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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)

			1						(5.	/							_				
EPA ID:														*Manda	atory Fields	DEP	has	guidanc	ce to ass	sist com	pletion.
1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)																					
Mark 'X' in																					
the correct b	ox*:			To ol	otain	a new	EPA	ID nur	nber	(for	haza	ırdou	ıs wa	ste, univer	sal waste, used	oil activ	vities,	or PCW	activities)).	
(must choose			,	To pr	ovide	e upda	ited in	nformati	on f	for a	n EF	A I	D nu	ımber (to ı	update status an	d facili	ty ider	tification	informat	tion).	
if a notification	on)			To pr	ovide	the f	inal i	nformat	ion	for a	ın EI	PA I	D nı	ımber (clo	osing). (must co	mplete	pages	1, 2, 3,7)			
			,	To ob	tain a	a new	or up	odating a	ın E	PA	ID n	umb	er fo	or conduc	ting Electroni	c Man	ifest I	Broker a	ctivities.		
	Submitting new or revised notification for Part A for permitted facilities.																				
El Dogistus																					
FL Registrat) W 1V.	iercur	y (sec	e page 4)		1.	IW.	ı ran	sporter (se	ee page 5)		Use	ea Oil (C	JO) (see	page 6)	
2. Facility or	Busi	nes	s Nam	e*																	
3. Facility Ph	-			Info	rmat	tion: (No P.	.O. Boxe	s)												
Physical Stree	t Add	lres	s * :																	Vesse	1
City or Town:															State:	1 7	Zip Co	ode:			
City of Town.															State.		лр С	ouc.			
County*: Country (if not USA)*:																					
	County (I not cort).																				
4. Facility or	Busin	iess	Maili	ng A	ddres	ss:															
Same	addre	ess a	as#ab	ove c	or * :																
City or Town	*:									Sta	ıte*:			Zip/Pos	stal Code*:		Co	untry (if	not USA):	
														<u> </u>							
5. Facility No	rth A	me	rican l	Indus	stry (Classi	ficati	on Syst	em ((NA	ICS)) Co	de(s)*: (at lea	ast 5 digits)						
A.							((required)	В.											
C.					D.																
(F 324	n ·		D.C.D.			D.		G.		1.1		,,		1				II.		Point of	Contoot
6. Facility or First Name*:	Busin	iess	KCKA	A Co	ntact	Perso		t Name		addi	ress	as #		above o	or: Middle Initia	ı1 * :		пи	irricane	Point of	Contact
	Last Family																				
Phone Number*: Extension*:								Fax*:													
E-Mail*:									Title:												
Street or P.O	Por	(or	come	odd=-	ag ba	v ic -	haclr-	۸) * .													
		(or	same	auare	ss bo	X IS C	песке	:u) :					_								
City or Town	*•			_			_			Ī	Stat	:e*:		Ţ	Zip Code*:			Country	(if not U	(SA):	

RCRA Hazardous Waste Status Notification or Out of Business Notification EPA ID No.*								
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.) Hurricane Point of Contact								
Name of Owner*(including Middle Initial):		Date became Owner*://						
		New Owner mm/dd/yy						
Street or P.O. Box (or same address box is checked)*:	Phone Number*:							
City or Town*:	State*:	Zip Code*:	Country (if not USA):					
E-Mail*:								
Owner Type*: Private Federal Municipal S	tate County	Other						
Comments:								
8. Facility Operator (List additional Operators in the comments section)	. Same address as #	above or: Hu	arricane Point of Contact					
Name of Operator* (including Middle Initial):		Date became Operator*	:/					
		New Operator mm dd yy						
Street or P.O. Box (or same address box is checked)*:		Phone Number*:						
City or Town*:	State*:	Zip Code*:	Country (if not USA):					
E-Mail*:								
Operator Type*: Private Federal Municipal	State Co	unty Other						
Comments:								
9. RCRA Hazardous Waste Activities at this Facili	ty: (Mark 'X' in al	l that apply):						
(1) Generator of Hazardous Waste								
Yes No (This does not include Universal Waste or Used	l Oil)							
If YES, Choose only one of the following three categories.								
a. Large Quantity Generator (LQG):								
- Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.								
b. Small Quantity Generator (SQG):								
- Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.								
c. Very Small Quantity Generator (VSQG):								
- Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste.								
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
- g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)
- h. Episodic: Not lasting more than 60 days SQG LQG (Addendum B Required; see additional requirements on Addendum B)
- 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.

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 app	For Ite	ems 3 th	rough 9.	mark	'X'	in	all	that	app	lv
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- (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 any combination of UW accumulated (at any one time)

Accumulates:

a. UW Batteries

b. Pesticides

c. Aerosol Cans

d. Mercury Containing Devices

e. Mercury Containing Lamps

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 Pharmaceuticals

Healthcare Facility

Reverse Distributor

Withdrawing from operating under 40 CFR Part 266 Subpart P for the management of Hazardous Waste Pharmaceuticals

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/Handler <u>for-hire</u> activities.

1st Annual Registration

Annual Renewal

One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
Mercury-Containing Devices $\mathbf{LQH} = 100 \text{ kg } (220 \text{ lbs})$ or more accumulated at any one time by for-hire handler Mercury-Containing Lamps $\mathbf{LQH} = 2,000 \text{ kg } (4400 \text{ lbs/8},000 \text{ lamps})$ or more accumulated by for-hire handler	Annual Registration + one– time \$1,000 fee+ More Requirements (contact DEP)
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Thitial Registration Annual Renewal	Annual Registration Required

Briefly Describe your Universal Waste Activities:

We use Drum Top Bulb Crusher(s).

13. Other State-Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [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 to register your HW Transporter activities)								
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to Rule 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.								
Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.								
A. HW Transporter Registration Information (must be completed annually and when this information changes)								
This form is: Initial Registration Renewal Notification of changes Cancel Registration								
1. For own waste only								
2. For commercial purposes								
3. Both commercial and own waste								
3. Both commercial and own waste 4. Transportation Mode Air Rail Highway Water Other - specify								
B. HW Transfer Facility Registration Information (must be completed a	annually and when this information changes)							
This facility is a Hazardous Waste Transfer Facility: (as listed in Item 3) Storage Volume:								
This form is: > Initial Registration > Renewal > Notification of changes > Cancel Registration								
Note: Hazardous Waste transfer facilities must comply with the requirements of Rules 62-730.171, and 62-730.182, F.A.C.								
The Transfer Facility records required under the provisions of subsection 62-730.171(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 Hazardou 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 tra submitted 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 proof Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]	oposed location satisfies the criteria							
-Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a):								
-A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)	4., 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.]								
-A map of maps of the transfer facility [Rule 02-750.171(5)(u)7., 1.4.0]								
15. Eligible Academic Entities with Laboratories—Notification for opti laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K	ng into or withdrawing from managing							
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the man	nagement of hazardous wastes in laboratories							
a. College or University								
b. Teaching Hospital that is owned by or has a formal written affiliation agreement								
c. Non-profit Institute that is owned by or has a formal written affiliation agreem	nent with a college or university							
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardou	is 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-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

This form is: Initial Registration Renewal Notification of changes Cancel Registration

If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed. UO Collection Centers must check 16 (2) of this form (not as a registration).

- (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, <u>no more than</u> 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 one):

Our mailing (business) address (as listed in Item 4)

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 transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

The used oil annual report is attached

Evidence of Liability Insurance pursuant to Rule 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 will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)
- (2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate.

 (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 psubmitted is, to the best of my knowledge and belief, true, accurate, as false information, including the possibility of fine and imprisonment for	properly gather and evand complete. I am awar	aluate the information submitted. The information				
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-d	ld-yyyy):				
Print Name (First, Middle Initial, Last):	Title:					
Organization:	Used Oil					
Email:						
Signature of owner, operator, or an authorized representative:	Date Signed (mm-d	ld-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 complet	te the information below:				
(Name of person completing this form) (Phone Number)) (E-mail Address)				

Addendum A: LQG Consolid	lation of VSQG Ha	EPA ID No.*			
Only fill out this form if:					
You are the LQG receiving haza	ırdous waste from VS0	QGs under the control of the same per	erson. Use additional pages if more space isneeded.		
VSQG 1	New	Update	Delete		
	- 100	- 	2		
A. EPA ID Number (if assigned)		B. Facility Name			
C. Facility Street Address					
		<u>, </u>			
D. City		E. State	F. Zip Code		
~ ~ · · · · · · · · · · · · · · · · · ·		H.C. LAN			
G. Contact Phone Number		H. Contact Name			
I. Contact Email			1		
I. Contact Email					
VSQG 2	Now	Undete	Poloto		
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					
1. Contact Linear					
VSQG 3	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					
1. Contact Email					

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	ocess upsets			
Short-term co	nstruction or demolition			Product recal	s			
Equipment ma	aintenance during plant sl	nutdowns		"Acts of natur	re" (Tornado, Hurricane, I	Flood, etc.)		
Other				Other				
C. Emergency Contact	Phone		D. Emerg	gency Contact	Name			
E. Beginning Date(mm/dd/yyyy)				F. End Date (mm/dd/yyyy)				
Waste 1								
G. Waste Description				H. Estimated Quantity (in pounds)				
I. Federal Hazardous W	aste Codes							
Waste 2								
G. Waste Description					H. Estimated Quantity ((in pounds)		
I. Federal Hazardous W	aste Codes							
Waste 3	Waste 3							
G. Waste Description					H. Estimated Quantity	(in pounds)		
I. Federal Hazardous W	Vaste Codes							

have stopped manayour hazardous was 2015, your manage the HSM managem	t: managing excluded hazardous secondary reging excluded HSM in compliance with the ste activities in this section. Note: if your fament of HSM under 40 CFR 260.30 is graent activity excluded under 40 CFR 260.3 completed 8700-12FL, including this Add	ne exclusion(s) for at least facility was granted a solic andfathered under the prev 0.	one year. <u>Do not include any :</u> I waste variance under 40 CFR ious regulation and you are no	information regarding 2 260.3 prior to July 13, at required to notify for						
every March 1 of e secondary material	ach even-numbered year to the Departm in accordance with the exclusions(s) and c s(s) for at least one year, you must again s	ent pursuant to 40 CFR 20 lo not expect to manage an	60.42. If you stop managing harman amount of hazardous second	nzardous dary material						
1. Indicate reason fo	r notification. Include dates where requ	uested.								
Notifying that	at the facility will manage hazardous seco	ndary material as of (mm/o	dd/yyyy)	·						
Re-notifying	that the facility is still managing hazardo	us secondary material.								
Notifying the	at the facility has stopped managing hazar	dous secondary material a	s of (mm/dd/yyyy)	·						
describe your hazard	zardous secondary material (HSM) act ous secondary material activity ONLY (denal pages if more space is needed.	* * *	•							
a. Facility Code (Codes can be found in Title 40 Code of Federal Regulations (CFR) 261)	b. Waste code(s) for hazardous secondary material (HSM)	c. Estimated short tons of HSM to be managed annually	d. Actual short tons of HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (Codes can be found in Title 40 Code of Federal Regulations (CFR) 261)						
facilities managin Y N 4. Notifying under 4 Y N	ial assurance pursuant to 40 CFR 261 Sing hazardous secondary material under 40 Does this facility have financial assurance 0 CFR 260.43(a)(4)(iii) that the product Does the product of your recycling proces	CFR 261.4(a)(24) and (25) pursuant to 40 CFR 261 story of your recycling process	5)) Subpart H? ss has levels of hazardous wa	ste constituents.						
Comments:										

EPA ID No.*

Addendum C: Notification of Hazardous Secondary Material Activity