

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

01/12/2010

Steve Becker Clean Fuels Of Florida Inc 2635 NE 4th Ave Pompano Beach, FL 33064-5405

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at 2635 NE 4th Ave, Pompano Beach, FL 33064-5405 has been registered through March 1, 2011 with the following status:

Facility ID # FLD984171256

Transporter of Universal Waste Lamps and Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year 2011 will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace

Environmental Specialist

Hazardous Waste Management Section

Enclosures

8700-12FL - FLORIDA NOTIFICATION OF Wind DEP Official Use Only REGULATED WASTE ACTIVITY DHP Waste Management Division-HWRS, MS4560 JAN O ALE 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772 RCRAInfo 2 5 6 1. Reason for Mark 'X' in To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous Submittal correct box: waste, universal waste, or used oil activities). To provide <u>subsequent notification</u> (to update status and facility identification information). Is this the **final notification** (see instructions) for the facility? FEID No. 2. Facility or Clean Fuels Of Florida Inc. **Business Name** 6 5 0 5 4 6 3. Facility Operator Name of Operator: New Operator Clean Fuels Of Florida Inc. (List additional Date became Operator: Operators in the mm dd уу comments section). Street or P.O. Box: Phone Number: 954-791-9588 2635 NE 4th Avenue City or Town: Zip Code: State: Pompano Beach 33064 Operator Type: Private Federal Municipal | Other State Physical Street Address: 4. Facility Physical Location City or Town: State: Zip Code: Information FL County: Broward If available, please attach a map or sketch of the facility boundaries. | Method: Latitude: | | | | | | _ Longitude: ___ _ _ _ _ _ _ _ Datum: d d m m m m S S . SSSS 5. Facility North American Industry 562112 Classification System (NAICS) C. Code(s) Street Address or P.O. Box: 6. Facility or 2635 NE 4th Avenue **Business Mailing** City or Town: State: FL Zip Code: Pompano Beach 33064 Address Title:Operations Mang. 7. Facility or First Name: Last Name: Becker Steve **Business Contact** Person Phone Number: Extension: E-Mail: 954-791-9588 sbecker@clean-fuels.net Street or P.O. Box: 2635 NE 4th Avenue City or Town: State: Zip Code: FΙ 33064 Pompano Beach Name of Real Property (Land) Owner: 8. Real Property □ New Owner Damon Barry Fernandez (Land) Owner Date became Owner: of the Facility's mm dd Physical Location Street or P.O. Box: Phone Number: 954-791-9588 2635 NE 4th Avenue (List additional real property owners City or Town: State: Zip Code: F١

☐ Municipal

☐ State

Other

Pompano Beach

Federal

in the comments section.)

Owner Type: Private

33064

EPA ID No. FLD984171256
at apply):
For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste
FDEP. (6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.
of Liability Insurance is required along with this registration.] waste only b. For commercial purposes on unce American Speciality ain Road Ste. E19
22-1294
Telephone 954-452-4900 Expiration date 11-03-2010
Expiration date 11-03-2010 Water Other - specify
Storage Volume
with the initial notification for a transfer facility [Rule 62-730.171(3), the transporter that the proposed location satisfies the (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.] ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] ule 62-730.171(3)(a)6., F.A.C.] 0.171(3)(a)7., F.A.C.]

	FLD984171256 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 accommodate Mercury-containing devices SQH = less than 100 kg accumulated	•					
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 pharmace	utical waste (UPW) accumulated					
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazard						
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	· · · · · · · · · · · · · · · · · · ·					
	ilways 1 kg of less of acutely hazardous of w accumulated					
(1) Now those Monoging I (connected to I	(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	500					
b. Pesticides						
c. Pharmaceuticals	12000					
d. Mercury Containing Devices	40					
e. Mercury Containing Lamps	4500					
•	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 storage prior to recy						
(1) Used Oil Transporter - indicate type(s) of activity(ies): X 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 x a. Transporter b. Transfer Facility c. Processor	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 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					

	Con Prophictor - no Shoo			EPA ID No.	FLD9	84171256	
D. Other State R	egulated Waste A	ctivities:			CW) Handler [Chap nit may be required f		
your facility. List	them in the order th	hey are presented in	n the regulations (e	.g., D001, D003, I		ardous wastes handled at	
[/] D001	D001 D002 D003 D004 D005 D006 D007						
⁸ F001		¹⁰ F003	¹¹ F004	¹² F005	¹³ F006	¹⁴ F007	
1 000	1 000	¹⁷ F010	¹⁸ F011	¹⁹ F012	20	21	
22	23	24	25	26 Se. ATTACK	J War. Co	28	
11. Other Statu	s Changes (Mar	k 'X' in all that ar	pply):				
☐ (1) Busi ☐ (2) Was	er of Regulated Winess no longer gente generated by buser (explain)	erates, transports, t siness has been deli	reats, stores, or dis				
(1) Clos be l (2) Out addi Contact Address	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						
C. Prop	perty Tax Default		☐ D. Petition	for Bankruptcy	Protection		
in accordance with information submit for submitting false	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 on	representative		Pr	int Name and T	Title	Date Signed (mm-dd-yyyy)	
Stend	2 Rech		Steven A. Be	ecker / Operat	ions Manager	12-30-2009	
If the person who	If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:						
(Name of person co	ompleting this form	1)	(Phone Number)		(E-mail Address)		
13. Comments:							

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13 -	14	15	16	17	18
D 0 0 1	D 0 0 2	D 0 0 3		D 0 0 5	D 0 0 6
19	20	21	22	23	24
D 0 0 7	D 0 0 8	D 0 0 9	D 0 1 0	D 0 1 1	D 0 1 2
25	26	27	28	29	30
D 0 1 3	D 0 1 4	D 0 1 5	D 0 1 6	D 0 1 7	D 0 1 8
31	32	33	34	35	36
D 0 1 9	D 0 2 0	D 0 2 1	D 0 2 2	D 0 2 3	D 0 2 4
37	38	39	40	41	42
D 0 2 5	D 0 2 6	D 0 2 7	D 0 2 8	D 0 2 9	D 0 3 0
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Ď 0 3 1	D 6 3 2	D 0 3 3	D 0 3 4	D 0 3 5	DO 36
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F 0 0 6	F 0 0 7	F 0 0 8	F 0 0 9	F 0 1 0	F 0 1 1
67	68	69	70	71	72
F 0 1 2	F 0 1 9	F 0 2 4	F 0 2 5	F 0 2 7	F 0 3 2
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97 K 0 2 1	98	99	100	101	102
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	K 0 2 8		<u> </u>		
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, 115	116	117	118	119	120
K 0 3 9	K 0 4 0	K 0 4 1	K 0 4 2	K 0 4 3	K 0 4 5
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ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

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1 6 0	K 1 6 1
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107	108
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113	114
3 8	P 0 3 9
119	120
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ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13 -	14	15	16	17	18
P 0 4 6	P 0 4 7	P 0 4 8	P 0 4 9	P 0 5 0	P 0 5 1
19	20	21	22	23	24
P 0 5 4	P 0 5 6	P 0 5 7	P 0 5 8	P 0 5 9	P 0 6 0
25	26	27	28	29	30
P 0 6 2	P 0 6 3	P 0 6 4	P 0 6 5	P 0 6 6	P 0 6 7
31 ′	32	33	34	35	36
P 0 6 8	P 0 6 9	P 0 7 0	P 0 7 1	P 0 7 2	P 0 7 3
37 -	38	39	40	41	42
P 0 7 4	P 0 7 5	P 0 7 6	P 0 7 7	P 0 7 8	P 0 8 1
43 _	44	45	46	47	48
P 0 8 2	P 0 8 4	P 0 8 5	P 0 8 7	P 0 8 8	P 0 8 9
49 _	50	51	52	53	54
P 0 9 2	P 0 9 3	P 0 9 4	P 0 9 5	P 0 9 6	P 0 9 7
55 -	56	57	58	59	60
P 0 9 8	P 0 9 9	P 1 0 1	P 1 0 2	P 1 0 3	P 1 0 4
61 -	62	63	64	65	66
P 1 0 5	P 1 0 6	P 1 0 8	P 1 0 9	P 1 1 0	P 1 1 1
67	68	69	70	71	72
P 1 1 2	P 1 1 3	P 1 1 4	P 1 1 5	P 1 1 6	P 1 1 8
73	74	75	76	77	78
P1 19	P1 20	P 1 2 1	P 1 2 2	P 1 2 3	P 1 2 7
79 -	80	81	82	83	84
P 1 2 8	P 1 8 5	P 1 8 8	P 1 8 9	P 1 9 0	P 1 9 1
85	86	87	88	89	90
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0007	U O O 8	0009	U 0 1 0	U 0 1 1	U 0 1 2
109	110	111	112	113	114
U 0 1 4	U 0 1 5	U 0 1 6	U 0 1 7	U 0 1 8	U 0 I 9
115	116	117	118	110	120
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iX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardou is page only if you need to list more than 12 waste codes.)

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

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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

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

Facility Name	Stre	et Address Cit	y and State
,			•
4-791-9588	954-791-9366	Sbeckene Clepus	fu. L. NeT
Phone	Fax	E-mail	
	-	nsfer facilities (in-state and out-of heck all boxes that apply.	f-state).
1. Estimated <u>num</u> Types:	<u>lber</u> of LAMPS hand Fluorescent ⊄	lled during the last calendar year. HID 🏏	7,000
Types:	<u>lber</u> of DEVICES had Thermostats rmometers		
3. Estimated weig	<u>ght</u> of DEVICES han	dled during the last calendar year	r <u>640</u> lb.
	_	ices each facility received. Check lity name, location, and contact in	
5000 AFRC	Com Inc. 4317 Fo	RTUNE Way W. Mclboran fl. ;	2904 321-952-15
Number L≱D□		City/State	Phone
640 AERC COR	n. Ine 4317 FORT	WHE WAY W. M. I baver fl. 3.	2804 321-952-1516
Number L≱D□		City/State	Phone
Number L \(\Bar{D} \)	Facility Name	City/State	Phone
Print Name of Aut	horized Agent	Signature of Authorized Agent	Date

Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

,	cy in your state aware of your activities as a transporter of vaste lamps and devices in Florida?
Yes	No
written verification from that activities as a transporter for u	ne the following in previous years, please enclose some environmental agency that they are aware of your universal waste lamps and devices in Florida and in your in the form of a letter to you or to the Department, a
Submitted Previously _	Submitted in What Year?
STEVEN A. BECKER Print Name of Authorized Agent	Signature of Authorized Agent Date

Complete, sign and return this checklist along with your registration form to:

Laurie Tenace, MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl01282009.doc