

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

July 20, 2009

Harry Lewis Lewis Environmental PO Box 40763 Jacksonville, FL 32203- 0763

BE IT KNOWN THAT

Lewis Environmental 1432 Cleveland St Jacksonville, FL 32209- 6400

IS HEREBY REGISTERED AS A USED OIL

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

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLR000048561** on July 20, 2009
Insurance Carrier: **EMPIRE FIRE & MARINE**

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



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				MTS			RCRAIL		
I Ir	Mark 'X' in correct box: titia: To provide initial notification (to obtain an EPA ID Number for hazardous. ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓								
2. Facility or Business Name	H. R. LEWIS PETROLEUM CO. D/B/A/LEWIS ENVIRONMENTAL					FEID	No. DY		
3. Facility Operator (List additional Operators in the	Name of Operator: JERRY STAPP				New Operator Date became Operator://				
comments section).	Street or P.O. Box: PO BOX 40763					Phone	Number: (9	04) 356-0731	
	City or Town: JACKSONVILLE				State:	FL	Zip Code:	32203	
	Operator Type: [2	Private I	Federal	Municipal 5	State [Other	r		
4. Facility Physical Location	Physical Street Address: 1432 CLEVELAND STREET								
Information	City or Town: JACKSONVILLE				State:	FL	Zip Code:	23309	
	County: Duval Poor Original If available, please attach a map or sketch of the facility boundaries.								
	Latitude: Method: dd mm ss.ssss dd mm ss.ssss Datum;								
5. Facility North Am Classification Syst		Α.			В.				
Code(s)	C.			D.					
6. Facility or Business Mailing	Street Address or P.O. Box: PO BOX 40763								
Address	City or Town:	JAC	KSONV	ILLE	State:	FL	Zip Code:	32203	
7. Facility or Business Contact Person	First Name:	irst Name: JERRY			Last Name: STAPP Title VP/COMPLINA			MPLINACE	
	Phone Number:	(904) 356-0	731	Extension: 109	E-Mail:	jsta	pp@lewispe	troleum.com	
	Street or P.O. Box: PO BOX					X 40763			
	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	Name of Real Property (Land) Owner: H. R. LEWIS PETROLEUM CO.				New Owner Date became Owner:/ mm dd yy				
	Street or P.O. Box: PO BOX 40763					Phone	Number: (90	04) 356-0731	
	City or Town:	JACKSONVILLE			State:	FL	Zip Code:	32203	
section.)	Owner Type: Private Federal Municipal State Other								

EPA ID No.						
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):	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste					
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)	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.					
Generator (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						
	Expiration date 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 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						

	EPA ID No.						
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 hazar							
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 Generate/ (see note in instructions) Handle at Transfer Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.						
a. Batteries							
(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 storage prior to reco	ty, a facility must treat, dispose or recycle a UW. A permit is required for ycling.						
C. Used Oil Activities: (1) Used Oil Transporter - indicate type(s) of activity(ies): \[\text{ a. Transporter} \] \[\text{ b. Transfer Facility} \] (2) \[\text{ Collection Center} \] (3) \[\text{ Used Oil Processor (A permit is required for this activity.)} \] (4) \[\text{ Off-Specification Used Oil Burner} \] (5) \[\text{ Used Oil Fuel Marketer} \] (6) \[\text{ Used Oil Filter} \] \[\text{ a. Transporter} \] \[\text{ b. Transfer Facility} \] \[\text{ c. Processor} \] \[\text{ d. End User} \]	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 JERRY STAPP Print Name of Authorized Person						
(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.	(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						

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		eligija ja die ja		EPA ID	No.		
D. Other Sta	e Regulated Waste A	ctivities:			iter (PCW) Handler [Cha		
			Note:	A water facilit	ty permit may be required	for this activity.	
		•			te codes of the Federal haz	zardous wastes handled at	
*	List them in the order		_			are needed	
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 S	tatus Changes (Ma	rk 'X' in all that a	pply):				
(1) (2)	ndler of Regulated V Business no longer ge Waste generated by bu Other (explain)	nerates, transports, Isiness has been del	treats, stores, or o	lisposes of ha			
 □ (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							
	Property Tax Defaul			on for Bankr	ruptcy 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)	
representative			Jerry Sta	pp V/P Co	07/16/2009		
- Jun 30/							
If the person	who filled in this for Jerry Stapp	m is not the Facili	ty Contact or Op (904) 350	-	se complete the informat jstapp@lewis	ion below: petroleum.com	
(Name of person completing this form)			(Phone Number	one Number) (E-mail Address)			
13. Comme	nts:						