



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 15, 2009

Shaunte Stallworth
Industrial Water Services Inc
1640 Talleyrand Ave
Jacksonville, FL 32206

BE IT KNOWN THAT

Industrial Water Services Inc
1640 Talleyrand Ave
Jacksonville, FL 32206- 5436

IS HEREBY REGISTERED AS A USED OIL

Transporter, Processor, Marketer, Filter Transporter, Filter Transfer
Facility, Filter Processor

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues

Registration Number **FLD981928484** on June 15, 2009

Insurance Carrier: **INDIAN HARBOR INSURANCE CO**

This registration will expire on 06/30/2010

This certificate documents receipt of your annual registration
and annual report. It shall be displayed in a prominent place
at your facility. This certificate and your cancelled check
are your receipts.

Aprilia Graves
Environmental Specialist IV
Hazardous Waste Regulation Permitting

FACILITY DOCUMENT LOG DETAILS:

Back to main page

Document Log ID: 5080

City: Jacksonville ,County: Duval ,Login Name:

UOP : shaunte.stallworth@iwsww.com

Process	Date	Author
Logged	3/3/2009 2:54:14 PM	Sullivan_TA
Waiting for information	4/6/2009 1:03:02 PM	Noland_T
Data processing	6/15/2009 3:12:14 PM	Noland_T
Notification Letter Emailed	6/15/2009 3:13:45 PM	Noland_T
Booked into Oculus	6/15/2009 3:13:51 PM	Noland_T
	6/15/2009 3:13:55 PM or	
<div>Add new process</div>		

Date	Comment	Author
4/6/2009 1:03:01 PM	Sent Bheem an e-mail asking about their Permit.	Noland_T
4/6/2009 1:10:44 PM	Need Insurance and halogen screening-Left a message for Shaunte Stallworth	Noland_T
4/6/2009 1:42:42 PM	Bheem said the Permit # that is in data is correct.	Noland_T
4/7/2009 9:27:36 AM	Received ACCORD Form	Noland_T
4/7/2009 9:31:44 AM	Sent an e-mail to Shaunte asking for a copy of their MCS-90 Form	Noland_T
4/13/2009 9:51:21 AM	Requested MCS-90 Form again.	Noland_T
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5/7/2009 3:01:24 PM	They show in data as a TSD but did not mark it on their form. -sent Tim, Jack, and Bryan an e-mail.	Noland_T
5/7/2009 3:02:58 PM	Tim said "I am not sure about the current options under the TSD listing, but the attached email would suggest that we need to reflect that they are a non-operating TSD with delayed closure obligations. This one still needs to be updated. I am ok with Post-Closure Permit since I am assuming we don't have a "delayed closure permit" flag.	Noland_T
5/7/2009 3:08:46 PM	Can`t find where they paid the Reg fee-need to call and see if they did.	Noland_T
5/8/2009 3:58:51 PM	Left a message for Shaunte re: fee	Noland_T
6/15/2009 2:45:30 PM	No fee needed-they are a Processor	Noland_T
<div>Add new comment</div> <div>Add comment</div>		

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[Back to main page](#)

Document Log ID: 5094

INDUSTRIAL WATER SERVICES INC

City: Jacksonville ,County: Duval ,Login Name:

UOP : shaunte.stallworth@iwsww.com HWR : shaunte.stallworth@iwsww.com

Process	Date	Author
Logged	3/3/2009 2:59:00 PM	Sullivan_TA
Data processing	4/8/2009 3:49:53 PM	Collins_S
Notification Letter Emailed	6/15/2009	Noland_T
Final reviewed	7/24/2009 11:20:56 AM	Graves_A
Booked into Oculus	7/24/2009 11:36:44 AM or	

[Add new process](#)

Date	Comment	Author
4/8/2009 3:49:52 PM	The totals on the form do not appear to be consistent per Fox Pro and the annual rpt form	Collins_S
5/1/2009 11:43:40 AM	The values are inconsistent with Fox pro	Collins_S
5/1/2009 11:43:58 AM	The values are inconsistent with Fox pro	Collins_S
7/16/2009 2:06:36 PM	Need clarification from the facility concerning the Annual Report. Left message for Shaunte Stallworth	Graves_A
7/22/2009 4:27:15 PM	Annual Report corrected -ok	Graves_A

[Add new comment](#)

[Add comment](#)



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY
DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

EPA ID F L D 9 8 1 9 2 8 4 8 4

MTS

RCRAInfo

1. Reason for
Submittal

Mark 'X' in
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).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or
Business Name

Industrial Water Services, Inc.

FEID No.

5 9 2 6 7 8 9 5 1

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

Name of Operator:

A. Thomas Dudley, Sr.

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

P.O. Box 43369

Phone Number: 904-354-0372

City or Town:

Jacksonville

State:

FL

Zip Code:

32203

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other _____

4. Facility Physical
Location
Information

Physical Street Address:

1640 Talleyrand Avenue

City or Town:

Jacksonville

State:

FL

Zip Code:

32206

County:

Duval

If available, please attach a map or sketch of the facility boundaries.

Latitude: 3 0 2 0 3 6 N Longitude: 8 1 3 7 4 6 W Method:
dd mm ss.ssss dd mm ss.ssss Datum:

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

A.

562219

B.

C.

D.

6. Facility or
Business Mailing
Address

Street Address or P.O. Box:

P.O. Box 43369

City or Town:

Jacksonville

State:

FL

Zip Code:

32203

7. Facility or
Business Contact
Person

First Name:

Shaunte

Last Name:

Stallworth

Title:

Compliance Mgr.

Phone Number:

904-354-0372

Extension:

E-Mail:

shaunte.stallworth@iwsww.com

Street or P.O. Box:

P.O. Box 43369

City or Town:

Jacksonville

State:

FL

Zip Code:

32203

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

Name of Real Property (Land) Owner:

A. Thomas Dudley, Sr.

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

P.O. Box 43369

Phone Number: 904-354-0372

City or Town:

Jacksonville

State:

FL

Zip Code:

32203

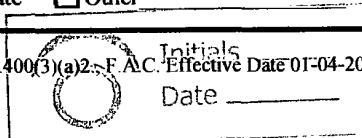
Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other



9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(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 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

For Items 2 through 7, mark 'X' in all that apply.**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(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 - Choose 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 - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(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 _____☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility
[Chapter 62-737, F.A.C.]☐

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐

Pharmaceuticals

☐

Lamps

☐

Devices

☐**(5) Destination Facility for UW** ☐

Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center**(3) ☒ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☒ Used Oil Fuel Marketer****(6) Used Oil Filter**


- ☐ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.



Signature of Authorized Person

Shaunte Stallworth

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☒ The site (facility) address

EPA ID No.

FLD981928484

D. Other State Regulated Waste Activities:☒ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

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	D006	3	D007	4	D009	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 all that apply):**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 Form 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. 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. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)*Shaunte Stallworth*

Shaunte Stallworth Compliance Mgr.

02-24-2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

FACILITY DOCUMENT LOG DETAILS:

[Back to main page](#)

Document Log ID: 5080

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7/24/2009 11:14:01 AM	Received corrected Annual Report on 07-23-2009-need to scan it and add it to package.	Noland_T

Add new
comment

[Add comment](#)