



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

05/13/2008

Danny Edwards, OPS Manager
Univar USA Inc
6049 Old 41A Hwy S
Tampa, FL 33619-8786

DEP/EPA ID: **FLD020985727**
LOCATION: **6049 Old 41A Hwy, Tampa.**

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:

Treater/Storer/Disposer, HW Transporter, Large 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: 52299
Email Address: danny.edwards@univerusa.com

Here is the corrected copy. I apologize for the inconvenience.
Thank-you,
Danny Edwards

From: Griffith, John [mailto:John.Griffith@dep.state.fl.us]
Sent: Wednesday, April 02, 2008 1:34 PM
To: Danny Edwards
Cc: Noland, Tiffaney; Bolton Sebrena; Dregne, James; Knauss, Elizabeth
Subject: 2007 Biennial Hazardous Waste Report for UNIVAR

DANNY EDWARDS
6049 OLD HWY 41A
TAMPA FL 33619
813 6778414 107
danny.edwards@UNIVARUSA.COM FLD020985727

On the 2007 Biennial Hazardous Waste Report and subsequent notification of regulated waste activity (8700-12FL) for UNIVAR USA, INC. In Tampa, you have indicated that your facility is not a Used Oil Transfer Facility or Transfer Facility for Hazardous Waste. Because your site is still registered as a Transfer Facility, we request that you send us an e-mail or re-submission of the paper forms indicating that we should change these indicators to indicate that your site is a Transfer Facility. Please e-mail me at this email address or call me at the phone number below with any questions.

Jack Griffith (John P Griffith jr)
MS4555 FDEP
2600 Blair Stone Road
Tallahassee, FL, 32399-2400
(850) 245-8748

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

RECEIVED

APR 03 2008

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) 245-8760Date Received
(For DEP Office Use Only)

APR 03 2008

EPA ID

FLD020985727

MTS

RCRA Title 6
BY: BSHW**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**

UNIVAR USA, INC.

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

Name of Operator:

Danny Edwards

☒ New OperatorDate became Operator: 02 / 26 / 2007
mm dd yyyy

Street or P.O. Box:

6049 Old Hwy 41A

Phone Number:

813-677-8414

City or Town:

Tampa

State:

FL

Zip Code:

33619

Operator Type: ☒ Private☐ Federal☐ Municipal☐ State☐ Other**4. Facility Physical
Location
Information**

Physical Street Address:

6049 Old Hwy 41A

City or Town:

Tampa

State:

FL

Zip Code:

33619

County:

Hillsborough

Land Type: ☒ Private☐ Federal☐ Municipal☐ State ☐ OtherLatitude: 27.888 Longitude: - 82.3946 Method:
d d m m s s . ssss d d m m s s . ssss Datum:**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A.

424690

B.

C.

D.

**6. Facility Mailing
Address**

Street Address or P.O. Box:

6049 Old Hwy 41A

City or Town:

Tampa

State:

FL

Zip Code:

33619

**7. Facility Contact
Person**

First Name:

Danny

Last Name:

Edwards

Title:

Ops Manager

Phone Number:

813-677-8414

Extension:

107

E-Mail: danny.edwards@univarusa.com

Street or P.O. Box:

6049 Old Hwy 41A

City or Town:

Tampa

State:

FL

Zip Code:

33619

**8. Real Property
Owner of the
Facility's
Physical Location**
(List additional
real property owners
in the comments
section.)

Name of Real Property Owner:

Univar USA

☐ New OwnerDate became Owner: 02 / 26 / 2007
mm dd yyyy

Street or P.O. Box:

6049 Old Hwy 41A

Phone Number:

813-677-8414

City or Town:

Tampa

State:

FL

Zip Code:

33619

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 Aon Risk Services, Inc. of PennsylvaniaAddress 4650 Market Street Suite 1000

Contact: _____

Telephone: 866-283-7122Policy Number: GL0711190Expiration date: 03-01-08

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

- e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume 40 Drums a week.

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)

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input 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**

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	F005	5	U002	6	U154	7	
8		9		10		11		12		13		14	
15		16		17		18		19		20		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**

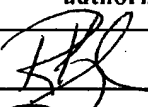
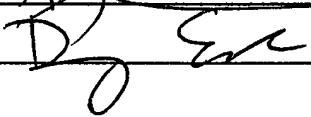
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
☐ 2. Waste generated by business has been delisted.
☐ 3. Other (explain) _____

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:**

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)
	Robin K Hazil / General	2/21/08
	Danny Edwards / Ops Manager	2/21/08

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: