

**FACILITY NOTIFICATION DETAILS:**

**Notif ID: 799**

**Clean Fuels of Florida Inc**

City: Pompano Beach County: Broward

**EPAID:** FLD984171256

**Workflow:** [Click Here to enter workflow data.](#)

Process	Start	Stop	Time_stamp	Author
Logged			5/22/2007 1:43:14 PM	Pandley_R
Xed Out HOPE	12:00:00 AM	12:00:00 AM	6/8/2007 8:30:21 AM	Thigpen_S
FDM data entered in Fiesta	12:00:00 AM	12:00:00 AM	6/14/2007 4:33:40 PM	Noland_T
Hanlder data Entered in CHAZ	12:00:00 AM	12:00:00 AM	6/20/2007 11:53:53 AM	Padgett_S
Notification Letter Generated	12:00:00 AM	12:00:00 AM	6/20/2007 11:54:09 AM	Padgett_S
Booked into Oculus	12:00:00 AM	12:00:00 AM	6/20/2007 11:54:28 AM	Padgett_S

**Comments** [Click Here to enter new comment.](#)

Date	Comment	Author
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# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blirstone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

06/20/2007

Steve Becker, Oper Manager  
Clean Fuels Of Florida Inc  
2635 NE 4th Ave  
Pompano Beach, FL 33064-5405

DEP/EPA ID: **FLD984171256**  
LOCATION: **2635 NE 4th Ave, Pompano Beach.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number. The status of your facility remains:

**HW Transporter, Small Quantity Generator, Used Oil Handler, Universal Waste Handler**

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 55537



RECEIVED  
RCRA

MAY 15 2007

Hazardous Waste Regulation

This Subsequent Notification Form is being sent in to add Pharmaceuticals to our current Universal Waste Permit.

RECEIVED

MAY 15 2007

BY: BSHW



8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8760

RECEIVED  
MAY 15 2007

RECEIVED

Date Received  
(for FDEP Official Use Only)

MAY 15 2007

BY: BSLW/  
RCRAinfo

EPA ID FCD984171256

MTS Hazardous Waste Regulation

1. Reason for  
Submittal

Check correct  
box:

☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

☒ To provide subsequent notification (to update status and facility identification information).

2. Facility or Business Name

CLEAN FUELS of Florida Inc.

3. Facility Operator  
(List additional  
Operators in the  
comments section).

Name of Operator:

CLEAN FUELS of FL. INC

☐ New Operator

Date became Operator: \_\_\_/\_\_\_/\_\_\_  
mm dd yy

Street or P.O. Box:

2635 NE 4th Ave.

Phone Number:

City or Town:

Pompano Beach

State: FL

Zip Code:

33064

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical  
Location  
Information

Physical Street Address:

2635 NE 4th Ave.

City or Town:

Pompano Beach

State: FL

Zip Code:

33064

County:

Broward

Land Type: ☒ Private

☐ Federal

☐ Municipal

☐ State ☐ Other

Latitude: \_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

dd mm ss.ssss

Longitude: \_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

\_\_\_

dd mm ss.ssss

Method:

Datum:

5. Facility North American Industry  
Classification System (NAICS)  
Code(s)

A.

562112

B.

C.

D.

6. Facility Mailing  
Address

Street Address or P.O. Box:

SAME

City or Town:

State:

Zip Code:

7. Facility Contact  
Person

First Name:

Steve

Last Name:

Becker

Title:

Operations Mgr.

Phone Number:

954-791-9588

Extension:

E-Mail:

sbecker@clean-fuels.net

Street or P.O. Box:

2635 NE 4th Ave.

City or Town:

Pompano Beach

State: FL

Zip Code:

33064

8. Real Property  
Owner of the  
Facility's  
Physical Location

(List additional  
real property owners  
in the comments  
section.)

Name of Real Property Owner:

Ormon Barry Fernandez

☐ New Owner

Date became Owner: \_\_\_/\_\_\_/\_\_\_  
mm dd yy

Street or P.O. Box:

2635 NE 4th Ave.

Phone Number:

City or Town:

Pompano Beach

State: FL

Zip Code:

33064

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

## A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

## 1. Generator of Hazardous Waste

(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) of *acute* hazardous waste
- ☒ 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
- ☐ c. Conditionally Exempt SQG (CESQG):  
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. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

2. ☐ Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.

3. ☐ Recycler of Hazardous Waste (at your facility)

Specify: ☐ Commercial; ☐ Non-Commercial.

Note: A hazardous waste permit may be required for this activity.

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 Conditionally Exempt Waste generated at other facilities - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. ☐ Underground Injection Control

7. ☐ Transporter of Hazardous Waste Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. ☐ a. For own waste only; ☒ b. For Commercial Purposes

## c. Hazardous Waste Transporter Insurance Information:

Insurance Company Hudson Insurance CompanyAddress 1401 MADISON PARK DRIV. Suite 100-AGLEN BURNIE MD. 21061Contact: NANCY R. TebercoTelephone: 954-452-4900Policy Number: FEC6109786Expiration date: 11-3-07

- d. Transportation Mode: ☐ Air; ☐ Rail; ☒ Highway; ☐ Water; ☐ Other - specify \_\_\_\_\_

- e. ☐ Hazardous Waste Transfer Facility: Storage Volume \_\_\_\_\_

## B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	Generate/ Accumulate	Transport
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time

- ☐ a. 5,000 kg or more; Large Quantity Handler (LQH)
- ☐ b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- ☒ c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. ☒ Destination Facility for UW

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. ☒ Transporter of UW

STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY  
INSURANCE

1. Hudson Insurance Company  
(Name of Insurer)  
(the "Insurer"), of C/O FEI 1401 MADISON Park Drive  
(Address of Insurer) Suite 100-A - Glen Burnie MD 21061

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Clean Fuel of Florida Inc.  
(Name of Insured)  
(the "Insured"), of 2635 NE 4th Ave. Pompano Beach, FL 33064  
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Location
<u>FLD984171256</u>	<u>Clean Fuel of Florida Inc.</u>	<u>2635 NE 4th Ave. Pompano Beach FL 33064</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$3,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FE66109786, issued on 11-3-06 (date)

The effective date of said policy is 11-3-06 (date) and the expiration date of said policy is 11-3-07 (date)

This insurance is excess and the company shall not be liable for amounts in excess of \$\_\_\_\_\_ for each accident in excess of the underlying limit of \$\_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date). The effective date of said policy is \_\_\_\_\_ (date) and the expiration date of said policy is \_\_\_\_\_ (date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States including Florida.

Nancy R. Tedesco  
(Signature of Authorized Representative of Insurer)

Nancy R. Tedesco  
(Typed name)

UA  
(Title)

Authorized Representative of

Hudson Insurance Company  
(Name of Insurer)

555 North Lane #6060 Conshohocken, PA 19428  
(Address of Representative)

**9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):****C. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☒ a. Transporter  
☐ b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)**

- ☐ a. Processor  
☐ b. Re-refiner

**3. ☐ Off-Specification Used Oil Burner****4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner  
☐ b. Marketer who first claims the used oil meets the specifications

**5. ☐ Used Oil Generator****D. Other State Regulated Waste Activities:****1. ☒ Used Oil Filter Handler****2. ☒ PCW Handler**

These activities may require additional submissions.

**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, U112).

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

1 D001	2 D002	3 D003	4 D004	5 D005	6 D006	7 D007
8 F001	9 F002	10 F003	11 F004	12 F005	13 F006	14 F007
15 F008	16 F009	17 F010	18 F011	19 F012	20 CONTINUED on Attachment	21
22	23	24	25	26	27	28

**11. Other Status Changes (Mark 'X' in the appropriate boxes):****A. Non-Handler of Regulated Waste at this facility**

- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.  
☐ 2. Waste generated by business has been delisted.  
☐ 3. Other (explain) \_\_\_\_\_

**B. Facility Closed**

- ☐ 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ 2. Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection****12. Comments:**

ID - For Official Use Only

## IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
K	0	4	7
19			
K	0	6	0
25			
K	0	7	1
31			
K	0	8	6
37			
K	0	9	4
43			
K	1	0	0
49			
K	1	0	6
55			
K	1	1	2
61			
K	1	1	8
67			
K	1	3	2
73			
K	1	4	5
79			
K	1	5	6
85			
P	0	0	1
91			
P	0	0	7
97			
P	0	1	3
103			
P	0	2	1
109			
P	0	3	1
115			
P	0	4	0
14			
K	0	4	8
20			
K	0	6	1
26			
K	0	7	3
32			
K	0	8	7
38			
K	0	9	5
44			
K	1	0	1
50			
K	1	0	7
56			
K	1	1	3
62			
K	1	2	3
68			
K	1	3	6
74			
K	1	4	7
80			
K	1	5	7
86			
P	0	0	2
92			
P	0	0	8
98			
P	0	1	4
104			
P	0	2	2
110			
P	0	3	3
116			
P	0	4	1
15			
K	0	4	9
21			
K	0	6	2
27			
K	0	8	3
33			
K	0	8	8
39			
K	0	9	6
45			
K	1	0	2
51			
K	1	0	8
57			
K	1	1	4
63			
K	1	2	4
69			
K	1	4	1
75			
K	1	4	8
81			
K	1	5	8
87			
P	0	0	3
93			
P	0	0	9
99			
P	0	1	5
105			
P	0	2	4
111			
P	0	3	4
117			
P	0	4	2
16			
K	0	5	0
22			
K	0	6	4
28			
K	0	8	4
34			
K	0	9	0
40			
K	0	9	7
46			
K	1	0	3
52			
K	1	0	9
58			
K	1	1	5
64			
K	1	2	5
70			
K	1	4	2
76			
K	1	4	9
82			
K	1	5	9
88			
P	0	0	4
94			
P	0	1	0
100			
P	0	1	7
106			
P	0	2	3
112			
P	0	3	6
118			
P	0	4	3
17			
K	0	5	1
23			
K	0	6	5
29			
K	0	8	5
35			
K	0	9	1
41			
K	0	9	8
47			
K	1	0	4
53			
K	1	1	0
59			
K	1	1	6
65			
K	1	2	6
71			
K	1	4	3
77			
K	1	5	0
83			
K	1	6	0
89			
P	0	0	5
95			
P	0	1	1
101			
P	0	1	8
107			
P	0	2	6
113			
P	0	3	8
119			
P	0	4	4
18			
K	0	5	2
24			
K	0	6	6
30			
K	0	8	5
36			
K	0	9	3
42			
K	0	9	9
48			
K	1	0	5
54			
K	1	1	1
60			
K	1	1	7
66			
K	1	3	1
72			
K	1	4	4
78			
K	1	5	1
84			
K	1	6	1
90			
P	0	0	6
96			
P	0	1	2
102			
P	0	2	0
108			
P	0	3	0
114			
P	0	3	9
120			
P	0	4	5

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## IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
P 0 4 6	P 0 4 7	P 0 4 8	P 0 4 9	P 0 5 0	P 0 5 1
19	20	21	22	23	24
P 0 5 4	P 0 5 6	P 0 5 7	P 0 5 8	P 0 5 9	P 0 6 0
25	26	27	28	29	30
P 0 6 2	P 0 6 3	P 0 6 4	P 0 6 5	P 0 6 6	P 0 6 7
31	32	33	34	35	36
P 0 6 8	P 0 6 9	P 0 7 0	P 0 7 1	P 0 7 2	P 0 7 3
37	38	39	40	41	42
P 0 7 4	P 0 7 5	P 0 7 6	P 0 7 7	P 0 7 8	P 0 8 1
43	44	45	46	47	48
P 0 8 2	P 0 8 4	P 0 8 5	P 0 8 7	P 0 8 8	P 0 8 9
49	50	51	52	53	54
P 0 9 2	P 0 9 3	P 0 9 4	P 0 9 5	P 0 9 6	P 0 9 7
55	56	57	58	59	60
P 0 9 8	P 0 9 9	P 1 0 1	P 1 0 2	P 1 0 3	P 1 0 4
61	62	63	64	65	66
P 1 0 5	P 1 0 6	P 1 0 8	P 1 0 9	P 1 1 0	P 1 1 1
67	68	69	70	71	72
P 1 1 2	P 1 1 3	P 1 1 4	P 1 1 5	P 1 1 6	P 1 1 8
73	74	75	76	77	78
P 1 1 9	P 1 2 0	P 1 2 1	P 1 2 2	P 1 2 3	P 1 2 7
79	80	81	82	83	84
P 1 2 8	P 1 8 5	P 1 8 8	P 1 8 9	P 1 9 0	P 1 9 1
85	86	87	88	89	90
P 1 9 2	P 1 9 4	P 1 9 5	P 1 9 6	P 1 9 7	P 1 9 8
91	92	93	94	95	96
P 1 9 9	P 2 0 1	P 2 0 2	P 2 0 3	P 2 0 4	P 2 0 5
97	98	99	100	101	102
U 0 0 1	U 0 0 2	U 0 0 3	U 0 0 4	U 0 0 5	U 0 0 6
103	104	105	106	107	108
U 0 0 7	U 0 0 8	U 0 0 9	U 0 1 0	U 0 1 1	U 0 1 2
109	110	111	112	113	114
U 0 1 4	U 0 1 5	U 0 1 6	U 0 1 7	U 0 1 8	U 0 1 9
115	116	117	118	119	120
U 0 2 0	U 0 2 1	U 0 2 2	U 0 2 3	U 0 2 4	U 0 2 5

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## IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 0 2 6	U 0 2 7	U 0 2 8	U 0 2 9	U 0 3 0	U 0 3 1
19	20	21	22	23	24
U 0 3 2	U 0 3 3	U 0 3 4	U 0 3 5	U 0 3 6	U 0 3 7
25	26	27	28	29	30
U 0 3 8	U 0 3 9	U 0 4 1	U 0 4 2	U 0 4 3	U 0 4 4
31	32	33	34	35	36
U 0 4 5	U 0 4 6	U 0 4 7	U 0 4 8	U 0 4 9	U 0 5 0
37	38	39	40	41	42
U 0 5 1	U 0 5 2	U 0 5 3	U 0 5 5	U 0 5 6	U 0 5 7
43	44	45	46	47	48
U 0 5 8	U 0 5 9	U 0 6 0	U 0 6 1	U 0 6 2	U 0 6 3
49	50	51	52	53	54
U 0 6 4	U 0 6 6	U 0 6 7	U 0 6 8	U 0 6 9	U 0 7 0
55	56	57	58	59	60
U 0 7 1	U 0 7 2	U 0 7 3	U 0 7 4	U 0 7 5	U 0 7 6
61	62	63	64	65	66
U 0 7 7	U 0 7 8	U 0 7 9	U 0 8 0	U 0 8 1	U 0 8 2
67	68	69	70	71	72
U 0 8 3	U 0 8 4	U 0 8 5	U 0 8 6	U 0 8 7	U 0 8 8
73	74	75	76	77	78
U 0 8 9	U 0 9 0	U 0 9 1	U 0 9 2	U 0 9 3	U 0 9 4
79	80	81	82	83	84
U 0 9 5	U 0 9 6	U 0 9 7	U 0 9 8	U 0 9 9	U 1 0 1
85	86	87	88	89	90
U 1 0 2	U 1 0 3	U 1 0 5	U 1 0 6	U 1 0 7	U 1 0 8
91	92	93	94	95	96
U 1 0 9	U 1 1 0	U 1 1 1	U 1 1 2	U 1 1 3	U 1 1 4
97	98	99	100	101	102
U 1 1 5	U 1 1 6	U 1 1 7	U 1 1 8	U 1 1 9	U 1 2 0
103	104	105	106	107	108
U 1 2 1	U 1 2 2	U 1 2 3	U 1 2 4	U 1 2 5	U 1 2 6
109	110	111	112	113	114
U 1 2 7	U 1 2 8	U 1 2 9	U 1 3 0	U 1 3 1	U 1 3 2
115	116	117	118	119	120
U 1 3 3	U 1 3 4	U 1 3 5	U 1 3 6	U 1 3 7	U 1 3 8

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## IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
U	1	4	0
19			
U	1	4	6
25			
U	1	5	2
31			
U	1	5	8
37			
U	1	6	4
43			
U	1	7	0
49			
U	1	7	7
55			
U	1	8	2
61			
U	1	8	8
67			
U	1	9	4
73			
U	2	0	3
79			
U	2	0	9
85			
U	2	1	6
91			
U	2	2	2
97			
U	2	3	4
103			
U	2	4	0
109			
U	2	4	9
115			
U	3	2	8
14			
U	1	4	1
20			
U	1	4	7
26			
U	1	5	3
32			
U	1	5	9
38			
U	1	6	5
44			
U	1	7	1
50			
U	1	7	8
56			
U	1	8	3
62			
U	1	8	9
68			
U	1	9	6
74			
U	2	0	4
80			
U	2	1	0
86			
U	2	1	7
92			
U	2	2	3
98			
U	2	3	5
104			
U	2	4	3
110			
U	2	7	1
116			
U	3	5	3
15			
U	1	4	2
21			
U	1	4	8
27			
U	1	5	4
33			
U	1	6	0
39			
U	1	6	6
45			
U	1	7	2
51			
U	1	7	9
57			
U	1	8	4
63			
U	1	9	0
69			
U	1	9	7
75			
U	2	0	5
81			
U	2	1	1
87			
U	2	1	8
93			
U	2	2	5
99			
U	2	3	6
105			
U	2	4	4
111			
U	2	7	7
117			
U	3	5	9
16			
U	1	4	3
22			
U	1	4	9
28			
U	1	5	5
34			
U	1	6	1
40			
U	1	6	7
46			
U	1	7	3
52			
U	1	8	0
58			
U	1	8	5
64			
U	1	9	1
70			
U	2	0	0
76			
U	2	0	6
82			
U	2	1	3
88			
U	2	1	9
94			
U	2	2	6
100			
U	2	3	7
106			
U	2	4	6
112			
U	2	7	8
118			
U	3	6	4
17			
U	1	4	4
23			
U	1	5	0
29			
U	1	5	6
35			
U	1	6	2
41			
U	1	6	8
47			
U	1	7	4
53			
U	1	8	1
59			
U	1	8	6
65			
U	1	9	2
71			
U	2	0	1
77			
U	2	0	7
83			
U	2	1	4
89			
U	2	2	0
95			
U	2	2	7
101			
U	2	3	8
107			
U	2	4	7
113			
U	2	7	9
119			
U	3	6	5
18			
U	1	4	5
24			
U	1	5	1
30			
U	1	5	7
36			
U	1	6	3
42			
U	1	6	9
48			
U	1	7	6
54			
U	1	8	1
60			
U	1	8	7
66			
U	1	9	3
72			
U	2	0	2
78			
U	2	0	8
84			
U	2	1	5
90			
U	2	2	1
96			
U	2	2	8
102			
U	2	3	9
108			
U	2	4	8
114			
U	2	8	0
120			
U	3	6	6

[illegible]

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 3 6 7	U 3 7 2	U 3 7 3	U 3 7 5	U 3 7 6	U 3 7 7
19	20	21	22	23	24
U 3 7 8	U 3 7 9	U 3 8 1	U 3 8 2	U 3 8 3	U 3 8 4
25	26	27	28	29	30
U 3 8 5	U 3 8 6	U 3 8 7	U 3 8 9	U 3 9 0	U 3 9 1
31	32	33	34	35	36
U 3 9 2	U 3 9 3	U 3 9 4	U 3 9 5	U 3 9 6	U 4 0 0
37	38	39	40	41	42
U 4 0 1	U 4 0 2	U 4 0 3	U 4 0 4	U 4 0 7	U 4 0 9
43	44	45	46	47	48
U 4 1 0	U 4 1 1				
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

EPA ID No.

**13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
<i>Steven A. Becker</i>	STEVEN A. BECKER	5-8-2007
	OPERATIONS MANAGER	

**14. Additional Comments**

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: