



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

March 12, 2010

Marla Russell
Florida Power Corp - Wildwood Service Complex
PO Box 14042 PEF 903
St Petersburg, FL 33733- 4042

BE IT KNOWN THAT

Florida Power Corp - Wildwood Service Complex
4306 E County Road 462
Wildwood, FL 34785- 8762

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD029436631** on March 12, 2010
Insurance Carrier: **SELF INSURED**

This registration will expire on 06/30/2011

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.

A handwritten signature in cursive script that reads "Aprilia Graves".

Aprilia Graves
Engineering 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

RECEIVED
 Date Received: FEB 16 2010
 (for EDEP Official Use Only)
 BY: BSIW

EPA ID: **F L D 0 2 9 4 3 6 6 3 1** MS 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?

Poor Original

2. Facility or Business Name Wildwood Service Complex
FEID No. 5 9 0 2 4 7 7 7 0

3. Facility Operator (List additional Operators in the comments section).
Name of Operator: Florida Power Corp. dba Progress Energy Florida, Inc
 New Operator
Date became Operator: ___/___/___ mm dd yy
Street or P.O. Box: 4306 E County Rd 462 **Phone Number:** 727-820-5884
City or Town: Wildwood **State:** FL **Zip Code:** 34785
Operator Type: Private Federal Municipal State Other Electric Utility

4. Facility Physical Location Information
Physical Street Address: 4306 E County Rd 462
City or Town: Wildwood **State:** FL **Zip Code:** 34785
County: Sumter **If available, please attach a map or sketch of the facility boundaries.**
Latitude: 2 8 5 3 0 8 . 0335 **Longitude:** 8 2 0 1 5 1 . 4788 **Method:**
 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. 2211 B.
 C. D.

6. Facility or Business Mailing Address
Street Address or P.O. Box: P.O. Box 14042, PEF-903
City or Town: Saint Petersburg **State:** FL **Zip Code:** 33733

7. Facility or Business Contact Person
First Name: Marla **Last Name:** Russell **Title:** Sr. Environmental
Phone Number: 727-820-5884 **Extension:** **E-Mail:** Marla.Russell@pgnmail.com
Street or P.O. Box: P.O. Box 14042, PEF-903
City or Town: Saint Petersburg **State:** FL **Zip Code:** 33733

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: Florida Power Corp. dba Progress Energy Florida, Inc
 New Owner
Date became Owner: ___/___/___ mm dd yy
Street or P.O. Box: 401 S. Wilmington St., PEB17B5 **Phone Number:** 727-820-5884
City or Town: Raleigh **State:** NC **Zip Code:** 27601
Owner Type: Private Federal Municipal State Other Electric Utility

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	500
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000

(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices

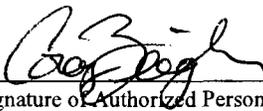
(5) Destination Facility for UW Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

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

(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

Corey Zeigler, Mgr. Environmental
Print Name of Authorized Person

Letter of financial assurance is attached.

(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

(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.
Check #192339

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	D008	4	F003	5	F005	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 _____

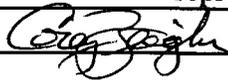
City, State, Zip _____

 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)

Corey Zeigler

02-04-2010

Mgr. Environmental Permitting &
Compliance

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

Marla K. Russell

727-820-5884

Marla.Russell@pgnmail.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Annual facility registration requirement. Check #192339 is enclosed & the letter of financial assurance signed by the CFO for self-insured Florida business.



Progress Energy

Mark F. Mulhern
Senior Vice President and Chief Financial Officer
Progress Energy, Inc.

January 21, 2010

Florida Department of Environmental Protection
Hazardous Waste Regulation Section
MS 4560
Division of Waste Management
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Certified Mail

Re: Used Oil Transporter / Transfer Facility Letter of Self-Insurance

To whom it may concern:

Please be advised that Florida Power Corporation dba Progress Energy Florida, Inc. self-insures public liability exposures up to a \$5 million retention per occurrence. Excess insurance above this self-insured amount provides coverage for third party property damage, legal defense costs, sudden and accidental releases, threatened discharges, dispersal, seepages, migration releases or the escape of used oil, arising out of the activities of the company, its officers, directors, employees and authorized agents.

Because of the self-insurance retention, Florida Power Corporation dba Progress Energy Florida, Inc. will act as a self-insurer covering vehicle insurance and costs or expenses related to pollution damage for which the Company is legally liable.

Should you have any questions, please contact Mr. Gary Little, Manager, Insurance of Progress Energy Service Company, LLC at 919-546-6802.

Sincerely,

A handwritten signature in black ink that reads "Mark F. Mulhern".

Mark F. Mulhern
Chief Financial Officer

Enc: 8700-12FL – Florida Notification of Regulated Waste Activity
Check # 192339 in the amount of \$100

cc: Gary Little, Manager Insurance
Corey L. Zeigler, Manager Environmental Energy Supply
Kim McDaniel, Supervisor Environmental Services
Robert Stafford, Sr. Environmental Specialist
Janel J. Davies, Manager Transmission Construction Support
Kristin Beck, Supervisor Environmental Health & Safety