



# 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

06/19/2008

Brent Nozaki, HSE Manager  
Cummins Power south LLC  
5125 Highway 85  
Atlanta, GA 30349-5976

DEP/EPA ID: **FLD982091282**  
LOCATION: **4820 N Orange Blossom Trl, Orlando.**

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:

**Conditionally Exempt SQG**

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: 57646  
Email Address: [brent.m.nozaki@cummins.com](mailto:brent.m.nozaki@cummins.com)

Cummins Power South, LLC  
5125 Highway 85  
Atlanta, GA 30349  
Tel: 404 763 0151



**Power  
South**

RECEIVED

JUN 16 2008

June 9, 2008

BY: BSHW

Florida DEP  
Waste Management Division – HWRS, MS4560  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Ref: Cummins Power South LLC  
Florida Notification of Regulated Waste Activity Forms

Dear Sirs,

Enclosed please find Florida Notification of Regulated Waste Activity Forms for the following Cummins Power South LLC facilities:

FLD046702122	5910 E Hillsborough Avenue, Tampa, Hillsborough County, FL 33610
FLD981866718	9900 NW 77 Court, Hialeah Gardens, Dade County, FL 33016
FLD982091175	2050 W 21st Street, Jacksonville, Duval County, FL 32209
FLD982091282	4820 N Orange Blossom Trail, Orlando, Orange County, FL 32810
FLD982159162	2671 East Edison Ave, Fort Myers, Lee County, FL 33916
FLR000133629	321 S.W. 52nd Avenue Ocala, Marion County, FL 34474
New Application 33404	3777 Interstate Park Road North, West Palm Beach, Palm Beach County, FL

If there are any questions, please contact me at 404-765-5131.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Brent Nozaki'.

Brent Nozaki, CHMM

FL DEP 050808

RECEIVED

Date Received  
(for FDEP Official Use Only)  
JUL 18 2005



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

EPA ID **FLD982091282**

MTS

RCRAInfo

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

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

Name of Operator:

Cummins Power South LLC

☐ New Operator

Date became Operator: 10 / 03 / 2005  
mm dd yyyy

Street or P.O. Box:

5125 Hwy 85

Phone Number:

404-765-0151

City or Town:

Atlanta

State:

GA

Zip Code:

30349

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical  
Location  
Information

Physical Street Address:

4820 N Orange Blossom Trail

City or Town:

Orlando

State:

FL

Zip Code:

County:

Orange

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.

423830

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:

Brent

Last Name:

Nozaki

Title:

HSE Mgr

Phone Number:

404-765-5131

Extension:

E-Mail:

brent.m.nozaki@cummins.com

Street or P.O. Box:

5125 Hwy 85

City or Town:

Atlanta

State:

GA

Zip Code:

30349

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

Name of Real Property Owner:

Cummins Power South LLC

☐ New Owner

Date became Owner: 10 / 03 / 2005  
mm dd yyyy

Street or P.O. Box:

5125 Hwy 85

Phone Number:

404-765-0151

City or Town:

Atlanta

State:

GA

Zip Code:

30349

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 \_\_\_\_\_

Address \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

- 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)

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input checked="" 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 checked="" type="checkbox"/>	<input 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	2	3	4	5	6	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**

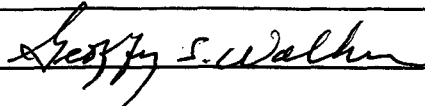
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.  
☐ 2. Waste generated by business has been delisted.  
☐ 3. Other (explain) \_\_\_\_\_

**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)
	GEOFFREY S. WALKER, VP OPS	06/10/08

**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: