

## 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division–HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received
(for FDEP Official Use Only)

Please use the instructions document to complete this form **EPA ID:** Mark 'X' in ☐ To provide initial notification (to obtain an EPA ID Number for hazardous 1. Reason for waste, universal waste, used oil activities, or PCW activities). the correct box: Submittal (all submitters must To provide subsequent notification (to update status and facility identification information). (must choose one complete pages 1 and 2 and sign page 5. if a notification) To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) Pages 3 and 4, - complete as applicable) FL Registration(s) ☐ UW Mercury (see page 3) ☐ HW Transporter (see page 4) ☐ Used Oil (see page 4) 2. Facility or **Business Name** Name of Operator: 3. Facility Date became Operator: / / **Operator** (List additional Opera-Street or P.O. Box: Phone Number: tors in the comments section). Country (if not USA): City or Town: State: Zip Code: Federal Municipal State County Other Operator Type: ☐ Private Physical Street Address: 4. Facility □ Vessel **Physical** Location City or Town: State: Zip Code: **Information** (No P.O. Boxes) Country (if not USA): County: ☐ Same address as #3 above or: 5. Facility North American Industry A. (required) B. **Classification System (NAICS)** Code(s) (at least 5 digits) D. ☐ Same address as # above or: Street or P.O. Box: 6. Facility or **Business** Country (if not USA): Zip/Postal Code: City or Town: State: **Mailing Address** Last Name: First Name: Title: 7. Facility or **Business** Extension: **RCRA** Phone Number: E-Mail: Fax: **Contact Person** Street or P.O. Box: ☐ Same address as City or Town: State: Zip Code: Country (if not USA): # above or: Name of Owner: 8. Real Property Date became Owner: (FL Land) Owner New Owner dd mm уу of the Facility's Street or P.O. Box: Phone Number: **Physical Location** (List additional Country (if not USA): City or Town: State: Zip Code: owners in the comments section.) ☐ Same address as Private Federal ☐Municipal ☐State ☐County ☐Other Owner Type: #\_\_\_ above or:

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No.					
9. RCRA Hazar	dous V	Waste Act	ivities at t	his Facilit	y: (Mark 'X' i	n all tha	t apply):			
(A) (1)Generator (	of Hazaı	rdous Waste			For Items	2 through	n 7, mark 'X' in all	that apply.		
□Yes □ No	(Do no	ot include Univ	ersal Waste or	Used Oil)	(2) Trea	ter, Store	er, or Disposer of I	Iazardous V	Vaste	
a. Large Q Generate greater p hazardo	If YES, Choose only one of the following three categories. <b>a.</b> 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) of acute hazardous waste (at least once a year)					<ul> <li>(at your facility) Note: A hazardous waste permit may be required for this activity.</li> <li>□ a. Operating Commercial TSD</li> <li>□ b. Operating Non-Commercial TSD</li> <li>□ c. Non-Operating: Postclosure or Corrective Action</li> </ul>				
<ul> <li>□ b. Small Quantity Generator (SQG):         Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;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)</li> <li>□ 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</li> <li>In addition, indicate other generator activities that apply.</li> </ul>				(4)	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   b. Smelting, Melting, and Refining Furnace Exemption					
d. Short-Term Generator (one-time, not on-going)  e. Episodic: Not more than one-time per year:SQGLQG  f. United States Importer of hazardous waste  g. Mixed Waste (hazardous and radioactive) Generator				QG	(6) Receives Hazardous Waste from Off-Site					
-	List them	n in the order	they are pres	sented in the	regulations (e.g.,	D001, D00	03, F007, K019, P0	12, U112).		
Hazardou:	s waste t	ransporters I	3	tinely or usua	ally transported. (	Jse comm 5	ents or an additiona	il page if moi	re spaces are needed.	
	9		10	11		12	13		14	
15	16		17	18		19	20		21	
(B) Facility Close	ess no loed (Com	ulated Waste onger generat	e at This Factors, transport etion only if a moved or m	cility (Sections, treats, storedall business a	ons 9, 10 and 12-1 es, disposes of, or activities at this fac	6 should b otherwise cility have w Form 87	pe blank. ) handles any regula	ted waste.	,	
(C) Property	Tax De	fault			(D) Pet	ition for I	Bankruptcy Protec	etion		
12-14 — Registr	ation A	Activities (	Contact Ir	- 1formation	n (only if this sub	mission is	a registration or re	gistration inf	ormation update):	
Same as Facility R Contact on page 1 o		First Name: Phone Num	ber:		Last Name:  Extension:	E-Mail:		Title:		
Contact for:  HW Transporter		Street or P.C	D. Box:			1				
Used Oil Handler Universal Waste		City or Tow	n:			State:(C	Country):	Zip Code:		

Universal Wa	ste 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 lb) or more of any combination of UW accumulated (at any one time)								
	Accumulates: a. UW Batteries b. Pesticides c. Pharmaceu	ıticals						
	d. Mercury Containing Devices e. Mercury Contain	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	niversal Pharmaceutical Waste (UPW): one-time registration							
Pharma	ceuticals <b>LQH</b> = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)							
Pharma	ceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	) accumulated						
Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [DOH])						
☐ Florida	Universal Pharmaceutical Waste (UPW) Transporter							
C. Florida Ar	nual Mercury Handler Registration:							
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.  (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities  □ First time registering □ Renewal □ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached								
For-hi	re <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices							
For-hi	For hira Transfor Facility of Universal Westa Marcury Containing Lamps or Davises							
☐ Mercu	ry-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler	Registration Required						
☐ Mercu	ry-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Mercu	Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler							
☐ Mercu	ry-Containing Lamps <b>LQH</b> = 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) st time registering  Renewal	Annual Registration Required						
Briefly Describe your Universal Waste Activities:    We use Drum Top Bulb Crusher(s).								
	te Regulated Waste Activities: Petroleum Contact Water (PCW)  Recovery  Transpo	-						
Note:	A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Ru	ıle [62-740.300(5)]						

Hannadava Masta and Hand Oil Turnen auton Desistanti		EDA ID No				
Hazardous Waste and Used Oil Transporter Registrati		EPA ID No.				
14. HW Transporter Activities: (Mark 'X' and complete all t	hat 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 hazardous waste.						
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						
4. Transportation Mode  Air  Rail  Wighway  Water  Other - specify						
B. HW Transfer Facility Registration Information (n	nust be completed an	nnually and when this information changes)				
☐ This facility is a Hazardous Waste Transfer Fa	cility: (at this location	on) Storage Volume				
This form is:   Initial Registration Renewal Notification of changes Cancel Registration						
Note: Hazardous Waste transfer facilities must comply with the	e 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 provisions of Rule 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	e insurance for this Tra	unsfer Facility:				
Please see the top of page 5 for additional items that must be su Transfer Facilities [Rule 62-730.171(3), Florida Administrative C		o 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 D	Department of Environmental Protection is enclosed.				
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)				
<ul><li>a. Transporter (off-site) and noncontiguous locations</li><li>b. Transfer Facility</li></ul>	a. Transpo					
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)	d. End Us					
(3) Used Oil Processor (A permit is required.)	1 1	quired under the provisions of Rule 62-710.510,				
(4) Gff-Specification Used Oil Burner	FAC, are kept at (check one):  Our mailing (business) address  The site (facility) address					
(5) Used Oil Fuel Marketer	— Our maning (ourmess) address — The site (facility) add					
Please see the top of page 5 for additional items that must be submexempt Used Oil Transporters.	nitted in addition to t	the above registration and fees required for non-				

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No.					
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Adr	tial notification for a transfer facility a						
Certification by a responsible corporate officer of Section 403.7211(2), Florida Statut	of the transporter that the proposed locales (F.S.) [Rule 62-730.171(3)(a)1., F.A						
Evidence of the transporter's financial responsib		_					
A brief general description of the transfer facilit							
	A one 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 Secti	on 15:						
<ul> <li>ALL registered UO Handlers must submit their own company.</li> </ul>	an annual report except generators tra	nsporting UO from nonconti	iguou	s operations within			
<ul> <li>UO transporters transporting off-site over</li> </ul>	nublic highways only within their own	ı comnany must suhmit nroo	of of i	nsurance			
<ul> <li>UO transporters transporting more than 50</li> </ul>							
submission as a certified used oil transpor			-	,			
The used oil annual report is attached	Evidence of Liability Insurance pur	rsuant to 62-710.600(2)(e)., I	F.A.C	C. is attached.			
17. Certification: I certify under penalty of law that	this document and all attachments we	re prepared under my directi	ion or	supervision in			
accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belief false information, including the possibility of fine ar	alified personnel properly gather and e f, true, accurate, and complete. I am aw	valuate the information subrare that there are significant	mitted	d. The information			
☐ I certify as a Used Oil Transporter that I am f tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter O	g program in place covering the applic	able used oil rules. Evidence form 62-730.900(5)(a), F.A.	e of fi .C				
Signature of owner, operator, or an	Print Name and		Jsed Oil	Date Signed			
authorized representative				(mm-dd-yyyy)			
If the person that filled in this form is not the Facility	y Contact or Operator, please compl	ete the information below:					
(Name of person completing this form)	(Phone Number)	(E-mail Address)					