

Permit Data Form

Project Source Name North Broward Resource Recovery Facility
 Type Code: AC Subcode IE Check # GP Exempt
 Permit Processor's Initial MMS Date Entry Operator's Initial [Signature]
 Comments: _____
 Correct Fee \$400.00
 Amount Received \$400.00
 Amount Refund _____

AC 06-186997 / Lime
 AC 06-186998 / Ash

<p>SES BROWARD CO. L.P. 4400 SOUTH STATE HIGHWAY 7 FORT LAUDERDALE, FLORIDA 33314</p>	<p>NCNB <small>NCNB National Bank of Florida Tampa, Florida</small></p>	<p>1101</p>	<p>63-27309 631</p>
<p>September 26, 1990</p>			
<p>PAY <u>Four hundred and 00/100</u> DOLLARS \$ <u>400.00</u></p>			
<p>TO THE ORDER OF</p>	<p>Florida Department of Environmental Regulation</p> <p style="text-align: right; font-size: 1.5em;"><i>[Signature]</i></p>		
<p>⑈001101⑈ - ⑈063100277⑈ 3600844075⑈</p>			

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 North Broward Resource Recovery Facility: PA 86-22; PSD-FL-112 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 27, 1990*
SUBJECT: Application

Application File No. *AC 06-186997 + AC 06-186998*
Application Name *North 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:186997

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 OGC 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:NORTH 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:00159885

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)

PERMIT #: AC 06-186997

APPLICANT NAME: North 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	12:30	1:00	30 mins		Sr Clerk
X					