Structure 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY Date Received (for FDEP Official Use Only) DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received										
EPA ID:			\Box	Please use	the instruc	tions document	to compl	ete this form		
1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - com- plete as applicable)	I. Reason for Submittal Mark 'X' in the correct box: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). (all submitters must complete pages 1 and 2 and sign page 5. (must choose one if a notification) To provide subsequent notification (to update status and facility identification information). Pages 3 and 4, - com- To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)							ation information).		
2. Facility or	FL Registration(s)	UW Mercu	ury (see	page 5)		Transporter (see	page 4)	Used Oii (see page +)		
Business Name 3. Facility Operator	Name of Operator:					Date bec	ame Oper	rator://		
(List additional Opera- tors in the comments section).	Street or P.O. Box:					Phone Nu	Phone Number:			
section).	City or Town:				State:	Zip Code	:	Country (if not USA):		
	Operator Type:	Private Fee	deral	Municipal	State	e County C	Other_			
4. Facility Physical	Physical Street Addr	ress:						Dvessel		
Location Information (No P.O. Boxes)	City or Town:		State:	State: Zip Code:						
Same address as #3 above or:	County:			С	Country (if no	ot USA):				
5. Facility North American Industry Classification System (NAICS)										
Code(s) (at least 5 6. Facility or	Same address as	C s # above or: Str	reet or P	 .O. Box:		D.	<u> </u>	<u>. </u>		
Business Mailing Address	City or Town:			State	e: [2	Zip/Postal Code	:	Country (if not USA):		
7. Facility or Business	First Name:		Last N	ame:	Ł	Title:				
RCRA Contact Person	Phone Number:		Extens	sion: E-	-Mail:	I		Fax:		
	Street or P.O. Box:									
Same address as #above or:	City or Town:			St	tate:	Zip Code:		Country (if not USA):		
8. Real Property (FL Land) Owner of the Facility's	Name of Owner:						Date became Owner:// New Owner mm dd yy			
Physical Location (List additional	Street or P.O. Box:						Phone Number:			
owners in the comments section.)	City or Town:			Sta	ate:	Zip Code:		Country (if not USA):		
Same address as # above or:	Owner Type:	Private Feder	ral 🗌	Municipal	State		Other			

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No.				
9.	RCRA Hazardo	ous Waste Act	ivities at this Fac	cility: (Mark ')	' in all tha	t apply):			
(4	A) (1)Generator of H	Iazardous Waste		For Iter	ns 2 through	n 7, mark 'X' in all	that apply.		
	Yes No (Do not include Univ	versal Waste or Used Oil) (2) Th	eater, Store	r, or Disposer of H	lazardous Waste		
 If YES, Choose only one of the following three categories. a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) 					 (at your facility) Note: A hazardous waste permit may be required for this activity. a. Operating Commercial TSD b. Operating Non-Commercial TSD 				
			least once a year)		 c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 				
	 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 (at least once a year) 			200	 (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption 				
 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste b. Smelting, Melting, and Refining Furnace Exempt Waste Generated to Manage Conditionally Exempt Waste Generated at Other Facilities Choose this management activity ONLY if you attact 				ge Conditionally Exempt Facilities					
	In addition, indicate other generator activities that apply.								
10	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 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	19	20	21		
	 11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16): (A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on (date) 								
	(C) Property Ta	x Default		D (D) 1	etition for I	Bankruptcy Protec	tion		
12	-14 — Registrati	on Activities	Contact Informa	tion (only if this s	ubmission is	a registration or reg	gistration information update):		
	Same as Facility RCR Contact on page 1 or er	iter:		Last Name:			Title:		
Co	ntact for:	Phone Num		Extension:	E-Mail:				
	HW Transporter	Street or P.	U. Box:						
	Used Oil Handler Universal Waste	City or Tow	/n:		State:(C	Country):	Zip Code:		

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 Image: Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)							
	Accumulates: 🔲 a. UW Batteries 🔲 b. Pesticides 🔲 c. Pharmaceuticals						
	d. Mercury Containing Devices e. Mercury Containing	ning Lamps					
	Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.						
B. Florida U	Universal Pharmaceutical Waste (UPW): one-time registration						
D Pharma	aceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)						
D Pharma	aceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated					
Reverse	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [DOH])					
C. Florida A	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. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.							
	time registering I Renewal Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg						
For-hi	ire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual					
For-hi	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Registration					
Mercu	$\square \qquad Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler \qquad Required$						
Mercu	ary-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
Mercu	rry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one- time \$1,000 fee+					
Mercu	ary-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)					
	Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) rst time registering Renewal	Annual Registration Required					
Briefly Describe your Universal Waste Activities: Use Drum Top Bulb Crusher(s).							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) C 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)]							
DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date Page 3 of 5							

Hazardous Waste and Used Oil Transporter Registration	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 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.					
A. HW Transporter Registration Information (must be completed annually and when this information changes)					
This facility is a registered transporter of hazard	ous waste.				
This form is: 🛛 Initial Registration 🛛 Renewal	Notification of c	changes 🛛 Cancel Registration			
$\square 1. For own waste only \qquad \square 2. For commercial particular of the second second$	purposes 3. E	Both commercial and own waste			
4. Transportation Mode 🗖 Air 🗖 Rail 📮 Highway	y 🛛 Water 🗋 O	ther - specify			
B. HW Transfer Facility Registration Information (m	ust be completed an	nnually and when this information changes)			
This facility is a Hazardous Waste Transfer Fac	cility: (at this locatio	on) Storage Volume			
This form is: 🗖 Initial Registration 🗖 Renewal 🗖	Notification of ch	anges 🛛 Cancel Registration			
Note: Hazardous Waste transfer facilities must comply with the	requirements of Ru	le 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.			
The Transfer Facility records required under the provis	ions of Rule 62-730.				
Please enter the EPA ID Number of the HW Transporter who carries the	e insurance for this Tr	ransfer Facility:			
Please see the top of page 5 for additional items that must be Transfer Facilities [Rule 62-730.171(3), Florida Administrativ		on to the above registration for Hazardous Waste			
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if	f you need to register your used oil activities),			
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee. 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.					
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)			
a. Transporter (off-site) and noncontiguous locations	a. Transpo				
b. Transfer Facility	b. Transfe	er Facility sor (Annual Report Required)			
(2) Collection Center (From businesses, <u>no more than 55 gal per</u> shipment)	d. End Us				
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,			
(4) D Off-Specification Used Oil Burner	-	at (check one): $\Box = \Box $			
(5) Used Oil Fuel Marketer On-Spec Off-Spec	Ur mailir	ng (business) address The site (facility) address			
Please see the top of page 5 for additional items that must be subm	l hitted in addition to t	he above registration and fees required for non-			

exempt Used Oil Transporters.

Transfer Facility and Used Oil Transporter requirements and required signature page EPA ID No.	Fransfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No.
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(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :

__Certification by a responsible corporate officer of the transporter that the proposed 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's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

__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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers 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 17 (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 62-710.600(2)(e)., F.A.C. is attached.

16. Comments (attach a page if more space is needed):

(Name of person completing this form)

17. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
If the person that filled in this form is not the Facilit	y Contact or Operator, please complete the information below	w:	

(E-mail Address)

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date

(Phone Number)