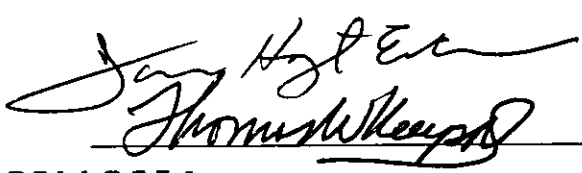


Permit Data Form

Project Source Name South Broward Resource Recovery Facility
 Type Code: AC Subcode 1E Check # GP Exempt:
 Correct Fee \$400.00
 Amount Received \$400.00
 Permit Processor's Initial MS Data Entry Operator's Initial BJ Amount Returned _____
 Comments:

AC 06-187000
 AC 06-187001

SES BROWARD CO. L.P. 4400 SOUTH STATE HIGHWAY 7 FORT LAUDERDALE, FLORIDA 33314	NCNB <small>NCNB National Bank of Florida Tampa, Florida</small>	1102 September 26, 1990 63-27309 631
PAY <u>Four hundred and 00/100</u> DOLLARS \$ <u>400.00</u>		
TO THE ORDER OF	Florida Department of Environmental Regulation 	
⑈001102⑈ ⑈063100277⑈ 3600844075⑈		

SES BROWARD CO. L.P.

DETACH AND RETAIN THIS STATEMENT
 THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
 IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE - FORM WVCP-3 V-4

INVOICE		DESCRIPTION	TOTAL AMOUNT	DEDUCTIONS		NET AMOUNT
DATE	NO.			DISCOUNT	FREIGHT	
9/26/90		General Ledger Acct. # 1510 South Broward Resource Recovery Facility: PA 85-21; PSD-FL-105 Minor Source Permits for Lime Silo Vent Fabric Filter Ash Conditioner Room Vent Fabric Filter	\$400.00			

State of Florida
DEPARTMENT OF ENVIRONMENTAL REGULATION
INTEROFFICE MEMORANDUM

For Routing To District Offices And/Or To Other Than The addressee		
To:	_____	Loctn: _____
To:	_____	Loctn: _____
To:	_____	Loctn: _____
From:	_____	Date: _____
Reply Optional	Reply Required	Info. Only
Date Due: _____	Date Due: _____	

TO: Broward County Environmental Quality Control Board
Broward County Health Department
Dade County Public Health Unit
Metropolitan Dade County Environmental Resources Management
Palm Beach County Public Health Unit
I. Goldman
FROM: I. Goldman P.E., West Palm Beach
DATE: *September*
SUBJECT: Application

Application File No. *AC 06-187000 + AC 06-187001*
Application Name *South Broward Resource Recovery Fac.*

This office has received the following application for:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Air Pollution Source | <input type="checkbox"/> Industrial Wastewater |
| <input type="checkbox"/> Domestic Wastewater | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Drainage Well | <input type="checkbox"/> Public Water Well/Plant |
| <input type="checkbox"/> Hazardous Waste Facility | <input type="checkbox"/> Solid Waste Facility |

for

- | |
|---|
| <input checked="" type="checkbox"/> Construction Permit |
| <input type="checkbox"/> Operating Permit |
| <input type="checkbox"/> Temporary Operating Permit |

Your comments regarding completeness of the application are requested by 10/11/90.

A copy of the application has been provided to you by:

- | |
|---|
| <input checked="" type="checkbox"/> The applicant or his engineer; or |
| <input type="checkbox"/> Is attached |

If you have any questions please call 407/ 964-9668

DBW:bj

APPLICATION TRACKING SYSTEM

09/27/90

APPL NO:187000

APPL RECVD:09/27/90 TYPE CODE:AC SUBCODE:1E LAST UPDATE:09/27/90

DER OFFICE RECVD:WPB DER OFFICE TRANSFER TO:___ APPLICATION COMPLETE:___/___/___

DER PROCESSOR:SITTIG, MARK

APPL STATUS:AC DATE:09/27/90 (ACTIVE/DENIED/WITHDRAWN/EXEMPT/ISSUED/GENERAL)

RELIEF:___ (SSAC/EXEMPTIONS/VARIANCE)

(Y/N) N MANUAL TRACKING DISTRICT:50 COUNTY:06
(Y/N) N DGC HEARING REQUESTED LAT/LONG:26.17.14/80.09.35
(Y/N) N PUBLIC NOTICE REQD? BASIN-SEGMENT:___
(Y/N) N GOV BODY LOCAL APPROVAL REQD? COE #:
(Y/N) Y LETTER OF INTENT REQD? (I/ISSUE D/DENY) ALT#:___

PROJECT SOURCE NAME:SOUTH BROWARD RESOURCE RECOVERY FAC
STREET:2700 HILTON ROAD (NW 48TH STR) CITY:POMPANO BEACH
STATE:FL ZIP:33314 PHONE:
APPLICATION NAME:JAMES R. WIEGNER, PROJECT MANAGER
STREET:4400 S. STATE ROAD 7 CITY:FT.LAUDERDALE
STATE:FL ZIP:33314 PHONE:305-581-6606
AGENT NAME:KENNARD F. KOSKY
STREET:1034 NW 57 STR. CITY:GAINESVILLE
STATE:FL ZIP:32605 PHONE:904-331-9000
FEE #1 DATE PAID:09/27/90 AMOUNT PAID:00200 RECEIPT NUMBER:00159886

B DATE APPLICANT INFORMED OF NEED FOR PUBLIC NOTICE - - - ___/___/___
C DATE DER SENT DNR APPLICATION/SENT DNR INTENT - - - ___/___/___
D DATE DER REQ. COMMENTS FROM GOV. BODY FOR LOCAL APP. -- ___/___/___
E DATE #1 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - ___/___/___
E DATE #2 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - ___/___/___
E DATE #3 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - ___/___/___
E DATE #4 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - ___/___/___
E DATE #5 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - ___/___/___
E DATE #6 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - ___/___/___
F DATE LAST 45 DAY LETTER WAS SENT - - - ___/___/___
G DATE FIELD REPORT WAS REQ--REC - - - ___/___/___
H DATE DNR REVIEW WAS COMPLETED - - - ___/___/___
I DATE APPLICATION WAS COMPLETE - - - ___/___/___
J DATE GOVERNING BODY PROVIDED COMMENTS OR OBJECTIONS - - ___/___/___
K DATE NOTICE OF INTENT WAS SENT--REC TO APPLICANT - - - ___/___/___
L DATE PUBLIC NOTICE WAS SENT TO APPLICANT - - - ___/___/___
M DATE PROOF OF PUBLICATION OF PUBLIC NOTICE RECEIVED - - ___/___/___
N WAIVER DATE BEGIN--END (DAY 90) - - - ___/___/___

COMMENTS:LIME SILO VENT FABRIC FILTER

(Lime Silo)

Attachment I

PERMIT #: AC-06-187000

APPLICANT NAME: South Broward Resource Recovery
Fac

TYPE OF PERMIT: AC

SUBTYPE: IE

STATUS: (IS, DE, GP, EX, WI) PERMIT PROCESSING [FORM #: DER-CA 01]

OFFICE: Southeast District

DATE	TIME BEGIN	TIME END	TOTAL TIME (15 MIN)	TASK	POSITION TITLE
9/27/90	1:30	2:00	30 mins		Sr Clerk
X					