



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

04/21/2008

Tracy Walker, Admin Manager  
Univar USA Inc  
155 Ellis Rd S  
Jacksonville, FL 32254-3546

DEP/EPA ID: **FL0000596866**  
LOCATION: **155 Ellis Rd S, Jacksonville.**

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, Large Quantity Generator**

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: 50189  
Email Address: tracy.walker@univarusa.com



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  
(for FDEP Official Use Only)

MAR 14 2008

EPA ID FL0000596866

**\*FL0000596866\***

BY: BSHW

1. Reason for  
Submittal

- ☐ 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 site identification information).  
☒ As a component of the Hazardous Waste Report.

2. Facility or Business Name UNIVAR USA INC.

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

A. Name of Operator:

UNIVAR USA INC

☐ New Operator

Date Became Operator : 07/03/1986  
mm dd yy

Street or P.O. Box:

155 ELLIS ROAD SOUTH

Phone Number:

(904) 783-7902

City or Town: JACKSONVILLE

State: FL Zip Code: 32254-

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical  
Location  
Information

Physical Street Address: 155 ELLIS ROAD SOUTH

City or Town: JACKSONVILLE

State: FL Zip Code: 32254-

County: DUVAL

Land Type: ☒ Private ☐ Federal ☐ Municipal  
☐ State ☐ Other

Latitude: 30° 19' 23.67"N  
dd mm ss.ssss

Longitude: 81° 44' 35.83W  
dd mm ss.ssss

Method:  
Datum:

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

A. 424690

B.

C.

D.

6. Facility Mailing  
Address

Street or P.O. Box: 155 ELLIS ROAD SOUTH

City or Town: JACKSONVILLE

State: FL Zip Code: 32254-

7. Facility Contact  
Person

First Name:

Tracy

Last Name:

Walker

Title:

Admin. Manager

Phone Number: (904) 783-7902 Extension:

Email: tracy.walker@univarusa.com

Street or P.O. Box: 155

ELLIS ROAD SOUTH

City or Town: JACKSONVILLE

State: FL Zip Code: 32254-

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

Name of Real Property Owner:

UNIVAR USA INC

☐ New Owner

Date Became Owner : 07/03/1986  
mm dd yy

Street or P.O. Box:

155 ELLIS ROAD SOUTH

Phone Number:

(904) 783-7902

City or Town: JACKSONVILLE

State: FL Zip Code: 32254-

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

**9. Type of Regulated Waste Activity** Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice.**A. Hazardous Waste Activities**

For Items 2 through 6, 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 nonacute 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 (&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

☐ **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 AMERICAN Home Assurance Co.

Address \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy Number: 4806890 Expiration date: 3 /1 /2009d. Transportation Mode: ☐ Air; ☐ Rail; ☒ Highway; ☐ Water; ☐ Other - specify \_\_\_\_\_e. ☐ **Hazardous Waste Transfer Facility:** Storage Volume 0.00**B. Universal Waste Activities****1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)**

|  | <u>Generate/<br/>Accumulate</u>     | <u>Transport</u>                    |
|--|-------------------------------------|-------------------------------------|
| a. Batteries                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b. Pesticides                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c. Mercury Containng Thermostats/Devices | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d. Mercury Containng Lamps               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Pharmaceuticals                       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f.                                       | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g. Other _____                           | <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 Universal Waste**

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**

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**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 offspecification 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:**

These activities may require additional submissions.

**1. ☐ Used Oil Filter Handler****2. ☐ PCW Handler****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.

|      |      |      |      |      |      |      |
|------|------|------|------|------|------|------|
| D001 | D002 | D003 | U002 | U031 | U154 | U159 |
| U220 | U239 |      |      |      |      |      |
|      |      |      |      |      |      |      |
|      |      |      |      |      |      |      |

**☐ 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:**

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**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) |
|--|---|--------------------------|
|  | Lee Jarrett<br>Regional Regulatory Manager  | 3/13/08                  |
|  |   |                          |
|  |   |                          |

**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:

CLARENCE.TAYLOR@UNIVARUSA.COM