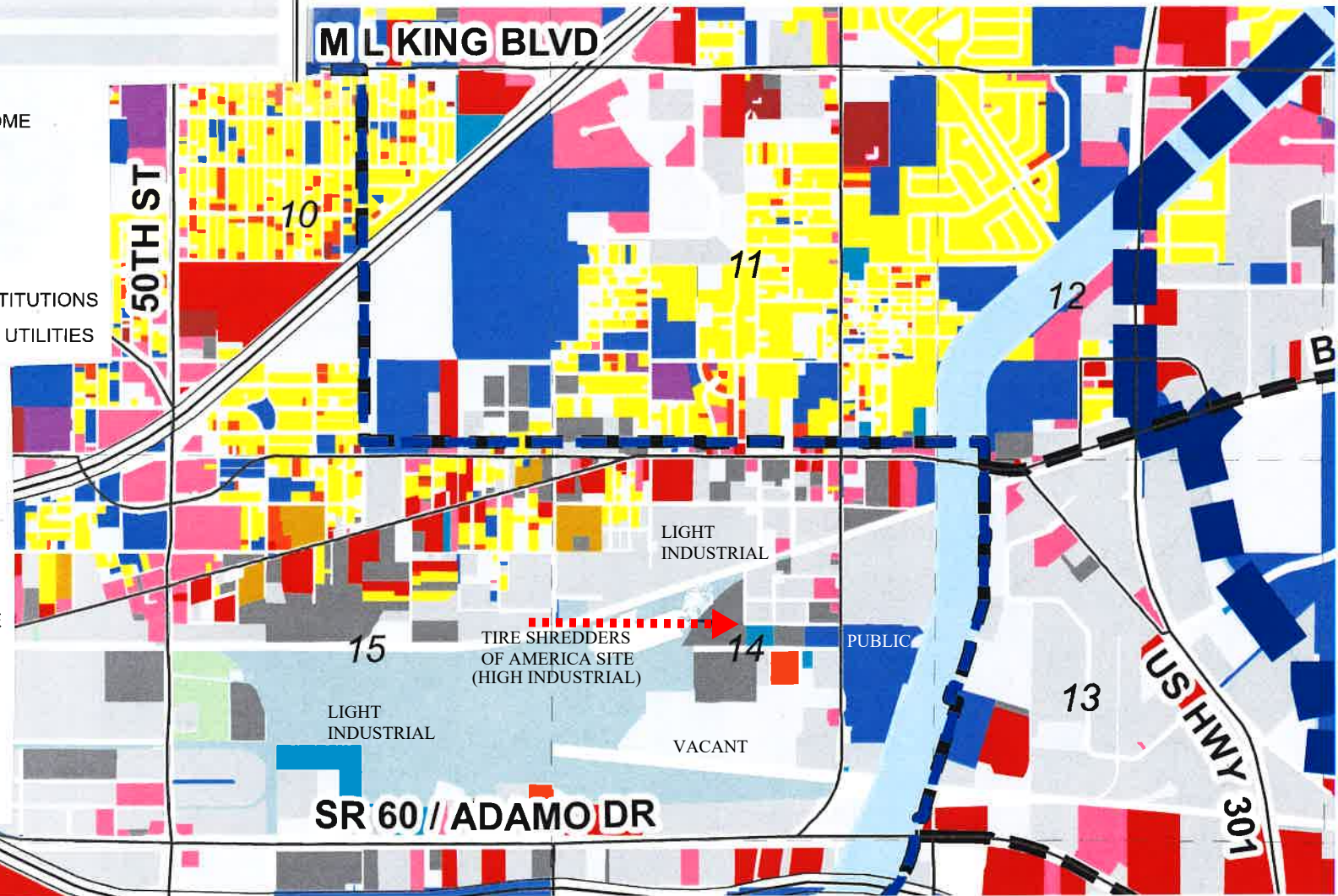
-82.366 27.957 Degrees



**HILLSBOROUGH COUNTY**  
**EXISTING LAND USE**  
 DERIVED FROM PROPERTY APPRAISER  
 PARCELS AND NAL DOR CODES  
 EFFECTIVE: DECEMBER 2015

**LEGEND**

- SINGLE FAMILY / MOBILE HOME
- TWO FAMILY
- MULTI-FAMILY
- MOBILE HOME PARK
- VACANT
- PUBLIC / QUASIPUBLIC / INSTITUTIONS
- PUBLIC COMMUNICATIONS / UTILITIES
- RIGHT OF WAY
- EDUCATIONAL
- HEAVY COMMERCIAL
- LIGHT COMMERCIAL
- HIGH INDUSTRIAL
- LIGHT INDUSTRIAL
- MINING
- RECREATION / OPEN SPACE
- AGRICULTURAL
- NATURAL
- WATER
- UNKNOWN
- NOT CLASSIFIED



**US IRONWOKS COMPANY**  
**SURROUNDING LAND USE**



6902 6TH AVENUE, TAMPA, FL 32408



January 23, 2018



**Bob Henriquez, CFA**

Hillsborough County Property App  
This map is for assessment purpo  
It is not a survey.

2017 Aerials


**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- ☒ Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River

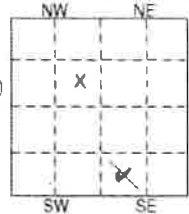
**THIS FORM MUST BE FILLED OUT COMPLETELY.**
*The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.*

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

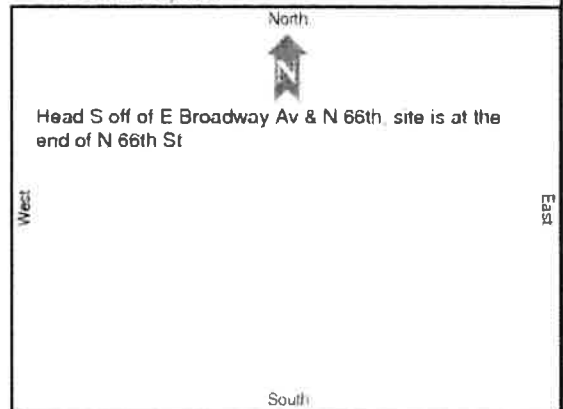
Permit No	<b>726192.05</b>
Florida Unique I.D.	
Permit Stipulations Required (See attached)	
	<b>23.39</b>
62-524 well	<input type="checkbox"/>
CUP Application No	
WUP	
<b>ABOVE THIS LINE FOR OFFICIAL USE ONLY</b>	

Fold at this line in order that address is visible through envelope window

Parcel # (PIN):		<b>1901 N 66th St</b>		<b>Tampa</b>		<b>FL</b>		<b>33619</b>	
1. <b>Gulf Coast Recycling</b>		Address		City		State		Zip	
Owner, Legal Name of Entity if Corporation		Address		City		State		Zip	
2. <b>1901N 66th St Tampa</b>		Weil Location — Address, Road Name or Number, City							
3. <b>S Stallsmith</b>		<b>9342</b>		<b>3525679500</b>					
Weil Drilling Contractor		License No		Telephone No					
<b>35920 STATE ROAD 52</b>									
Address									
<b>DADE CITY</b>		<b>FL</b>		<b>33525</b>					
City		State		Zip					
5. Township <b>29</b>		Range <b>19</b>							
6. <b>Hillsborough</b>									
County		Subdivision Name		Lot		Block		Unit	
7. Number of proposed wells <b>5</b>		Well Use <b>OBSERVATION OR MONITOR WELL</b>							
Distance from septic system <b>0</b> ft		Description of facility							
Estimated start of construction date <b>09/26/2005</b>									
8. Application for: <input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Repair/Modify		<input type="checkbox"/> Abandonment					
9. Estimated Well Depth <b>50</b>		Casing Depth <b>40</b>		Screen Interval from <b>40</b> to <b>50</b>					
Casing Material <b>PVC</b>		Casing Diameter <b>2</b>		Seal Material <b>Bentonite</b>					
10. If applicable Proposed From <b>0</b> to <b>38</b>		Seal Material <b>Cement</b>							
Grouting Interval From <b>0</b> to <b>38</b>		Seal Material							
From <b>0</b> to <b>38</b>		Seal Material							
11. Telescope Casing <input checked="" type="checkbox"/> or Liner (check one)		Diameter <b>6</b>							
Casing Material <b>PVC</b>									
12. Method of Construction <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Combination		<input checked="" type="checkbox"/> Auger <input type="checkbox"/> Other (specify)							
13. Indicate total No. of wells on site <b>38</b>		List number of unused wells on site <b>0</b>							
14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		(If yes, complete the following) CUP/WUP No <b>20</b>							
District well I.D. No									
Latitude		Longitude							
Data obtained from GPS <input type="checkbox"/> or map <input type="checkbox"/> or survey <input type="checkbox"/> (map datum NAD 27 <input type="checkbox"/> NAD 83 <input type="checkbox"/> )									
15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.		I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.							
Digitally Signed <b>9342</b>		Digitally Signed							
Signature of Contractor		License No		Owner's or Agent's Signature		Date			


**SFWMD Rec'd Date 09/19/2005**

Draw a map of well location and indicate well site with an "X". Identify known roads and landmarks; provide distances between well and landmarks.


**DO NOT WRITE BELOW THIS LINE — FOR OFFICIAL USE ONLY**

 Approval Granted By [Signature] Issue Date **09/20/05** Hydrologist Approval [Signature]  
 Owner Number                      Fee Received \$ **50.0000** Receipt No. **969313** Check No.                     

 THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. **This permit is valid for 90 days from date of issue.**




**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- X Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River  
☐ DEP  
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS  
 (\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing  
 this form and forwarding the permit application to the  
 appropriate delegated authority where applicable.

Permit No.	848999
Florida Unique ID	
Permit Stipulations Required (See Attached)	23, 39
62-524 Quad No.	Q3220
Delegation No.	
CUP/WUP Application No.	

ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. LEVANT ENTERPRISES LLC	PO BOX 75301	TAMPA	FL	33675	
*Owner, Legal Name if Corporation		*Address	*City	*State	*ZIP
2. 6902 E 6TH AV					
*Well Location - Address, Road Name or Number, City					
3. 192914ZZZ000005791200A					
*Parcel ID No. (PIN) or Alternate Key (Circle One)					
4. 14	29	19	HILLSBOROUGH		
*Section or Land Grant		*Township	*Range	*County	Subdivision
5. Gregory W Campbell					
*Water Well Contractor		2613	(727) 561-7477	chad@pdsflorida.com	
		*License Number	*Telephone Number	E-mail Address	
6. 11747 87TH STREET NORTH					
*Water Well Contractor's Address		LARGO	FL	33773	
		City	State	ZIP	
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment					
8. *Number of Proposed Wells 2					
9. *Specify Intended Use(s) of Well(s):					
<input type="checkbox"/> Domestic		<input type="checkbox"/> Landscape Irrigation		<input type="checkbox"/> Agricultural Irrigation	
<input type="checkbox"/> Bottled Water Supply		<input type="checkbox"/> Recreation Area Irrigation		<input type="checkbox"/> Livestock	
<input type="checkbox"/> Public Water Supply (Limited Use/DOH)		<input type="checkbox"/> Nursery Irrigation		<input type="checkbox"/> Site Investigation	
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)		<input type="checkbox"/> Commercial/Industrial		<input checked="" type="checkbox"/> Monitoring	
<input type="checkbox"/> Class I Injection		<input type="checkbox"/> Golf Course Irrigation		<input type="checkbox"/> Test	
Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Drainage				<input type="checkbox"/> Earth-Coupled Geothermal	
Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe)				<input type="checkbox"/> HVAC Supply	
Other (Describe)				<input type="checkbox"/> HVAC Return	
(Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if $\leq 200$ ft. 0					
11. Facility Description COMMERCIAL					
12. Estimated Start Date 02/01/2016					
13. *Estimated Well Depth 12 ft. *Estimated Casing Depth 2.0 ft. *Primary Casing Diameter 2 in. Open Hole: From To ft.					
14. Estimated Screen Interval: From 2.0 To 12.0 ft.					
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel					
<input type="checkbox"/> Not Cased <input type="checkbox"/> Other:					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other					
18. *Method of Construction, Repair, or Abandonment: <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input type="checkbox"/> Rotary <input type="checkbox"/> Sonic					
<input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push)					
<input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe)					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:					
From 0.0 To 2.0 Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
From To Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
From To Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
From To Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
20. Indicate total number of existing wells on site 1 List number of existing unused wells on site 0					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete the following: CUP/WUP No. District Well ID No.					
22. Latitude 27 57 39.46 Longitude 82 22 41.84					
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from either federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.					

Date Stamp  
 Received:  
 Jan 26, 2016 1:57 pm

Official Use Only

Digitally Signed 2613 Digitally Signed 1/26/2016  
 \*Signature of Contractor \*License No. \*Signature of Owner or Agent \*Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By Automatically Issued Issue Date 01/26/2016 Expiration Date 04/25/2016 Hydrologist Approval Initials

Fee Received \$50.00 Receipt No. 22238421 Check No.

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.



3

LOCATION # 3



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL

- X Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River  
☐ DEP  
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS  
(\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing  
this form and forwarding the permit application to the  
appropriate delegated authority where applicable.

Permit No. **831694**  
Florida Unique ID \_\_\_\_\_  
Permit Stipulations Required (See Attached)  
**23.39**  
62-524 Quad No. **Q3220** Delineation No. \_\_\_\_\_  
CUP/WUP Application No. \_\_\_\_\_  
ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. **TRADEMARK METALS RECYCLING L300 PIKE ST FL 3** **CINCINNATI** **OH** **45202**  
\*Owner, Legal Name if Corporation \*Address \*City \*State \*ZIP \*Telephone Number  
2. **6912 E 9TH AV** **TAMPA**  
\*Well Location - Address, Road Name or Number, City  
3. **1929144CE000003000020A**  
\*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit  
4. **14** **29** **19** **HILLSBOROUGH** Subdivision Check if 62-524: Yes ☒ No  
\*Section or Land Grant \*Township \*Range \*County  
5. **Gregory W Campbell** **2613** **(727) 561-7477** **chad@pdsflorida.com**  
\*Water Well Contractor \*License Number \*Telephone Number E-mail Address  
6. **11747 87TH STREET NORTH** **LARGO** **FL** **33773**  
\*Water Well Contractor's Address City State ZIP  
7. \*Type of Work: ☒ Construction ☐ Repair ☐ Modification ☐ Abandonment  
8. \*Number of Proposed Wells **8** Reason for Repair, Modification, or Abandonment  
9. \*Specify Intended Use(s) of Well(s):  
☐ Domestic ☐ Landscape Irrigation ☐ Agricultural Irrigation ☐ Site Investigation  
☐ Bottled Water Supply ☐ Recreation Area Irrigation ☐ Livestock ☒ Monitoring  
☐ Public Water Supply (Limited Use/DOH) ☐ Nursery Irrigation ☐ Test  
☐ Public Water Supply (Community or Non-Community/DEP) ☐ Commercial/Industrial ☐ Earth-Coupled Geothermal  
☐ Class I Injection ☐ Golf Course Irrigation ☐ HVAC Supply  
Class V Injection: ☐ Recharge ☐ Commercial/Industrial Disposal ☐ Aquifer Storage and Recovery ☐ HVAC Return  
Remediation: ☐ Recovery ☐ Air Sparge ☐ Other (Describe) \_\_\_\_\_  
Other (Describe) \_\_\_\_\_ (Note: Not all types of wells are permitted by a given permitting authority)  
10. \*Distance from Septic System if  $\leq 200$  ft. **0** 11. Facility Description **COMMERCIAL** 12. Estimated Start Date **09/24/2013**  
13. \*Estimated Well Depth **22** ft. \*Estimated Casing Depth **17.0** ft. \*Primary Casing Diameter **2** in. Open Hole: From \_\_\_\_\_ To \_\_\_\_\_ ft.  
14. Estimated Screen Interval: From **17.0** To **22.0** ft.  
15. \*Primary Casing Material: ☐ Black Steel ☐ Galvanized ☒ PVC ☐ Stainless Steel  
☐ Not Cased ☐ Other \_\_\_\_\_  
16. Secondary Casing: ☐ Telescope Casing ☐ Liner ☐ Surface Casing Diameter \_\_\_\_\_ in.  
17. Secondary Casing Material: ☐ Black Steel ☐ Galvanized ☐ PVC ☐ Stainless Steel ☐ Other \_\_\_\_\_  
18. \*Method of Construction, Repair, or Abandonment: ☒ Auger ☐ Cable Tool ☐ Jetted ☐ Rotary ☐ Sonic  
☐ Combination (Two or More Methods) ☐ Hand Driven (Well Point, Sand Point) ☐ Hydraulic Point (Direct Push)  
☐ Horizontal Drilling ☐ Plugged by Approved Method ☐ Other (Describe) \_\_\_\_\_  
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:  
From **0.0** To **15.0** Seal Material (☐ Bentonite ☒ Neat Cement ☐ Other \_\_\_\_\_)  
From \_\_\_\_\_ To \_\_\_\_\_ Seal Material (☐ Bentonite ☐ Neat Cement ☐ Other \_\_\_\_\_)  
From \_\_\_\_\_ To \_\_\_\_\_ Seal Material (☐ Bentonite ☐ Neat Cement ☐ Other \_\_\_\_\_)  
From \_\_\_\_\_ To \_\_\_\_\_ Seal Material (☐ Bentonite ☐ Neat Cement ☐ Other \_\_\_\_\_)  
20. Indicate total number of existing wells on site **5** List number of existing unused wells on site **0**  
21. \*Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP)  
or CUP/WUP Application? Yes ☐ No ☒ If yes, complete the following: CUP/WUP No. \_\_\_\_\_ District Well ID No. \_\_\_\_\_  
22. Latitude **27 57 44.59** Longitude **82 22 32.30**  
23. Data Obtained From: ☐ GPS ☒ Map ☐ Survey Datum: ☐ NAD 27 ☒ NAD 83 ☐ WGS 84  
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water  
use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well  
construction. I further certify that all information provided in this application is accurate and that I will obtain  
necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well  
completion report to the District within 30 days after completion of the construction, repair, modification, or  
abandonment authorized by this permit, or the permit expiration, whichever occurs first.  
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my  
responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am  
the agent for the owner, that the information provided is accurate, and that I have informed the owner of his  
responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to  
the well site during the construction, repair, modification, or abandonment authorized by this permit.  
Digitally Signed **2613** Digitally Signed **9/17/2013**  
\*Signature of Contractor \*License No. \*Signature of Owner or Agent \*Date  
DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY  
Approval Granted By **Automatically Issued** Issue Date **09/17/2013** Expiration Date **12/16/2013** Hydrologist Approval \_\_\_\_\_  
Fee Received **\$50.00** Receipt No. **11395122** Check No. \_\_\_\_\_  
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE  
PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.  
FORM LEG-R-040 01 (6/10) Rule 40D-3.101 (1), F.A.C. EFFECTIVE DATE: 9/12/2010 This permit is valid for 90 days from the date of Issue.

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
PHONE: (352) 796-7211 or (800) 423-1476  
WWW.SWFWMD.STATE.FL.US

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
4049 REID STREET, PALATKA, FL 32178-1429  
PHONE: (386) 329-4500  
WWW.SJRWMD.COM

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)  
PHONE: (850) 539-5999  
WWW.NWFWMD.STATE.FL.US

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT**  
P.O. BOX 24680  
3301 GUN CLUB ROAD  
WEST PALM BEACH, FL 33416-4680  
PHONE: (561) 686-8800  
WWW.SFWMD.GOV

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

Comments:

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**General Site Map of Proposed Well Location**

NE CORNER OF N 69TH ST AND E 8TH AVE



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.


**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- ☒ Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River  
☐ DEP  
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS  
 (\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing  
 this form and forwarding the permit application to the  
 appropriate delegated authority where applicable.

Permit No.	834382
Florida Unique ID	
Permit Stipulations Required (See Attached)	23, 39
62-524 Quad No.	Q3220
Delineation No.	
CUP/WUP Application No.	

ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. TRADEMARK METALS RECYCLING L300 PIKE ST FL 3	CINCINNATI	OH	45202	
*Owner, Legal Name if Corporation	*Address	*City	*State	*ZIP
2. 6901 E 7TH AV	TAMPA			
*Well Location - Address, Road Name or Number, City				
3. 1929144CE000010000010A				
*Parcel ID No. (PIN) or Alternate Key (Circle One)		Lot	Block	Unit
4. 14	29	19	HILLSBOROUGH	
*Section or Land Grant	*Township	*Range	*County	Subdivision
Check if 62-524: Yes <input checked="" type="checkbox"/> No				
5. Gregory W Campbell	2613	(727) 561-7477	chad@pdsflorida.com	
*Water Well Contractor	*License Number	*Telephone Number	E-mail Address	
6. 11747 87TH STREET NORTH	LARGO	FL	33773	
*Water Well Contractor's Address	City	State	ZIP	
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment				
8. *Number of Proposed Wells 4				
9. *Specify Intended Use(s) of Well(s):				
<input type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation <input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal <input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply <input type="checkbox"/> Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> HVAC Return <input type="checkbox"/> Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Other (Describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)				
10. *Distance from Septic System if $\leq 200$ ft. 0				
11. Facility Description WOODED LOT				
12. Estimated Start Date 02/18/2014				
13. *Estimated Well Depth 22 ft. *Estimated Casing Depth 17.0 ft. *Primary Casing Diameter 2 in. Open Hole: From _____ To _____ ft.				
14. Estimated Screen Interval: From 17.0 To 22.0 ft.				
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel				
<input type="checkbox"/> Not Cased <input type="checkbox"/> Other _____				
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter _____ in.				
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other _____				
18. *Method of Construction, Repair, or Abandonment: <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input type="checkbox"/> Rotary <input type="checkbox"/> Sonic				
<input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push)				
<input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe) _____				
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:				
From 0.0 To 15.0 Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)				
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)				
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)				
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)				
20. Indicate total number of existing wells on site 2 List number of existing unused wells on site 0				
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete the following: CUP/WUP No. _____ District Well ID No. _____				
22. Latitude 27 57 37.00 Longitude 82 22 37.05				
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84				
<p>I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.</p> <p>I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.</p>				
Digitally Signed		2613	Digitally Signed	
*Signature of Contractor		*License No.	*Signature of Owner or Agent	
			2/11/2014	
			*Date	

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By <b>Automatically Issued</b>	Issue Date <b>02/11/2014</b>	Expiration Date <b>05/12/2014</b>	Hydrologist Approval _____
Fee Received <b>\$50.00</b>	Receipt No. <b>12788069</b>	Check No. _____	

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
PHONE: (352) 796-7211 or (800) 423-1476  
WWW.SWFWMD.STATE.FL.US

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
4049 REID STREET, PALATKA, FL 32178-1429  
PHONE: (386) 329-4500  
WWW.SJRWMD.COM

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)  
PHONE: (850) 539-5999  
WWW.NWFWMD.STATE.FL.US

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT**  
P.O. BOX 24680  
3301 GUN CLUB ROAD  
WEST PALM BEACH, FL 33416-4680  
PHONE: (561) 686-8800  
WWW.SFWMD.GOV

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

Comments:

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**General Site Map of Proposed Well Location**

**NORTH SIDE OF E 6TH AVE, EAST OF RR TRACKS**



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.


**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- X Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River  
☐ DEP  
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS  
 (\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing  
 this form and forwarding the permit application to the  
 appropriate delegated authority where applicable.

Permit No.	831692
Florida Unique ID	
Permit Stipulations Required (See Attached)	23, 39
62-524 Quad No.	Q3220
Delineation No.	
CUP/WUP Application No.	

ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. TRADEMARK METALS RECYCLING L 300 PIKE ST FL 3	CINCINNATI	OH	45202	
*Owner, Legal Name if Corporation	*Address	*City	*State	*ZIP
2. 6901 E 7TH AV	TAMPA			
*Well Location - Address, Road Name or Number, City				
3. 1929144CE000010000010A				
*Parcel ID No. (PIN) or Alternate Key (Circle One)		Lot	Block	Unit
4. 14	29	19	HILLSBOROUGH	
*Section or Land Grant	*Township	*Range	*County	Subdivision
5. Gregory W Campbell	2613	(727) 561-7477	chad@pdsflorida.com	
*Water Well Contractor	*License Number	*Telephone Number	E-mail Address	
6. 11747 87TH STREET NORTH	LARGO	FL	33773	
*Water Well Contractor's Address	City	State	ZIP	
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment	*Reason for Repair, Modification, or Abandonment			
8. *Number of Proposed Wells 8				
9. *Specify Intended Use(s) of Well(s):				
<input type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation				
<input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Monitoring				
<input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test				
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal				
<input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply				
Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Drainage				
Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe)				
*Other (Describe)				
(Note: Not all types of wells are permitted by a given permitting authority)				
10. *Distance from Septic System if $\leq 200$ ft. 0	11. Facility Description COMMERCIAL	12. Estimated Start Date 09/24/2013		
13. *Estimated Well Depth 22 ft. *Estimated Casing Depth 17.0 ft. *Primary Casing Diameter 2 in. Open Hole: From To ft.				
14. Estimated Screen Interval: From 17.0 To 22.0 ft.				
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel				
<input type="checkbox"/> Not Cased <input type="checkbox"/> Other				
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter in.				
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other				
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<input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push)				
<input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe)				
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:				
From 0.0 To 15.0 Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other)				
From To Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)				
From To Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)				
From To Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)				
20. Indicate total number of existing wells on site 0 List number of existing unused wells on site 0				
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the following: CUP/WUP No. District Well ID No.				
22. Latitude 27 57 37.10 Longitude 82 22 37.13				
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84				
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.				
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.				

Digitally Signed

\*Signature of Contractor

2613

\*License No.

Digitally Signed

\*Signature of Owner or Agent

9/17/2013

\*Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By Automatically Issued

Issue Date 09/17/2013

Expiration Date 12/16/2013

Hydrologist Approval

Initials

Fee Received \$50.00

Receipt No. 11394980

Check No.

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
PHONE: (352) 796-7211 or (800) 423-1476  
WWW.SWFWMD.STATE.FL.US

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
4049 REID STREET, PALATKA, FL 32178-1429  
PHONE: (386) 329-4500  
WWW.SJRWMD.COM

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)  
PHONE: (850) 539-5999  
WWW.NWFWMD.STATE.FL.US

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT**  
P.O. BOX 24680  
3301 GUN CLUB ROAD  
WEST PALM BEACH, FL 33416-4680  
PHONE: (561) 686-8800  
WWW.SFWMD.GOV

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

Comments:

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**General Site Map of Proposed Well Location**

SW CORNER OF N 71ST ST AND E 7TH AVE



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.


**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- ☒ Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River  
☐ DEP  
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS  
 (\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing  
 this form and forwarding the permit application to the  
 appropriate delegated authority where applicable.

Permit No.	834381
Florida Unique ID	
Permit Stipulations Required (See Attached)	23, 39
62-524 Quad No.	Q3220
Delineation No.	
CUP/WUP Application No.	

ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. <b>Gerdau Ameristeel US, Inc.</b>	PO Box 31328	Tampa	FL	33631	
*Owner, Legal Name if Corporation		*Address	*City	*State	*ZIP
2. <b>7103 E 6TH AVE</b>					
*Well Location - Address, Road Name or Number, City					
3. <b>19291491J000000000060A</b>					
*Parcel ID No. (PIN) or Alternate Key (Circle One)					
4. <b>14 29 19 HILLSBOROUGH</b>					
*Section or Land Grant		*Township	*Range	*County	Subdivision
5. <b>Gregory W Campbell</b>					
*Water Well Contractor		*License Number	*Telephone Number		E-mail Address
6. <b>11747 87TH STREET NORTH</b>		LARGO	FL	33773	
*Water Well Contractor's Address		*City	*State	*ZIP	
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment					
8. *Number of Proposed Wells <b>4</b>					
9. *Specify Intended Use(s) of Well(s):					
<input type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation <input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal <input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply <input type="checkbox"/> Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> HVAC Return <input type="checkbox"/> Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Other (Describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if $\leq 200$ ft. <b>0</b>					
11. Facility Description <b>WOODED LOT</b>					
12. Estimated Start Date <b>02/18/2014</b>					
13. *Estimated Well Depth <b>22</b> ft. *Estimated Casing Depth <b>17.0</b> ft. *Primary Casing Diameter <b>2</b> in. Open Hole: From _____ To _____ ft.					
14. Estimated Screen Interval: From <b>17.0</b> To <b>22.0</b> ft.					
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel					
<input type="checkbox"/> Not Cased <input type="checkbox"/> Other _____					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter _____ in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other _____					
18. *Method of Construction, Repair, or Abandonment: <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input type="checkbox"/> Rotary <input type="checkbox"/> Sonic					
<input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push)					
<input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe) _____					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:					
From <b>0.0</b> To <b>15.0</b> Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)					
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)					
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)					
From _____ To _____ Seal Material ( <input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other _____)					
20. Indicate total number of existing wells on site <b>4</b> List number of existing unused wells on site <b>0</b>					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the following: CUP/WUP No. _____ District Well ID No. _____					
22. Latitude <b>27 57 33.48</b> Longitude <b>82 22 34.72</b>					
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from either federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.					
Digitally Signed		2613	Digitally Signed		2/11/2014
*Signature of Contractor		*License No.	*Signature of Owner or Agent		*Date
DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY					
Approval Granted By <b>Automatically Issued</b> Issue Date <b>02/11/2014</b> Expiration Date <b>05/12/2014</b> Hydrologist Approval _____					
Fee Received <b>\$50.00</b> Receipt No. <b>12788009</b> Check No. _____					
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.					

LOCATION # 5

27

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
PHONE: (352) 796-7211 or (800) 423-1476  
WWW.SWFWMD.STATE.FL.US

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
4049 REID STREET, PALATKA, FL 32178-1429  
PHONE: (386) 329-4500  
WWW.SJRWMD.COM

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)  
PHONE: (850) 539-5999  
WWW.NWFWMD.STATE.FL.US

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT**  
P.O. BOX 24680  
3301 GUN CLUB ROAD  
WEST PALM BEACH, FL 33416-4680  
PHONE: (561) 686-8800  
WWW.SFWMD.GOV

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

Comments:

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**General Site Map of Proposed Well Location**

**SOUTH SIDE OF E 6TH AVE, EAST OF RR TRACKS**



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.




**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- ☒ Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River  
☐ DEP  
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS  
 (\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing  
 this form and forwarding the permit application to the  
 appropriate delegated authority where applicable.

Permit No. **831693**  
 Florida Unique ID \_\_\_\_\_  
 Permit Stipulations Required (See Attached):  
**23, 39**  
 62-524 Quad No. **Q3220** Delineation No. \_\_\_\_\_  
 CUP/WUP Application No. \_\_\_\_\_  
**ABOVE THIS LINE FOR OFFICIAL USE ONLY**

1. **LEVANT ENTERPRISES LLC** **6912 E 9TH AVE** **TAMPA** **FL** **33619**  
 \*Owner, Legal Name if Corporation \*Address \*City \*State \*ZIP \*Telephone Number  
 2. **6902 E 6TH AV** **TAMPA**  
 \*Well Location - Address, Road Name or Number, City  
 3. **192914ZZZ000005791200A**  
 \*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit  
 4. **14** **29** **19** **HILLSBOROUGH** Subdivision Check if 62-524: Yes ☒ No  
 \*Section or Land Grant \*Township \*Range \*County  
 5. **Gregory W Campbell** **2613** **(727) 561-7477** **chad@pdsflorida.com**  
 \*Water Well Contractor \*License Number \*Telephone Number E-mail Address  
 6. **11747 87TH STREET NORTH** **LARGO** **FL** **33773**  
 \*Water Well Contractor's Address City State ZIP  
 7. \*Type of Work: ☒ Construction ☐ Repair ☐ Modification ☐ Abandonment  
 8. \*Number of Proposed Wells **3** Reason for Repair, Modification, or Abandonment  
 9. \*Specify Intended Use(s) of Well(s):  
☐ Domestic ☐ Landscape Irrigation ☐ Agricultural Irrigation ☐ Site Investigation  
☐ Bottled Water Supply ☐ Recreation Area Irrigation ☐ Livestock ☒ Monitoring  
☐ Public Water Supply (Limited Use/DOH) ☐ Nursery Irrigation ☐ Test  
☐ Public Water Supply (Community or Non-Community/DEP) ☐ Commercial/Industrial ☐ Earth-Coupled Geothermal  
☐ Class I Injection ☐ Golf Course Irrigation ☐ HVAC Supply  
☐ Class V Injection: ☐ Recharge ☐ Commercial/Industrial Disposal ☐ Aquifer Storage and Recovery ☐ HVAC Return  
☐ Remediation: ☐ Recovery ☐ Air Sparge ☐ Other (Describe) \_\_\_\_\_  
☐ Other (Describe) \_\_\_\_\_ (Note: Not all types of wells are permitted by a given permitting authority)  
 10. \*Distance from Septic System if  $\leq 200$  ft **0** 11. Facility Description **COMMERCIAL** 12. Estimated Start Date **09/17/2013**  
 13. \*Estimated Well Depth **12** ft. \*Estimated Casing Depth **2.0** ft. \*Primary Casing Diameter **2** in. Open Hole: From \_\_\_\_\_ To \_\_\_\_\_ ft.  
 14. Estimated Screen Interval: From **2.0** To **12.0** ft.  
 15. \*Primary Casing Material: ☐ Black Steel ☐ Galvanized ☒ PVC ☐ Stainless Steel  
☐ Not Cased ☐ Other \_\_\_\_\_  
 16. Secondary Casing: ☐ Telescope Casing ☐ Liner ☐ Surface Casing Diameter \_\_\_\_\_ in.  
 17. Secondary Casing Material: ☐ Black Steel ☐ Galvanized ☐ PVC ☐ Stainless Steel ☐ Other \_\_\_\_\_  
 18. \*Method of Construction, Repair, or Abandonment: ☒ Auger ☐ Cable Tool ☐ Jetted ☐ Rotary ☐ Sonic  
☐ Combination (Two or More Methods) ☐ Hand Driven (Well Point, Sand Point) ☐ Hydraulic Point (Direct Push)  
☐ Horizontal Drilling ☐ Plugged by Approved Method ☐ Other (Describe) \_\_\_\_\_  
 19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:  
 From **0.0** To **2.0** Seal Material ( ☐ Bentonite ☒ Neat Cement ☐ Other \_\_\_\_\_ )  
 From \_\_\_\_\_ To \_\_\_\_\_ Seal Material ( ☐ Bentonite ☐ Neat Cement ☐ Other \_\_\_\_\_ )  
 From \_\_\_\_\_ To \_\_\_\_\_ Seal Material ( ☐ Bentonite ☐ Neat Cement ☐ Other \_\_\_\_\_ )  
 From \_\_\_\_\_ To \_\_\_\_\_ Seal Material ( ☐ Bentonite ☐ Neat Cement ☐ Other \_\_\_\_\_ )  
 20. Indicate total number of existing wells on site **0** List number of existing unused wells on site **0**  
 21. \*Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive Water Use Permit (CUP/WUP)  
 or CUP/WUP Application? Yes ☐ No ☒ If yes, complete the following: CUP/WUP No. \_\_\_\_\_ District Well ID No. \_\_\_\_\_  
 22. Latitude **27 57 34.77** Longitude **82 22 41.08**  
 23. Data Obtained From: ☐ GPS ☒ Map ☐ Survey Datum: ☐ NAD 27 ☒ NAD 83 ☐ WGS 84  
 I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water  
 use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well  
 construction. I further certify that all information provided in this application is accurate and that I will obtain  
 necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well  
 completion report to the District within 30 days after completion of the construction, repair, modification, or  
 abandonment authorized by this permit, or the permit expiration, whichever occurs first.  
 I hereby certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my  
 responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am  
 the agent for the owner, that the information provided is accurate, and that I have informed the owner of his  
 responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to  
 the well site during the construction, repair, modification, or abandonment authorized by this permit.  
 Digitally Signed **2613** Digitally Signed **9/17/2013**  
 \*Signature of Contractor \*License No. \*Signature of Owner or Agent \*Date  
**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**  
 Approval Granted By **Automatically Issued** Issue Date **09/17/2013** Expiration Date **12/16/2013** Hydrologist Approval \_\_\_\_\_  
 Fee Received **\$50.00** Receipt No. **11395052** Check No. \_\_\_\_\_  
 THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE  
 PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

## LOCATION # 7

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
PHONE: (352) 796-7211 or (800) 423-1476  
WWW.SFWWMD.STATE.FL.US

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
4049 REID STREET, PALATKA, FL 32178-1429  
PHONE: (386) 329-4500  
WWW.SJRWMD.COM

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)  
PHONE: (850) 539-5999  
WWW.NFWWMD.STATE.FL.US

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT**  
P.O. BOX 24680  
3301 GUN CLUB ROAD  
WEST PALM BEACH, FL 33416-4680  
PHONE: (561) 686-8800  
WWW.SFWMD.GOV

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

Comments:

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### General Site Map of Proposed Well Location

SW CORNER OF N 69TH ST AND E 6TH AVE



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.


**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- ☒ Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River  
☐ DEP  
☐ Delegated Authority (If Applicable)

PLEASE FILL OUT ALL APPLICABLE FIELDS  
 (\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing  
 this form and forwarding the permit application to the  
 appropriate delegated authority where applicable.

Permit No.	<b>834380</b>
Florida Unique ID	
Permit Stipulations Required (See Attached)	<b>23, 39</b>
62-524 Quad No.	<b>Q3220</b> Delireation No.
CUP/WUP Application No.	

ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. <b>TAMPA BAY STEEL CORPORATION</b>	<b>6901 E 6TH AVE</b>	<b>TAMPA</b>	<b>FL</b>	<b>33619</b>	
*Owner, Legal Name if Corporation		*Address	*City	*State	*ZIP
2. <b>6901 E 6TH AV</b>		<b>TAMPA</b>			
*Well Location - Address, Road Name or Number, City					
3. <b>192914ZZZ000005792100A</b>					
*Parcel ID No. (PIN) or Alternate Key (Circle One)					
4. <b>14</b>		<b>29</b>	<b>19</b>	<b>HILLSBOROUGH</b>	
*Section or Land Grant		*Township	*Range	*County	Subdivision
5. <b>Gregory W Campbell</b>					
*Water Well Contractor		<b>2613</b>	<b>(727) 561-7477</b>	<b>chad@pdsflorida.com</b>	
		*License Number	*Telephone Number	E-mail Address	
6. <b>11747 87TH STREET NORTH</b>		<b>LARGO</b>	<b>FL</b>	<b>33773</b>	
*Water Well Contractor's Address		*City	*State	*ZIP	
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment					
*Reason for Repair, Modification, or Abandonment					
8. *Number of Proposed Wells <b>4</b>					
9. *Specify Intended Use(s) of Well(s):					
<input type="checkbox"/> Domestic		<input type="checkbox"/> Landscape Irrigation		<input type="checkbox"/> Agricultural Irrigation	
<input type="checkbox"/> Bottled Water Supply		<input type="checkbox"/> Recreation Area Irrigation		<input type="checkbox"/> Livestock	
<input type="checkbox"/> Public Water Supply (Limited Use/DOH)		<input type="checkbox"/> Nursery Irrigation		<input type="checkbox"/> Test	
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)		<input type="checkbox"/> Commercial/Industrial		<input type="checkbox"/> Earth-Coupled Geothermal	
<input type="checkbox"/> Class I Injection		<input type="checkbox"/> Golf Course Irrigation		<input type="checkbox"/> HVAC Supply	
<input type="checkbox"/> Class V Injection		<input type="checkbox"/> Recharge		<input type="checkbox"/> Commercial/Industrial Disposal	
<input type="checkbox"/> Remediation		<input type="checkbox"/> Recovery		<input type="checkbox"/> Air Sparge	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)	
(Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if $\leq 200$ ft. <b>0</b>		11. Facility Description <b>INDUSTRIAL</b>		12. Estimated Start Date <b>02/18/2014</b>	
13. *Estimated Well Depth <b>22</b> ft.		*Estimated Casing Depth <b>17.0</b> ft.		*Primary Casing Diameter <b>2</b> in.	
Open Hole: From <b>0</b> To <b>0</b> ft.					
14. Estimated Screen Interval: From <b>17.0</b> To <b>22.0</b> ft.					
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel					
<input type="checkbox"/> Not Cased <input type="checkbox"/> Other					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter <b>0</b> in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other					
18. *Method of Construction, Repair, or Abandonment: <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input type="checkbox"/> Rotary <input type="checkbox"/> Sonic					
<input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push)					
<input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe)					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:					
From <b>0.0</b> To <b>15.0</b> Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
From <b>0.0</b> To <b>15.0</b> Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
From <b>0.0</b> To <b>15.0</b> Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
From <b>0.0</b> To <b>15.0</b> Seal Material ( <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
20. Indicate total number of existing wells on site <b>0</b> List number of existing unused wells on site <b>0</b>					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the following: CUP/WUP No. District Well ID No.					
22. Latitude <b>27 57 33.13</b> Longitude <b>82 22 45.19</b>					
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <b>NAD 27</b> <input checked="" type="checkbox"/> <b>NAD 83</b> <input type="checkbox"/> <b>WGS 84</b>					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.					

Date Stamp  
 Received:  
 Feb 11, 2014 12:14 pm

Official Use Only

Digitally Signed **2613** Digitally Signed **2/11/2014**  
 \*Signature of Contractor \*License No. \*Signature of Owner or Agent \*Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By **Automatically Issued** Issue Date **02/11/2014** Expiration Date **05/12/2014** Hydrologist Approval

Fee Received **\$ 50.00** Receipt No. **12787952** Check No.

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

LOCATION # 8

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
PHONE: (352) 796-7211 or (800) 423-1476  
WWW.SWFWMD.STATE.FL.US

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
4049 REID STREET, PALATKA, FL 32178-1429  
PHONE: (386) 329-4500  
WWW.SJRWMD.COM

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)  
PHONE: (850) 539-5999  
WWW.NWFWMD.STATE.FL.US

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT**  
P.O. BOX 24680  
3301 GUN CLUB ROAD  
WEST PALM BEACH, FL 33416-4680  
PHONE: (561) 686-8800  
WWW.SFWMD.GOV

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

Comments:

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**General Site Map of Proposed Well Location**

**SOUTH SIDE OF E 6TH AVE, EAST OF RR TRACKS**



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.

## FIRST AMENDMENT TO COMMERCIAL LEASE

1276 This First Amendment to Commercial Lease ("First Amendment") is made and entered into this day of October, 2020, by and between **LEVANT ENTERPRISES, LLC**, a Florida limited liability company ("Lessor"), and **U.S. IRONWORKS COMPANY**, a Florida corporation, **AMERICAN STEEL PROCESSING CO.**, a Florida corporation, and **THOMAS J. FANELL**, individually (collectively "Lessee"), and is made with reference to the following facts, to wit:

### RECITALS

A. In March of 2017, Lessor and Lessee executed a Commercial Lease for a six acre, more or less, partially improved tract of real property located at 6902 E. Sixth Avenue, in the City of Tampa, County of Pinellas, State of Florida (the "Premises"). The Premises are more fully described in the Commercial Lease agreement.

B. The parties desire to amend the terms of the Commercial Lease to provide for an extended Base Term, together with an option to renew the Commercial Lease for an additional five years upon terms and conditions more fully stated hereinafter; and to provide clarification with regard to the proper disposition of residual materials from metals recycling processing as more fully stated hereinafter.

NOW, THEREFORE, for and in consideration of the premises and for other good and valuable consideration, the receipt and adequacy of which are acknowledged by each of the parties hereto, the parties agree as follows:

1. **Recitals.** The parties hereby acknowledge and agree that the statements contained in the recitals of fact (the "Recitals") set forth above are true and correct, and that the Recitals are by this reference made a part of this First Amendment.

2. **Term.** Notwithstanding anything to the contrary in the Lease, the Base Term of this Lease shall be extended for an additional five years commencing on January 15, 2022, and terminating on January 14, 2027.

3. **Rent.** Lessee shall pay to Lessor Base Rent as follows:

(a) **Years 1, 2, 3, 4, and 5** under the original Commercial Lease shall remain as stated.

(b) **Year 6.** On the fifteenth (15<sup>th</sup>) day of January, 2022, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2022, Lessee shall pay NINE THOUSAND TWO HUNDRED SEVENTY-FOUR AND 20/100 DOLLARS (\$9,274.20) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.

(c) **Year 7.** On the fifteenth (15<sup>th</sup>) day of January, 2023, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2023, Lessee shall pay NINE THOUSAND FIVE HUNDRED FIFTY-TWO AND 43/100 DOLLARS (\$9,552.43) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.

(d) **Year 8.** On the fifteenth (15<sup>th</sup>) day of January, 2024, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2024, Lessee shall pay NINE THOUSAND EIGHT HUNDRED THIRTY-NINE AND 00/100 DOLLARS (\$9,839.00) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.

(e) **Year 9.** On the fifteenth (15<sup>th</sup>) day of January, 2025, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2025, Lessee shall pay TEN THOUSAND ONE HUNDRED THIRTY-FOUR AND 17/100 DOLLARS (\$10,134.17) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.



(f) **Year 10.** On the fifteenth (15<sup>th</sup>) day of January, 2026, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2026, Lessee shall pay TEN THOUSAND FOUR HUNDRED THIRTY-EIGHT AND 19/100 DOLLARS (\$10,438.19) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.

(g) **Late Fees.** The monthly rental payments shall be paid each month on the first (1<sup>st</sup>) day of the month, without demand, to Lessor at the address stated in the preamble of this Lease. In the event any rental payment is delinquent for a period of ten (10) days, then in that event, Lessee shall be liable for and agrees to pay a delinquent charge in an amount equal to five percent (5%) of each such delinquent payment, plus applicable sales tax. A fee of \$25.00 will be assessed for a check returned for insufficient funds.

4. **Option to Renew.** In the event the Lessee shall perform all of the covenants of this Lease, including the prompt payment of the rental due hereunder, the Lessee shall have the option to renew the Lease for one (1) additional term of five (5) years upon the same terms and conditions set in the Lease Agreement, and as amended hereby, provided, however, the rental payments during said option period shall be payable as shown in Schedule A attached hereto and by this reference incorporated herein. In order to exercise the option to renew, Lessee must provide Lessor with prior written notice of its intent to renew at least one hundred eighty (180) days prior to the expiration of the Base Lease term.

5. **Use.** Notwithstanding anything to the contrary in the Lease in Paragraph 10 title "Use," the following use provisions shall control:

The site shall be permitted under applicable local and state regulations as a solid waste management facility for the purpose of handling the residual materials from the metals recycling processing. However, notwithstanding the foregoing, Lessee acknowledges and agrees that any residue ash generated from the processing of ferrous scrap metal on the Premises will be transported at Lessee's expense to a facility operated by Covanta Holding Company, including but not limited to Covanta Pinellas located at 33001 110<sup>th</sup> Avenue North, St. Petersburg, Florida, or any other Covanta operated facility that Lessee may select.

6. **Ratification.** In all other respects, the parties hereto ratify and confirm the terms of the Lease and as modified herein by this First Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment on the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness 1 signature  
Legibly Print Name Here: Cecil Taylor  
Witness 2 signature  
Legibly Print Name Here: Bob Smith

Witness 1 signature  
Legibly Print Name Here: Chase Hambright  
Witness 2 signature  
Legibly Print Name Here: Sarah Owen

Witness 1 signature  
Legibly Print Name Here: Jim Bushell  
Witness 2 signature  
Legibly Print Name Here: Michael R. Owen

LESSOR:

LEVANT ENTERPRISES, LLC, a Florida limited liability company

By: Lee A. Levant, Manager

(COMPANY SEAL)

Date: October 12<sup>th</sup>, 2020

LESSEE:

U.S. IRONWORKS COMPANY, a Florida Corporation

By: Michael R. Owen, President

(COMPANY SEAL)

Date: October 12, 2020

LESSEE:

AMERICAN STEEL PROCESSING Co., a Florida Corporation

By: Thomas J. Fanelli, President

(COMPANY SEAL)

Date: October 12<sup>th</sup>, 2020

LESSEE:

*Ji H. Buskell*

Witness 1 signature  
Legibly Print Name Here: Ji H. Buskell

*Michael R. Owen*

Witness 2 signature  
Legibly Print Name Here: Michael R. Owen

*Thomas J. Fanell*

Thomas J. Fanell, Individually

Date: October 12th, 2020



Schedule A

- a. **Year 11.** On the fifteenth (15<sup>th</sup>) day of January, 2027, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2027, Lessee shall pay TEN THOUSAND SEVEN HUNDRED FIFTY-ONE AND 34/100 DOLLARS (\$10,751.34) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.
- b. **Year 12.** On the fifteenth (15<sup>th</sup>) day of January, 2028, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2028, Lessee shall pay ELEVEN THOUSAND SEVENTY-THREE AND 88/100 DOLLARS (\$11,073.88) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.
- c. **Year 13.** On the fifteenth (15<sup>th</sup>) day of January, 2029, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2029, Lessee shall pay ELEVEN THOUSAND FOUR HUNDRED SIX AND 10/100 DOLLARS (\$11,406.10) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.
- d. **Year 14.** On the fifteenth (15<sup>th</sup>) day of January, 2030, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2030, Lessee shall pay ELEVEN THOUSAND SEVEN HUNDRED FORTY-EIGHT AND 28/100 DOLLARS (\$11,748.28) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.
- e. **Year 15.** On the fifteenth (15<sup>th</sup>) day of January, 2031, and on the fifteenth (15<sup>th</sup>) day of each successive month thereafter, up to and including December 15, 2031, Lessee shall pay TWELVE THOUSAND ONE HUNDRED AND 73/100 DOLLARS (\$12,100.73) as monthly rent, plus insurance, real estate taxes, and sales tax as more fully described hereinafter.

# Northside

Engineering Inc.

Civil  
Land Planning  
Due Diligence Reports  
Re-Zoning, Land Use, Annexation  
Stormwater Management  
Utility Design  
Traffic  
Construction Administration

October 9, 2020

U.S. Ironworks Company  
328 Wahoo Road  
Panama City Beach, FL 32417

Closure Calculation  
6902 East 6<sup>th</sup> Ave.  
Tampa, FL 33619

This letter will provide the required Site Closure Calculation which is a requirement of Part III D A, Florida Department of Environmental Protection, Waste Tire Processing Facility Permit Application.

Facility Name: Tire Shredders of America  
6902 East 6<sup>th</sup> Avenue  
Tampa, FL 33619  
Hillsborough County  
Section 14, Township 29S, Range 19E

In the event of plant closure, the maximum materials permitted at the site would be:

#### Site Material Inventory

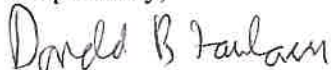
80 tons inbound whole tire storage in 2,500 sq. ft pile  
40 tons shredded rubber staged in two trailers (trailers 320 sq. ft. each)  
Total Material Staged on Site for Closure Disposal: 120 tons

#### Closure Costs

Haul Cost (includes loading if required): \$20.00 per ton x 120 tons =	\$2,400.00
Cut and/or Processing Cost for Whole Tires: \$20.00 per ton x 80 tons =	\$1,600.00
Disposal Cost: \$19.75 per ton x 120 tons =	\$2,370.00
Estimated T&D Cost:	\$6,370.00
20% Contingency at	\$ 956.00
Estimated Total Closure T&D: \$7,326.00	USE: \$7,500.00

The estimated total cost of closure disposal would be \$7,500.00. Any question, please do not hesitate to contact our office at 727-443-2869.

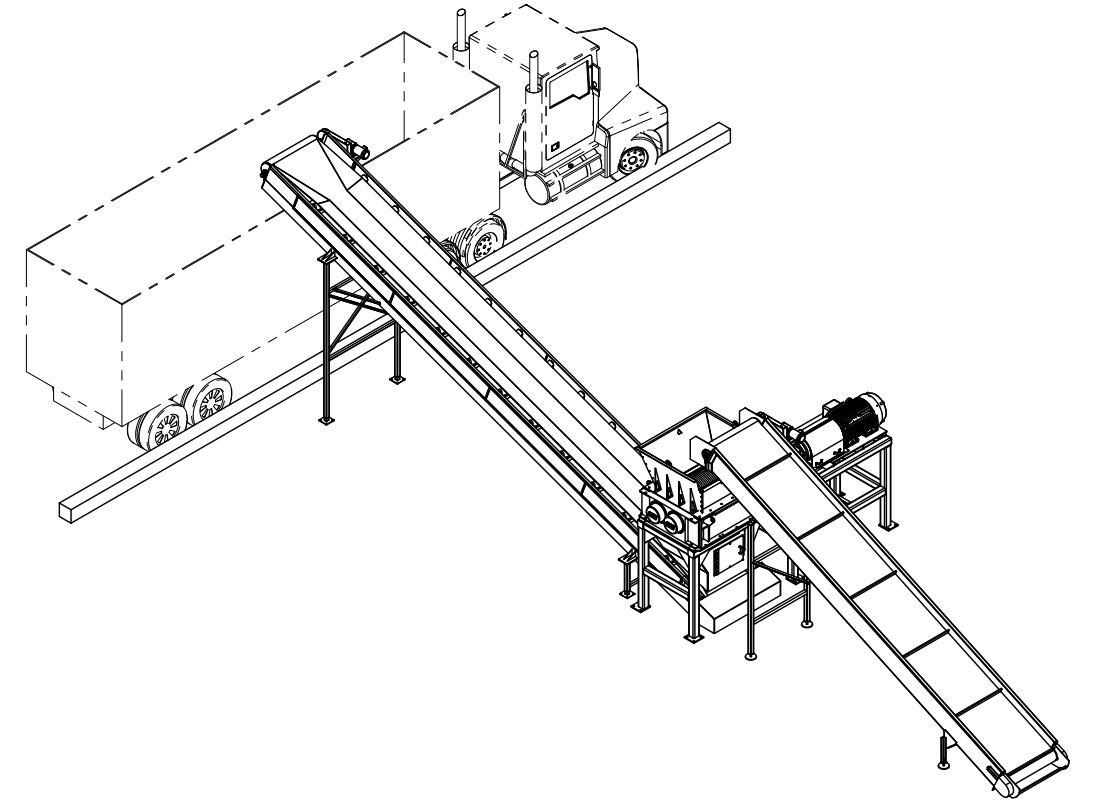
Respectfully,



Donald B. Fairbairn, P.E.  
Northside Engineering, Inc.

300 S. Belcher Rd  
Clearwater, FL 33765  
727 443 2869 Fax 727 446 8036



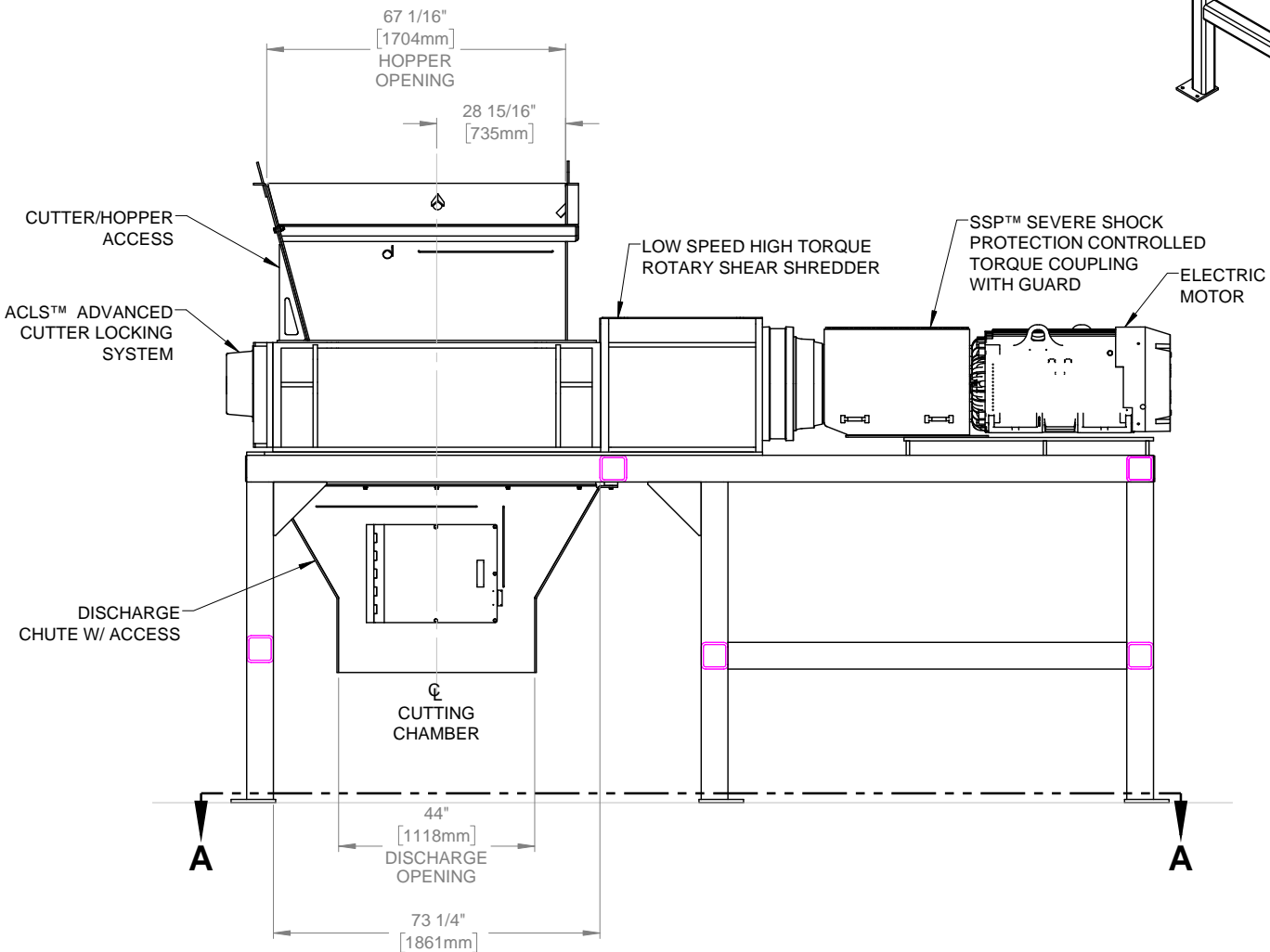
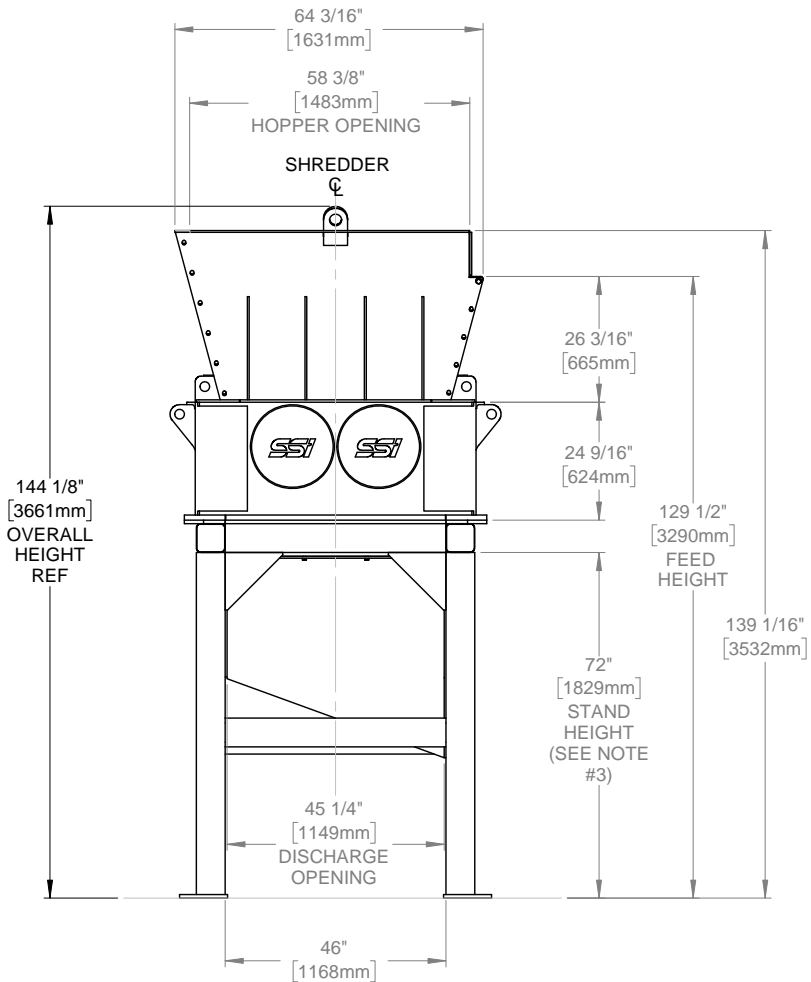
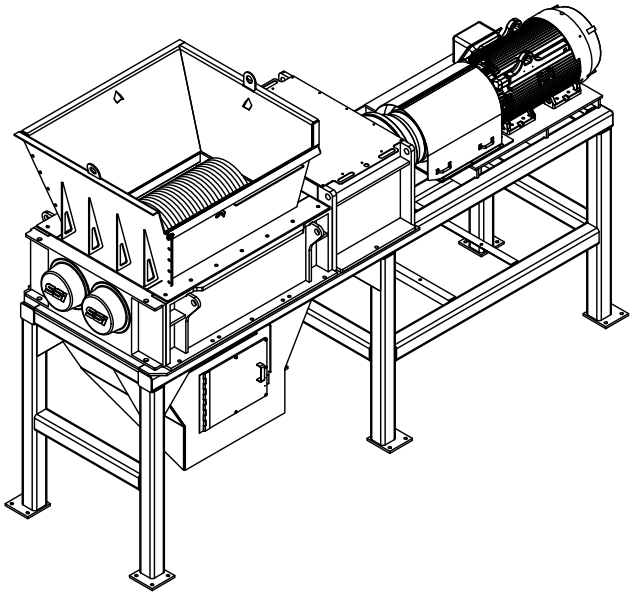
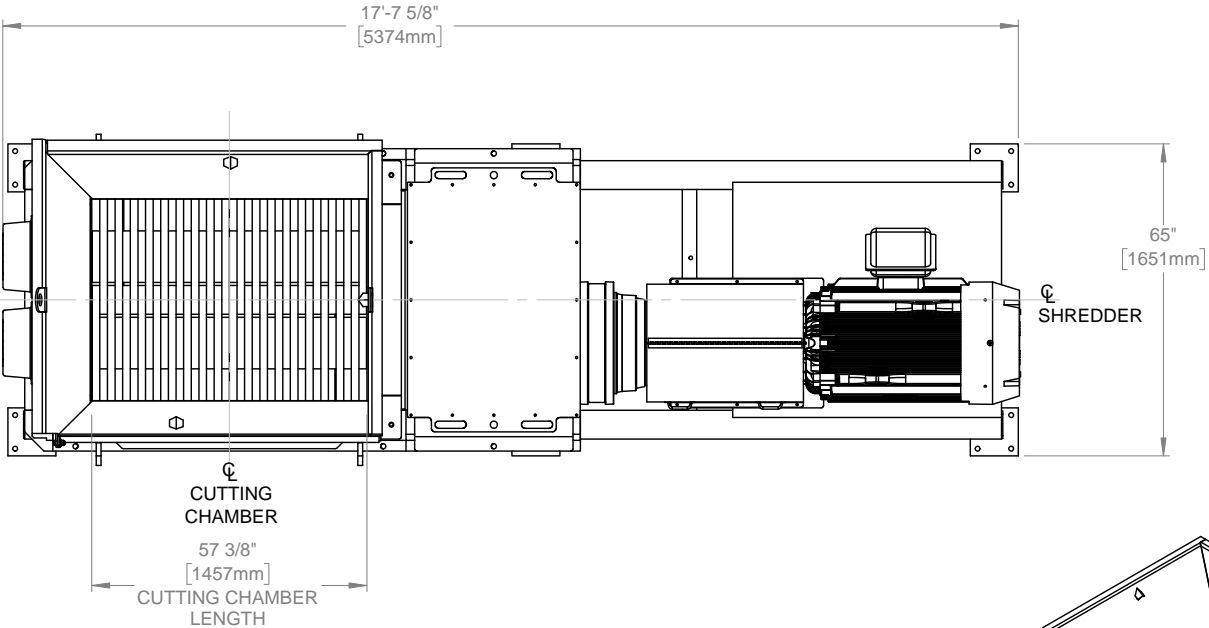
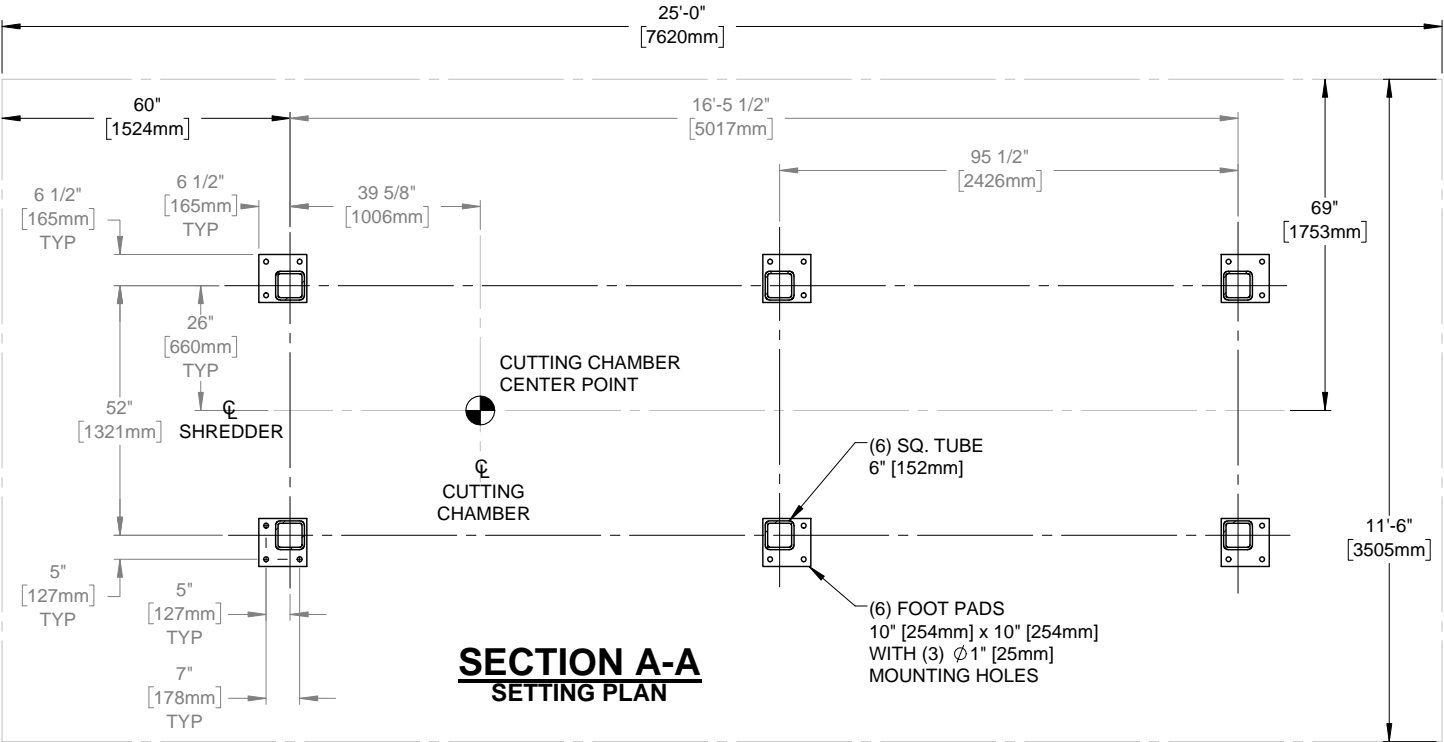


**SSI** **Shredding Systems Inc.**  
9760 SW Freeman Drive  
Wilsonville, OR 97070-9286 USA  
(503) 682-3633 FAX (503) 682-1704  
[www.ssiworld.com](http://www.ssiworld.com)

## SYSTEM LAYOUT-M120E(63/57)

### TIRE SHREDDING SYSTEM

\\Ssi-file01\techdata\DWG\13-2000\132040 M120E(63\_57) System Layout



- NOTES:
1. ELECTRICAL PANELS SHIPPED LOOSE.
  2. DIMENSIONS MAY DIFFER FROM ROUNDED VALUES ON SPECIFICATIONS.
  3. MAXIMUM STAND HEIGHT 72" [1829mm] AS CONFIGURED
- ACLST™ AND SSP™ ARE PATENTED FEATURES, EXCLUSIVE TO SSI SHREDDING SYSTEMS INC

3	UPDATE HOPPER & DISCHARGE CHUTE	DR13947	4/29/19	SMc	LCH
2	ADD DISCHARGE ACCESS & COUPLING FAN GUARD	DR12569	2/14/19	LCH	LCH
1	SEE SHEET 1	DR13620	1/31/19	PGH	LS
0	RELEASED	DR13620	1/22/19	PGH	LS
REV	CHANGE DESCRIPTION	PDR NO	DATE	DRAWN	APPR

**SSI** **Shredding Systems Inc.**  
9760 SW Freeman Drive  
Wilsonville, OR 97070-9286 USA  
(503) 682-3633 FAX (503) 682-1704  
[www.ssiworld.com](http://www.ssiworld.com)

THIS PRINT CONTAINS CONFIDENTIAL INFORMATION WHICH IS THE PROPERTY OF SSI SHREDDING SYSTEMS, INC. BY ACCEPTING THIS INFORMATION, THE BORROWER AGREES THAT IT WILL NOT BE USED FOR ANY PURPOSE OTHER THAN THAT FOR WHICH IT IS LOANED.

**SYSTEM LAYOUT-M120E(63/57)**  
**SHREDDER ASSEMBLY**

REF DWG	MODEL	DATE	DRAWN BY	SCALE
-	M120	1/22/19	P.HOANG	1:20
DRAWING NUMBER		SHEET	REV	
13-2040-D		2/2	3	

## UNIT SPECIFICATIONS

<b>Model</b>	<b>M120E(63/57)</b>	<b>Customer Name</b>	<b>US Iron Works</b>
	250 HP (186 kW)	<b>Customer Order</b>	[REDACTED]
<b>Serial No.</b>	<b>S3062</b>	<b>Job No</b>	[REDACTED]

<p><b>Electrical</b></p> <p>Voltage/Phase/Freq. 460/3/60</p> <p>Control Voltage 24 VDC</p> <p>High Current Relay 434 amps</p> <p>Low Current Relay 217 amps</p> <p><b>Planetary Gear Reducer</b></p> <p>Manufacturer Reggiana</p> <p>Model RR15000FS-L3</p> <p>Ratio 89.0:1</p> <p><b>SSP Coupling</b></p> <p>Manufacturer Falk</p> <p>Model 1100T41</p> <p>Spring Setting 2.61 in (66.3 mm)</p> <p><b>Cutter Stack</b></p> <p>Start Clearance 0.25in (6.4mm)</p> <p>Stack Order see S2952.xls</p> <p>Cutter Diameter 24.0 in (610 mm)</p> <p>Thickness (Nominal) 3.00 in (76 mm)</p> <p><b>Endplate Hub Bolt Torques</b></p> <p>Jacking Bolt Torque 50 ft-lb (68 Nm)</p> <p><b>Gearbox Bearing Nut Torque</b></p> <p>Bearing Lock Bolt Torque 18 ft-lb (25 Nm)</p> <p><b>Oil Capacities</b></p> <p>Shredder Gear Box 77 gal (291 L)</p> <p>Planetary Gear Reducer 6.1 gal (23 L)</p>	<p><b>Shredder Dimensions</b></p> <p>Cutting Chamber Width 46 in (1168 mm)</p> <p>Cutting Chamber Length 57.9 in (1469 mm)</p> <p>Cutting Chamber Height 25 in (624 mm)</p> <p>Hopper Infeed Height 152 in (3853 mm)</p> <p>Overall Height 152 in (3853 mm)</p> <p>Overall Width 72 in (1829 mm)</p> <p>Overall Length 212 in (5375 mm)</p> <p>Stand Height 72.00 in (1829 mm)</p> <p><b>Weights</b></p> <p>Shredder Assembly 33,000 lb (14,850 kg)</p> <p>Heaviest Piece - Installation</p> <p>Part Name Shredder Head</p> <p>Part Weight 25,500 lb (11,480 kg)</p> <p>Maintenance weights</p> <p>Planetary Reducer 1,490 lb (670 kg)</p> <p>Shaft (drive) 1,550 lb (700 kg)</p> <p>Cutter 220 lb (100 kg)</p> <p>Endplate 1,600 lb (720 kg)</p> <p><b>Shaft Speeds</b></p> <p>Right Hand Shaft 20 rpm</p> <p>Left Hand Shaft 17 rpm</p> <p><b>Shaft Torque (Peak)</b></p> <p>Right Hand Shaft 116,900 ft-lb (158,500 Nm)</p> <p>Left Hand Shaft 139,700 ft-lb (189,400 Nm)</p> <p><b>Cutter Force at Tip (Peak)</b></p> <p>Right Hand Shaft 116,900 lbs (520,000 N)</p> <p>Left Hand Shaft 139,700 lbs (621,500 N)</p> <p><b>Cutter Tip Speed at Tip (Maximum)</b></p> <p>Right Hand Shaft 127 ft/min (0.65 m/s)</p> <p>Left Hand Shaft 106 ft/min (0.54 m/s)</p>
Revised: 6/26/19 PKB	



September 16, 2020

U.S. Ironworks Co.  
PO Box 9220  
Panama City FL 32417

Mr. Fanell

Thank you for your purchase of the SSI tire shredder model M120E.

This shredder is designed as a Primary shredder for Passenger car tires, Truck tires, & Agricultural tires.

This shredder has a 3" wide cut to produce 3" strips of shred. Length's of the shred can vary depending on the size of tire.

This shredder has a 250hp Motor and can produce a throughput range of 15-20 tons per hour depending on the feed method.

Thank you for choosing to purchase from SSI Shredding System Inc.

Please let me know if you need any additional information.

Kind Regards  
Lee Sage



9/16/2020

RE: Tire Shredder

**From:** LSage@ssiworld.com,  
**To:** robertdemet@aol.com,  
**Cc:** tjfanell@usironworks.us,  
**Subject:** RE: Tire Shredder  
**Date:** Wed, Sep 16, 2020 3:47 pm  
**Attachments:**

---

Robert,

With this being a rough shred you will not get any fines.

It is possible to get some smaller chunks if the tires get folded in the shredding process.

Below is a picture of what should be expected of the shred sizes. This bin is 48" wide for scale.

If you define fines as 1" and smaller I would say that you would get less than 1% fines.

I hope this helps.



**Lee Sage** | Industrial Sales Specialist | SSI Shredding Systems, Inc.

**Office:** 503-682-3633 | **Fax:** 503-682-1704

[lsage@ssiworld.com](mailto:lsage@ssiworld.com) | [www.ssiworld.com](http://www.ssiworld.com)

24 / 7 access to factory direct technical shredder support at 503-682-3633

**From:** Robert Middleton <robertdemet@aol.com>  
**Sent:** Wednesday, September 16, 2020 12:04 PM  
**To:** Lee Sage <LSage@ssiworld.com>  
**Cc:** tjfanell@usironworks.us  
**Subject:** Re: Tire Shredder

Lee,

From the shredding of the tires, we understand the material will be a 3" strip.

However, from the shredding can you provide a percentage of material that would be "residues", i.e., small or fine pieces? We understand that most of the shredded material will be the 3" strip. How much percentage wise will be residues?

Thanks!

**U.S. Ironworks Company**  
**Tire Shredders of America**  
**Waste Tire Processing Operations**

Inbound Storage Area:

Area: 2,500 sqft (0.0574 acre)  
Tire Density: 7.41 lb/cuft  
Inbound amount of tires to stage: 80 ton (8,000 tires)  
 $\Rightarrow 80 \text{ ton} \times (2000 \text{ lb}/1 \text{ ton}) = 160,000 \text{ lb}$   
At 7.41 lb/cuft density  $\Rightarrow 160,000 \text{ lb} \times (1 \text{ cuft}/7.41 \text{ lb})$   
 $= 21,592 \text{ cuft}$   
For storage area of 2,500 sqft  
 $\Rightarrow H = 21,592 \text{ cuft}/2500 \text{ sqft} = 8.64 \text{ ft height}$   
**USE: 50 x 50 x 9 (max height) feet storage pile**

Shredded Tire Storage Area:

Processed shredded material to discharge and stage in two 65 cuyd (8W'x40L'x8'H) truck trailers  
Area: 640 sqft (0.0147 acre)  
Tire Density: 50 lb/cuft (3" primary shred, including any residuals)  
Shredded amount to stage: 40 ton  
 $\Rightarrow 40 \text{ ton} \times ((2000 \text{ lb}/1 \text{ ton}) = 80,000 \text{ lb})$   
At 50 lb/cuft density  $\Rightarrow (80,000 \text{ lb}) \times (1 \text{ cuft}/50 \text{ lb})$   
 $= 1,600 \text{ cuft}$   
For storage area of 640 sqft  
 $\Rightarrow H = 1,600 \text{ cuft}/640 \text{ sqft} = 2.5 \text{ ft height (in 2 trailers)}$   
**USE: 2 trailers each loaded to 20 tons**

Daily Processing Rate:

Shredder rated processing capacity: 15 - 20 ton/hr  
Shredding hours per day: 4 - 6 hr/day  
Daily processing capacity:  $4 \times 15 = 60 \text{ ton/day}$   
 $6 \times 20 = 120 \text{ ton/day}$   
**USE: 90 ton/day average processing capacity**



Track or update a prior request:

Tracking Number: 123456

Access Key: 123A

**Check Status**Track your City business.Already a member? Please log in!Not a member, sign up now. (/appl\_MyTampaGov/index.asp?strRedirect\_Page=/appl\_customer\_service\_center/index.asp)

Were you aware that most services are also conveniently available through the City Mobile App? Read more at [www.tampagov.net/mobileapp](http://www.tampagov.net/mobileapp) (<http://www.tampagov.net/mobileapp>).

Thank you Robert Middleton for using this service! Your message was successfully submitted. You can check the status of the message at any time by referencing the Tracking Nbr and Access Key. Please retain this information as appropriate.

 printer friendly version of this confirmation ([printer.asp?strMsgRootID=913316&strAccessKey=9MQWBQ748](http://printer.asp?strMsgRootID=913316&strAccessKey=9MQWBQ748))

**Message Status: Received****Tracking Nbr: 913316****Access Key: 9MQWBQ748****First Name: Robert****Last Name: Middleton****Business U.S. Ironworks Company****Name:****Email: robertdemet@aol.com****Daytime 5163847404****Phone:****Fax: (not specified)****Street: 328 Wahoo Road****ZIP / Postal 32413****Code:****City: Panama City Beach****State / FL****Province:****Country: United States****Service Type: Fire Marshal New Construction Division**

**Message:** U.S. Ironworks Company has applied for a permit with the Florida Department of Environmental Protection to operate a Waste Tire Processing Facility located at 6902 East 6th Ave, Tampa, Hillsborough County, Florida. The permit application is available for inspection during normal business hours, 8:00 a.m. to 5:00 p.m. Monday through Friday, except legal holidays, at the Department of Environmental Protection, Southwest District Office, 13051 N. Telecom Parkway, Suite 101, Temple Terrace, Florida 33637-0926.

The Waste Tire Processing Facility will include a tire shredder. The facility will stage approximately 80 tons of whole tires at the site for processing.

Select the **Track Message** button to view other options available for this message. That may include the ability to provide additional information, update your contact information, and upload/download attachments.

**Track Message**

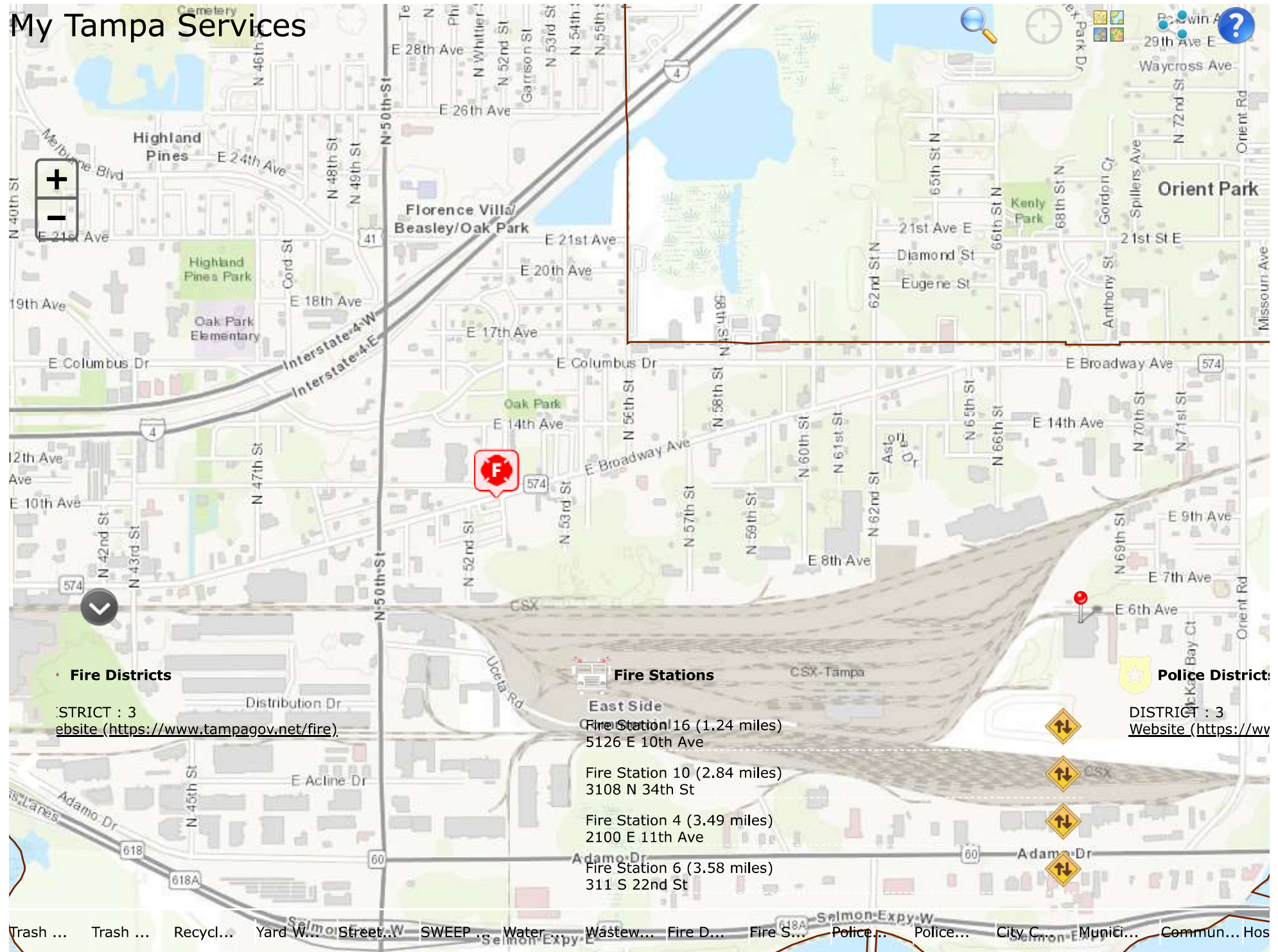
Star Phone # 813-242-5319

813-242-5319

Acknowledged on 10/20/2020

D/E Brittany Bishop E16B  
D/E [Signature] E16B

# My Tampa Services



**Tampa Bay Times**  
**Published Daily**

STATE OF FLORIDA  
 COUNTY OF Hillsborough

} ss

Before the undersigned authority personally appeared **Amy Robison** who on oath says that he/she is **Legal Advertising Representative** of the **Tampa Bay Times** a daily newspaper printed in St. Petersburg, in Pinellas County, Florida; that the attached copy of advertisement, being a Legal Notice in the matter **RE: FL DEP NOTICE OF APPLICATION** was published in **Tampa Bay Times**: **10/ 7/20** in said newspaper in the issues of **Baylink Hillsborough**

Affiant further says the said **Tampa Bay Times** is a newspaper published in Hillsborough County, Florida and that the said newspaper has heretofore been continuously published in said Hillsborough County, Florida each day and has been entered as a second class mail matter at the post office in said Hillsborough County, Florida for a period of one year next preceding the first publication of the attached copy of advertisement, and affiant further says that he/she neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

*Amy Robison*

Signature Affiant

Sworn to and subscribed before me this **10/07/2020**

*Kathy Klase*

Signature of Notary Public

Personally known ☒ or produced identification

Type of identification produced \_\_\_\_\_

**State of Florida Department of  
 Environmental Protection  
 Notice of Application**

The Department announces receipt of an application from U.S. Ironworks Co. for a permit to construct and operate a Waste Tire Processing Facility, subject to Department Rules, at the Tire Shredders of America Facility, located at 6902 East 6th Avenue, Tampa, Hillsborough County, Florida.

This application is being processed and is available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m. Monday through Friday, except legal holidays, at the Department of Environmental Protection, Southwest District Office, 13051 N. Telecom Parkway, Suite 101, Temple Terrace, Florida 33637-0926.  
 10/7/2020 (114549)

