

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:FLD982091282LOCATION: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,

Michaek. Bedig

Michael X. Redig Environmental Manager Hazardous Waste Regulation Section

ME ID: 57646 Email Address: brent.m.nozaki@cummins.com Cummins Power South, LLC 5125 Highway 85 Atlanta, GA 30349 Tel: 404 763 0151



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JUN 1 6 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 FLD981866718 FLD982091175 FLD982091282 FLD982159162 FLR000133629 New Application 33404 5910 E Hillsborough Avenue, Tampa, Hillsborough County, FL 33610
9900 NW 77 Court, Hialeah Gardens, Dade County, FL 33016
2050 W 21st Street, Jacksonville, Duval County, FL 32209
4820 N Orange Blossom Trail, Orlando, Orange County, FL 32810
2671 East Edison Ave, Fort Myers, Lee County, FL 33916
321 S.W. 52nd Avenue Ocala, Marion County, FL 34474
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,

BUN

Brent Nozaki, CHMM

FL DEP 050808

BPA ID FLD G S 2 O G / 28 2. M3 Resume BPA ID Submittal Check correct box: To provide initial notification information). (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). 2. Facility Operator Submittal To provide subsequent notification information). (to update status and facility identification information). 2. Facility Operator List additional Operator in the Operator Type: Mane of Operator: Currmins Power South LLC In ew Operator Date became Operator: 10 / 93 / 2005 10 / 93 / 2005 5. Facility Operator List additional Operator Type: Mane of Operator: List additional Operator Type: Private Facility Physical City or Town: Orlando State: GA Zip Code: 30349 Operator Type: Market Location Information Orlando State: FL State: Date: Other Junicipal 5. Facility Physical Location Information Orlando State: State: Other Datumicipal 5. Facility North American Industry Classification System (NAICS) A G. A G. Datumicipal 6. Facility Mailing Street Address or P.O. Box: Street Address or P.O. Box: Street Grig or Town: Street Grig or Town: Street Address or P.O. Box: 7. Facility Mailing Address Street or P.O. Box: Street or P.O. Box: Street GA Zip Code: 30349 30349 8. Real Property Owner of the Facility's Str						RECEIVED		
FLD G S2 D G1 28 22 I. Reason for Submittal Check correct To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). Z. Facility or Business Name To provide subsequent notification (to update status and facility identification information). 2. Facility Operator List additional Operators in the Operator Type: D Power South LLC New Operator Date became Operator: 10 / 03 / 2005 mm dd ypyy 4. Facility Operator List additional Operator Type: D Power South LLC New Operator Date became Operator: 10 / 03 / 2005 mm dd ypyy 4. Facility Physical Location Information State: GA Zip Code: 30349 0. Derator Type: D Private Federal Municipal State: GA 2. Facility Physical Location Information City or Town: Orlando State: FL Zip Code: 2. Facility North American Industry Classification System (NAICS) Code(s) A 423830 B State: Zip Code: 5. Facility Mailing Address Street Address or P.O. Box: State: State: Zip Code: 30349 7. Facility Contact Person First Name: Brent Last Name: Nozaki Tide: HSE Mgr 7. Facility Contact Person First Name: Brent Last Name: Nozaki <	FLORIDA	RE DEP V	CGULATED WASTE Vaste Management Division Blair Stone Rd. Tallahassee	ACTIVITY HWRS, MS4560 2, FL 32399-2400		for FDEP Official Use Only) JUN 1 & Ann		
Submittal box: waste, universal waste, or used oil activities). Zi To provide subsequent notification information). Zi To provide subsequent notification information). (to update status and facility identification information). 2. Facility Operator List additional Operators into comments section). Name of Operator: Cummins Power South LLC New Operator Date became Operator: 10 / 03 / 2005 mm dd yyyy Operators into comments section). Street or P.O. Box: 5125 Hwy 85 Phone Number: 404-765-0151 City or Town: Atlanta State: GA Zip Code: 30349 Operator Type: Ø Private Federal Municipal State: Oter 4. Facility Physical Location Information City or Town: Orlando State: FL Zip Code: County: Orange Istate Other Istate: Imm State: City Code: 5. Facility North American Industry Classification System (NAICS) A 423830 B City or Town: State: Zip Code: 6 d m s. asses Datum: Date State: Zip Code: 7. Facility Contact Person First Name: Brent Last Name: Nozaki Title:	EPAIDFLDG	78209	1282	MTS		RCRAInfo		
8. Facility Operator Name of Operator: Cummins Power South LLC Image: New Operator Date became Operator: 10_/03_/2005 mm_dd_yyyy Street or P.O. Box: 5125 Hwy 85 Phone Number: du/-765-0151 City or Town: Atlanta State: GA A. Facility Physical Location Information Physical Street Address: 4820 N Orange Blossom Trail City or Town: Orlando State: FL Zip Code: County: Orange Image: State Other Municipal Latitude: Image: State: Clip Code: Municipal S. Facility North American Industry Classification System (NAICS) Code(s) A 423830 B. S. Facility Mailing Address Street Address or P.O. Box: Same Same Address First Name: Brent Last Name: Nozaki Phone Number: 404-765-5131 Extension: E-Mail: Smarp State: City or Town: Atlanta State: GA Zip Code: 7. Facility Contact Person First Name: Brent Last Name: Nozaki Title: HSE Mgr Phone Number: 404-765-5131 Extension:	1. Reason for Submittal	Check correct To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). Image: Check correct box: Image: Check correct results and facility identification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). Image: Check correct box: Image: Check correct results and facility identification (to update status and facility identification for hazardous waste).						
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Address Oreor Town: Atlanta State: GA Zip Code: 30349 Operator Type: Private Federal Municipal State: GA Zip Code: 30349 Operator Type: Physical Private Federal Municipal State: Other	3. Facility Operator (List additional Operators in the	Name of Operator: Cummins Power South LLC			Date became Operator: <u>10 /03 /2005</u>			
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4. Facility Physical Location Information Physical Street Address: 4820 N Orange Blossom Trail City or Town: Orlando State: FL Zip Code: County: Orange		City or Town:	Atlanta		State: GA	Zip Code: 30349		
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County: Orange Land Type: Private Federal Municipal Latitude:			dress:	4820 N Orai	·	n Trail		
Image Image <td< th=""><th>Information</th><td>City or Town:</td><td>Orlando</td><td>)</td><td>State: FL</td><td>Zip Code:</td></td<>	Information	City or Town:	Orlando)	State: FL	Zip Code:		
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. 423830 B. D. 6. Facility Mailing Address Street Address or P.O. Box: D. D. D. 6. Facility Mailing Address Street Address or P.O. Box: Same Same 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 Name of Real Property Owner: Cummins Power South LLC Deve Owner: Date became Owner: 10 /03 / 2005 mm dd yyyy Street or P.O. Box: 5125 Hwy 85 Phone Number: 404-765-0151 List additional eal property owners n the comments City or Town: Atlanta State: GA Zip Code: 30349								
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Owner of the Facility's Cummins Power South LLC Date became Owner: 10 / 03 / 2005 mm dd yyyy Physical Location List additional real property owners n the comments Street or P.O. Box: 5125 Hwy 85 Phone Number: 404-765-0151		City or Town:	Atlanta		State: GA	Zip Code: 30349		
List additional real property owners n the comments City or Town: Atlanta State: GA Zip Code: 30349	Facility's Physical Location (List additional	Cummins Power South LLC			Date became Owner: <u>10</u> / <u>03</u> /2005 mm dd yyyy			
n the comments 30349		Street or P.O. Box: 5125 Hwy 85			Phone	^{e Number:} 404-765-0151		
	real property owners in the comments	City or Town:	Atlanta	<u> </u>	State: GA	Zip Code: 30349		
Owner Type: Definition Private Definition Federal Definition Municipal Definition State Definition	section.)	Owner Type: 🛛	Private 🗌 Federal 🗌	Municipal 🛛 Sta	ate Other_	· · · · · · · · · · · · · · · · · · ·		

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EPAID No. FLD 982091282						
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.				
 Generator of Hazardous Waste (Choose only one of the following three c a. Large Quantity Generator (LQG): Generates in any calendar month greater per month (kg/mo) (2,200 acute hazardous waste; or Greate of acute hazardous waste 	1,000 kilograms or lbs.) of <i>non</i> -	 Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity. Recycler of Hazardous Waste (at your facility) Specify: Commercial; Non-Commercial. Note: A hazardous waste permit may be required for this activity. 				
 b. Small Quantity Generator (SQG) Generates in any calendar month 100kg/mo but less than 1,000 kg/ lbs.) of <i>non-acute</i> hazardous was (2.2 lbs) or less of acute hazardou 	greater than mo (>220 to <2,200 ste and/or 1 kg	 4. Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption 				
 c. Conditionally Exempt SQG (CES Generates in any calendar month (220 lbs.) of <i>non-acute</i> hazardou (2.2 lbs) or less of <i>acute</i> hazardo In addition, indicate other generator as d. United States Importer of hazardo 	100 kg/mo or less s waste and/or 1 kg us waste ctivities (that apply).	 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 				
Generator	7. Transporter of Hazardous Waste Note: A Certificate of Liability Insurance is required along with this registration.					
c. <u>Hazardous Waste Transporter</u>		on:_				
Contact:		Telephone:				
Dalian Number						
d. Transportation Mode: 🗌 Air; 🗌 Ra	il; 🗌 Highway; 🔲 W	ater; 🗋 Other - specify				
e. 🔲 Hazardous Waste Transfer Faci	lity: 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) Cenerate/ Accumulate Transport Accumulate Cenerate/ Cenerate						
a. Batteries		pharmaceutical waste ("P-listed") (LQH)				
b. Pesticidesc. Mercury Containing Thermostats		 c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH) 				
d. Mercury Containing Lamps		3. Destination Facility for UW				
e. Mercury Containing Devices		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				
f. Pharmaceuticals g. Other (specify)		UW without storing it.				
DEP Form 62-730.900(1)(b) effective	date 0//22/2007	4. Transporter of UW Page 2 of 4				

	a. Transporter b. Transfer Facili	- Indicate type(s) o ty nd/or Re-refiner - Ia		activity a. sp	Marketer who directs s becification used oil to o	hipment of off-
typ	e(s) of activity(ies) a. Processor b. Re-refiner		litere	□ b.	sed oil burner Marketer who first clai neets the specifications	ms the used oil
3. 🗆	Off-Specification	u Used Oil Burner		5. 🗵 U	sed Oil Generator	
	r State Regulated V tivities may require	Waste Activities: additional submissio		Used Oil Filte	er Handler 2. [PCW Handler
your faci	lity. List them in th	e order they are pres	sented in the re	gulations (e.g., D	e waste codes of the Feo 0001, DOO3, FOO7, U n additional page if mor	
	2	3	4	5	6	7
} 	9	10	11	12	13	14
5	16	17	18	19	20	21
?2	23	24	25	26	27	28
A. Non -	Handler of Regula Business no longe	tes (Mark 'X' in the state of t	acility rts, treats, store		hazardous waste.	
A. Non- □ 1. □ 2. □ 3. B. Facil □ 1.	Handler of Regula Business no longe Waste generated H Other (explain) ity Closed Closed at this loca if you will be han Out of Business - mailing address, Contact	ation and moved or adding regulated was Business closed on and phone number v	acility rts, treats, store a delisted. moving to and te there. where you can	es, or disposes of other - submit a no be reached after c	ew 8700-12FL for the ne (Date). Please provide a closing.	a contact person,
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EPAID No. FLD 982091282

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>^</i>			
Sterfy S. Walkin	GEOFFRY S. WALKER	VPORS	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: