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8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

Department of Environmental Protection

2600 Blair Stone Road, MS 4560, Tallahassee, FL 32399-2400 (850) 245-8707 Date Received (for FDEP Official Use Only)

EPA ID:														use the latory fie		ons do	cument to complete this form
1. Reason fo Mark 'X' in	r St	ıbmitta	l: (all s	ubmit	ters m	ust co	mplete p	ages 1	anc	12 a	nd	l sign pa	age 7. Page	es 3 throu	gh 6 - comp	plete as	applicable)
the correct be																	
(must choose	one		To p	rovide	e upda	ited in	nformat	on fo	or ai	n EF	PA	A ID nu	mber (to	update sta	itus and fac	ility ide	ntification information).
if a notification	n)		To p	ovide	e the f	inal i	nformat	ion f	or a	n EI	PA	4 ID nι	ımber (cl	osing). (se	e instruction	ons—mu	ast complete pages 1, 2, 3,7)
			To obtain a new or update an EPA ID number for conducting Electronic Manifest Broker activities.														
			Subn	nitting	g new	or re	vised no	tifica	itioi	n fo	r F	Part A	for permi	tted facil	ities.		
FL Registrat	ion(s	s)	Ţ	JW M	1ercui	y (se	e page 4)		Н	ŧ۷	V Tran	sporter (s	ee page	5)	Use	ed Oil (UO) (see page 6)
2. Facility or	Busi	iness Na	me <mark>*</mark>														
3. Facility Phy	sica	l Locatio	on Info	ormat	tion: (No P	.O. Boxe	s)									
Physical Street	t Ado	dress*:															Vessel
City or Town:														State:		Zip C	ode:
County*:										Co	un	ntry (if r	not USA)**	:			
4. Facility or I	Busii	ness Mai	iling A	ddre	ss:												
Same	addr	ess as # a	above	or <mark>*</mark> :													
City or Town*	k.								State*: Zip/I		Zip/Po	Postal Code*:		Co	ountry (if not USA):		
5. Facility Nor	rth A	mericai	ı Indu	stry (Classi	ficati	ion Syst	em (l	NAI	ICS)) (Code(s)*: (at le	ast 5 dig	gits)	•	
Α.							(required)		В.							
C											Γ	D.					
	6. Facility or Business RCRA Contact Person: Same address as # above or: Hurricane Point of Contact																
First Name*:						Las	t Name	:						Middle	Initial*:		
Phone Number*: Extension*:						Fax*:											
E-Mail*: Titl					Title:	Title:											
Street or P.O.	Box	(or sam	e addro	ess bo	x is c	hecke	ed)*:										
City or Town*	•									State*: Z		Zip Code*: Country (if not USA):		Country (if not USA):			
					_	_			_	_	_						

RCRA Hazardous Waste Status Notification or Out of	Business Notification	on	EPA ID No.*		
7. Real Property (FL Land) Owner of the Facility's Physical Lo	ocation (List additional o	owners in	the comments section	On.) Hurricane Point of Contact	
Name of Owner*(including Middle Initial):		Da	te became Owner	* :/	
		New Owner m	ım dd yy		
Street or P.O. Box (or same address box is checked)*:	Phone	Number*:			
City or Town*:	Zip Co	Zip Code*: Country (if not USA):			
E-Mail*:	l				
Owner Type*: Private Federal Municipal S	State County	Other			
Comments:					
8. Facility Operator (List additional Operators in the comments section	a). Same address as #	al	oove or: Hu	urricane Point of Contact	
Name of Operator* (including Middle Initial):		Date b	ecame Operator*	:/	
			New Operator	mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone	Number*:		
City or Town*:	State*:	Zip Co	ode*:	Country (if not USA):	
E-Mail*:					
Operator Type*: Private Federal Municipal	State Co	unty	Other		
Comments:					
9. RCRA Hazardous Waste Activities at this Facil	lity: (Mark 'X' in al	ll that a	pply):		
(1) Generator of Hazardous Waste					
Yes No (This does not include Universal Waste or Use	ed Oil)				
If YES, Choose only one of the following three categories.					
a. Large Quantity Generator (LQG):					
- Generates in any calendar month (includes quant		rter site)	1,000 kilograms o	or greater per month (kg/mo)	
(2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulate		n 1 kg/m	o (2.2 lbs/mo) of	acute hazardous waste: or	
- Generates in any calendar month, or accumulate					
material.					
b. Small Quantity Generator (SQG):	Olra/ma hut laga than 1	000 150/	ma (>220 ta <2 20	00 lbs) of mon-couts beyondous	
 Generates in any calendar month greater than 10 waste and/or 1 kg (2.2 lbs) or less of acute hazar cleanup material. 	-	_		-	
c. Very Small Quantity Generator (VSQG):					
 Generates in any calendar month 100 kg/mo or lendre hazardous waste. 	ess (220 lbs.) of non-ac	cute haza	rdous waste and/o	or 1 kg (2.2 lbs) or less of acute	
In addition, indicate other generator activities that apply –					
d. Short-Term Generator (one-time, not ongoing)					
e. Mixed Waste (hazardous and radioactive) Generator					
f. United States Importer of hazardous waste			10 0000		
g, LQG notifying of VSQG Hazardous Waste Under Control	-		o 40 CFR 262.17(t). (Addendum A Required)	
h. Episodic: Not lasting more than 60 days SOG Lo	OG (Addendum B Red	auired)			

i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and

transmit an electronic manifest under a contractual relationship with a hazardous waste generator.

		Manta Otation	N - 4!£! 4!	O4 - 5 D.	! N . 4!£! 4!	
RI.RA	Hazarnous	Waste Statile	Notification	Or CHIT OT BU	isiness Notification	

EPA ID No.*

9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):

For Items 3	through 9.	mark 'X' in	all that apply.

- (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose all that apply) Note: A hazardous waste permit may be required for this activity.
 - a. Operating Commercial TSD
 - b. Operating Non-Commercial TSD
 - c. Post-Closure or Corrective Action Permit or Order
 - (3) Recycler of Hazardous Waste (at your facility) Specify:

Specify: Commercial

Non-Commercial

Note: A permit may be required for storage prior to recycling.

Specify:

Stores prior to recycling

Does not store prior to recycling.

Note: A permit may be required for storage prior to recycling.

- (4) Exempt Boiler and/or Industrial Furnace
 - a. Small Quantity On-Site Burner Exemption
 - b. Smelting, Melting, and Refining Furnace Exemption
- (5) Person Authorized to Manage Very Small Quantity Waste Generated at Other Facilities

Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from DEP.

- (6) Receives Hazardous Waste from Off-Site
- (7) Underground Injection Control
- (8) Recognized Trader— Mark all that apply
 - b. Importer b. Exporter
- (9) Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G— Mark all that apply
 - b. Importer b. Exporter
- 10. Waste Codes for Federally Regulated Hazardous Wastes*: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112).

Hazardous waste transporters must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18

- 11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped):
 - (A) Central Accumulation Area (CAA) or Facility Closed:

Central Accumulation Area (CAA)

Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.)

- (B) Closure Dates:
 - (1) Expected closure date _____(date in mm/dd/yyyy)
 - (2) Requesting new closure date (date in mm/dd/yyyy)
 - (3) Date of closure: (date in mm/dd/yyyy)
 - a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
 - b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)
- (C) Property Tax Default

(D) Petition for Bankruptcy Protection

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*					
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):					
A. Federal Notification					
Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lbs) or more of an of UW accumulated (at any one time)	ny combination				
Accumulates: a. UW Batteries b. Pesticides c. Aerosol Cans					
d. Mercury Containing Devices e. Mercury Containing Lamp	os				
Destination Facility for UW (Note): For this activity, a facility must treat, dispose, or recycle a Universal Waste. A permit is required for storage prior to recycling.					
B. Hazardous Waste Pharmaceutical Activities (40 CFR Part 266, Subpart P)					
Operating under 40 CFR Part 266 Subpart P for the management of Hazardous Waste Pharmaceutical	s				
Healthcare Facility Reverse Distributor					
Withdrawing from operating under 40 CFR Part 266 Subpart P for the management of Hazardous Waste Ph	armaceuticals				
C. Florida Annual Mercury Handler Registration:					
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3., F.A.C. (please contact DEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.					
(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Han	dler <u>for-hire</u>				
activities. 1st Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH re	gistration is attached				
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	5				
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual				
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration				
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Required				
Mercury-Containing Devices LQH = 100 kg (220 lbs) or more accumulated at any one time by for-hire handler	Annual Registration + one– time \$1,000 fee+				
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact DEP)				
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Initial Registration Annual Renewal Annual Registration Required					
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).					
•	port [62-740 F.A.C.]				
Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-	740.300(5), F.A.C.]				

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.*				
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need	l to register your HW Transporter activities)				
Transporters of and Transfer Facilities for Hazardous Waste in the State of I renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.17 Transporters and transfer facilities may only begin operations after receiving approval from	70(2)(a) is required as part of this registration.				
Generators who transport waste only within the boundaries of their facility sl	hould NOT register in box 14.A below.				
A. HW Transporter RegistrationInformation (must be completed annually	y and when this information changes)				
This form is: Initial Registration Renewal Notification of c	hanges Cancel Registration				
1. For own waste only					
2. For commercial purposes					
3. Both commercial and own waste					
4. Transportation Mode Air Rail Highway Water Ot	her - specify				
B. HW Transfer Facility Registration Information (must be completed a	nnually and when this information changes)				
☐ This facility is a Hazardous Waste Transfer Facility: (as listed in It	em 3) Storage Volume:				
This form is: → Initial Registration → Renewal → Notification of c	hanges >> Cancel Registration				
Note: Hazardous Waste transfer facilities must comply with the requirements of Ru	ales 62-730.171, and 62-730.182, F.A.C.				
The Transfer Facility records required under the provisions of subsection 62-7	730.171(6), F.A.C., are kept at (check one):				
Our mailing (business) address The site (facility)	address				
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this T	ransfer Facility:				
Please see 14.C. for additional items to be submitted for registration of a Hazardous F.A.C.]:	s Waste Transfer Facility [Rule 62-730.171(3),				
C. The following items are required to be submitted with the initial notification for a translubmitted with any subsequent submission [Rule 62-730.171(3), F.A.C.]:	nsfer facility and any changed items must be				
Certification by a responsible corporate officer of the transporter facility that the pro-	posed location satisfies the criteria of				
Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]					
Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3					
A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]	., F.A.C.]				
_A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.] _A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]					
A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]					
15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K					
· · · · · · · · · · · · · · · · · · ·	negoment of hegoview wester in 1-1				
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the man See the item-by-item instructions for definitions of types of eligible academic en					
a. College or University	•••				
b. Teaching Hospital that is owned by or has a formal written affiliation agreeme	ent with a college or university				
c. Non-profit Institute that is owned by or has a formal written affiliation agreem	ent with a college or university				
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardou	s wastes in laboratories				

Used Oil and Hazardous Secondary Material	EPA ID No.*				
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)					
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-sannually register with the Department using this form. An annual \$100 registration fee is recollection centers.					
This form is: Initial Registration Renewal 🔲 Notification of c	changes Cancel Registration				
If applicable, a check or money order, in the amount of \$100, payable to Florida De UO Collection Centers must check 16 (2) of this form (not as a registration).	partment of Environmental Protection is enclosed.				
(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)					
a. Transporter (off-site) and noncontiguous locations					
b. Transfer Facility					
(2) Collection Center (From businesses, no more than 55 gal per shipment)					
(3) Used Oil Processor (A permit is required.)					
Used Oil Re-refiner (A permit is required.)					
(4) Off-Specification Used Oil Burner					
Utility Boiler Industrial Boiler Industrial Furnace					
(5) Used Oil Fuel Marketer On-Spec Off-Spec					
(6) Used Oil Filter Management (must annually register)					
a. Transporter					
b. Transfer Facility					
c. Processor (Annual Report Required)					
d. End User (see instructions for definition) (7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check	cona):				
(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check Our mailing (business) address (as listed in Item 4)	one):				
The site (facility) address (as listed in Item 3)					
(8) Used Oil (UO) Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))					
 ALL registered UO transporters must submit an annual report except generators within their own company. 	s transporting UO from noncontiguous operations				
UO transporters transporting off-site over public highways only within their own					
 UO transporters transporting more than 500 gallons/year must submit proof of is submission as a certified used oil transporter in section 19 (except those exemption) 					
The used oil annual report is attached Evidence of Liability Insurance pursua	ant to 62-710.600(2)(e)., F.A.C., is attached.				
17. Notification of Hazardous Secondary Material (HSM) Activity					
(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or w under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Requirements)					
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)					

Required signature page		EPA ID No.*		
18. Comments (attach a page if more space is needed):				
19. Certification: I certify under penalty of law that this document and accordance with a system designed to assure that qualified personnel publishments is, to the best of my knowledge and belief, true, accurate, as false information, including the possibility of fine and imprisonment for the contraction.	properly gather and on a properly gather and on a properly gather and a properly are and a properly and a properly gather and a prop	evaluate the information submitted. The information ware that there are significant penalties for submitting		
I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP Form 62-730.900(5)(a).				
Signature of owner, operator, or an authorized representative:	Date Signed (mm	-dd-yyyy):		
Print Name (First, Middle Initial, Last):	Title:			
Organization:	Used Oil			
Email:				
Signature of owner, operator, or an authorized representative:	Date Signed (mm	ı-dd-yyyy):		
Print Name (First, Middle Initial, Last):	Title:			
Organization:	Used Oil			
Email:				
If the person that filled in this form is not the Facility Contact or Ope	erator, please comp	lete the information below:		
(Name of person completing this form) (Phone Number)	<u> </u>	(E-mail Address)		

Addendum A: LQG Consoli	idation of VSQG Hazardous Wa	EPA ID No.*		
Only fill out this form if:				
You are the LQG receiving ha	ızardous waste from VSQGs under th	he control of the same per	rson. Use additional pages if more space isneeded.	
VSQG 1	New	Update	Delete	
A. EPA ID Number (if assigned)		B. Facility Name		
C. Facility Street Address				
D. City		E. State	F. Zip Code	
G. Contact Phone Number		H. Contact Name		
I. Contact Email				
VSQG 2	New	Update	Delete	
A. EPA ID Number (if assigned)		B. Facility Name		
C. Facility Street Address				
D. City		E. State	F. Zip Code	
G. Contact Phone Number		H. Contact Name		
I. Contact Email				
VSQG 3	New	Update	Dalata	
VSQG 3	New	Opuac	Delete	
A. EPA ID Number (if assigned)		B. Facility Name		
C. Facility Street Address				
D. City		E. State	F. Zip Code	
G. Contact Phone Number		H. Contact Name		
I. Contact Email		_1		

Addendum B: Episodic Generator					EPA ID No.*		
Only fill out this form if: • You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if needed.							
Episodic Event							
A. Planned			B.	Unplanned			
Excess chemi	cal inventory removal			Accidental sp	ills		
Tank Cleanou	its			Production pr	rocess upsets		
Short-term co	nstruction or demolition			Product recal	ls		
Equipment ma	aintenance during plant sl	hutdowns		"Acts of natu	re" (Tornado, Hurricane, l	Flood, etc.)	
Other				Other			
C. Emergency Contact	Phone		D. Emer	rgency Contac	Name		
E. Beginning Date	(mm/c	dd/yyyy)	F. End Date(mm/dd/yyyy)				
Waste 1							
G. Waste Description			H. Estimated Quantity (in pounds)				
I. Federal Hazardous W	aste Codes		I				
Waste 2							
G. Waste Description			H. Estimated Quantity (in pounds)				
I. Federal Hazardous Waste Codes							
Waste 3							
G. Waste Description					H. Estimated Quantity	(in pounds)	
I. Federal Hazardous W	Vaste Codes						

Only fill out this form i	<u>f:</u>							
• You are or will be managing excluded hazardous secondary material (HSM) in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) or have stopped managing excluded HSM in compliance with the exclusion(s) for at least one year. <u>Do not include any information regarding your hazardous waste activities in this section</u> . Note: if your facility was granted a solid waste variance under 40 CFR 260.3 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulation and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.								
	completed 8700-12FL, including this Add		• •					
•	ach even-numbered year to the departme	-						
	nce with the exclusions(s) and do not expe							
	least one year, you must again submit a co	ompleted 8/00-12FL, incl	uding this Addendum, within t	mirty (30)				
	days pursuant to 40 CFR 260.42. 1. Indicate reason for notification. Include dates where requested.							
Notifying the	at the facility will manage hazardous seco	ndary material as of (mm/	dd/vvvv)					
	that the facility is still managing hazardo		3337					
, ,		•						
Notifying tha	at the facility has stopped managing hazar	dous secondary material a	s of (mm/dd/yyyy)	·				
2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in short tons to describe your hazardous secondary material activity ONLY (do not include any information regarding your other hazardous wastes in this section). Use additional pages if more space is needed.								
a. Facility Code	b. Waste code(s) for hazardous	c. Estimated short	d. Actual short tons of	e. Land-based unit				
(answer using	secondary material (HSM)	tons of HSM to be	HSM that was	code				
codes listed in the		managed annually	managed during the most recent odd-	(answer using codes				
Code List section of			numbered year	listed in the Code				
the instructions)			·	List section of the instructions)				
				mstructions)				
3. Facility has financ	ial assurance pursuant to 40 CFR 261 S	Subpart H. (Financial assi	urance is required for reclaime	rs and intermediate				
facilities managin	g hazardous secondary material under 40	CFR 261.4(a)(24) and (25)	5))					
Y N	Does this facility have financial assurance	e pursuant to 40 CFR 261	Subpart H?					
4. Notifying under 4	0 CFR 260.43(a)(4)(iii) that the product	t of your recycling proce	ss has levels of hazardous wa	ste constituents				
	Does the product of your recycling proces							
Comments:								

EPA ID No.*

Addendum C: Notification of Hazardous Secondary Material Activity