

SOUTHEAST DISTRICT PERMIT PROCESSING WORKSHEET

LOGGING

NAME OF PROJECT North Broward Resource Recovery Fac.

PROJECT LOG NO. AC 06-186997 COUNTY Broward

DATE APPLICATION RECEIVED 9/27/90 30-DAY (HW 60-DAY) DATE 10/26/90

AMOUNT OF FEE PAID \$200.00 COPIES OF PLANS _____

COPIES OF APPLICATION 4 COPIES OF SPECIFICATIONS _____

COPIES TO: CORPS ___; LOCAL PROGRAM 9/27/90; TALLAHASSEE ___; DNR ___; OTHER (cover letter only)

PERMIT REVIEW

PERMIT ASSIGNED TO Sittig, M. AMOUNT OF FEE REQ'D \$ _____

DISCHARGE TO OR LOCATED IN AQUATIC PRESERVE: Yes ___ No ___ N/A ___

PERMIT STATUS AND CHRONOLOGY

DATE	REVIEWER'S INITIALS	COMMENTS

(continue on reverse side)

FIELD INSPECTION BY: _____ DATE _____; N/A _____

WATER MANAGEMENT COMMENTS (DATE) _____; N/A _____

LOCAL PROGRAM APPROVAL (DATE) _____; N/A _____

GPSI, APIS, OR PWS UPDATE DRAFTED: Yes ___; N/A _____

PUBLIC NOTICE LETTER ISSUED/PUBLISHED (DATES) _____; N/A _____

APPLICATION COMPLETION DATE _____ > DEFAULT DATE _____

>> D.A.S. 90+ DAYS INACTIVITY AUTHORIZATION: ___OK ___DENY <<

COMMENTS: _____

PERMIT, EXEMPTION, DENIAL DRAFTED BY: _____ DATE: _____

INTENT: PROGRAM HEAD _____ PROGRAM ADM. _____

FINAL DRAFT REVIEWED BY: _____ DATE: _____

FINAL DRAFT APPROVED BY: _____ DATE: _____

FINAL PROCESSING
 DISTRIBUTION BY: _____ DATE: _____
 PATS UPDATED BY: _____ DATE: _____
 GPSI, APIS OR PWS UPDATED BY: _____ DATE: _____
 WORD PROCESSOR: _____

APPLICATION TRACKING SYSTEM

09/27/90

APPL NO:186998

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APPL STATUS:AC DATE:09/27/90 (ACTIVE/DENIED/WITHDRAWN/EXEMPT/ISSUED/GENERAL)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: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:(ASH CONDITIONER ROOM VENT FABRIC FILTER)

PERMIT #: AC 06-186998

APPLICANT NAME: North Broward Resource Recovery
Fac.

TYPE OF PERMIT: AC

SUBTYPE: LE

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	1:00	1:30	30 mins		Sr Clerk

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(Ash Conditioner)

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WORD PROCESSOR: _____