



## 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

03/10/2010

Bahram (Bob) Ahmadi, President  
Photographic Waste Control Inc  
1943 High St  
Longwood, FL 32750-3711

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Photographic Waste Control Inc located at **1943 High St, Longwood.**

**FLD984229609**

Your facility has been registered with the following requested status/activities:

**HW Transporter, Small Quantity Generator  
Oil Filters, Used Oil Transporter & Transfer Facility  
, Universal Pharmaceutical Transporter  
Small Quantity Handler, Universal Batteries, Universal Battery Transporter, Universal  
Pesticides, Universal Pesticide Transporter, Universal Lamps, Universal Lamp  
Transporter, Universal Devices, Universal Device Transporter, Universal  
Pharmaceuticals**

**THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL  
OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE,  
OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING  
FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR  
COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS,  
UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.**

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 48416 , Email Address: [pwci@bellsouth.net](mailto:pwci@bellsouth.net)

Link: [http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD984229609](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984229609)

# PHOTOGRAPHIC WASTE CONTROL INC

ID: [8427](#) EPA: [FLD984229609](#) City: Longwood County: Seminole

[« Back to main page](#)

8700-12 Submitted As: HWG RMH TF **✓ BRS**

Logged in as [Sullivan\\_TA](#) [\[Logout\]](#)

HWT : [pwci@bellsouth.net](#) HWR : [pwci@bellsouth.net](#) MP : [pwci@bellsouth.net](#) UOP : [pwci@bellsouth.net](#)

Program Area	Process	Date	Author
HWG			
HWG	Logged	2/9/2010 8:33:07 AM	Sullivan_TA
HWG	BRS data processing complete	2/24/2010 2:41:29 PM	Griffith_J
HWG	Completeness Review	3/10/2010 9:42:32 AM	Sullivan_TA
HWG	Data processing	3/10/2010 9:45:21 AM	Sullivan_TA
RHWT			
RHWT	Withdrawn	2/25/2010 5:10:08 PM	Sullivan_TA
RMH			
RMH	Withdrawn	2/23/2010 10:31:25 AM	Sullivan_TA
HWG	Final reviewed	3/10/2010 9:45:29 AM or	Sullivan_TA

[Add new process](#)

Date	Comment	Program Area	Author
HWG			
2/11/2010 11:15:28 AM	Exempt wastewater treatment? - conflicting forms.	HWG	Griffith_J
2/23/2010 10:31:57 AM	RMH is Register until 3/2011	HWG	Sullivan_TA
2/24/2010 2:39:16 PM	NOT a TSD or LQG- this facility is an exempt Photographic Wastewater recycler - the BRS part of the report was submitted in error per Phone conversation with B. Ahmadi 2/24/10 - jg. Do not enter or process.	HWG	Griffith_J
2/24/2010 2:42:45 PM	B. Ahmadi will e-mail a retraction of the BRS portion of this submission.	HWG	Griffith_J
RHWT			
2/25/2010 5:10:05 PM	This facility is registered for HWT until 9/2010	RHWT	Sullivan_TA

Add new comment

HWG

Sullivan\_TA

[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

RECEIVED Date Received  
(for FDEP Official Use Only)

EPA ID F L D 9 8 4 2 2 9 6 0 9

MTS

BY: BSHW 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

PHOTOGRAPHIC WASTE CONTROL, INC.

FEID No.

5 9 3 1 1 4 4 7 4

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

Name of Operator:

BAHRAM AHMADI

☐ New Operator

Date became Operator: 04 / 01 / 92  
mm dd yy

Street or P.O. Box:

1943 HIGH ST.

Phone Number:

407-328-9651

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

1943 HIGH ST.

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

County:

Seminole

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

Latitude: 2 8 4 3 3 5 31

d d

m m

s s

.ssss

Longitude: 8 1 1 8 2 6 53

d d

m m

s s

.ssss

Method:

Datum:

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

A.

48-49

B.

C.

7389

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

1943 HIGH ST.

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

## 7. Facility or Business Contact Person

First Name:

BOB

Last Name:

AHMADI

Title:

PRESIDENT

Phone Number:

407-328-9651

Extension:

E-Mail:

PWCI@BELLSOUTH.NET

Street or P.O. Box:

1943 HIGH ST.

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

## 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:

RSSR LLC

☐ New Owner

Date became Owner: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy

Street or P.O. Box:

P.O. BOX 1538

Phone Number:

407-323-5662

City or Town:

SANFORD

State:

FL

Zip Code:

32772

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 EMPIRE FIRE AND MARINE

Address \_\_\_\_\_

Contact REYNOLDS & REYNOLDS-LEANN JOINER Telephone 407-333-9478Policy Number CL672594 Expiration date 09-09-2010d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume 7,500 GALLONS☐ **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 checked="" type="checkbox"/>	1000 LBS
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100 LBS
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 LBS
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60 LBS
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	250 LBS

(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

**(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

## 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	D002	3	D011	4	F002	5	F003	6	F005	7	D008
8	D009	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

BAHRAM AHMADI, PRESIDENT

Date Signed  
(mm-dd-yyyy)

02/02/2010

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

ALISON CROUSE

407-328-9651

PWCI@BELLSOUTH.NET

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

RECEIVED

FEB 05 2010

BY: BSHW



**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

**United States Environmental Protection Agency  
RCRA SUBTITLE C SITE IDENTIFICATION FORM**

<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <b>F L D 9 8 4 2 2 9 6 0 9</b>		
<b>3. Site Name</b>	Name: PHOTOGRAPHIC WASTE CONTROL, INC.		
<b>4. Site Location Information</b>	Street Address: 1943 HIGH ST. City, Town, or Village: LONGWOOD County: SEMINOLE State: FLORIDA Country: USA Zip Code: 32750		
<b>5. Site Land Type</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. 4 8 - 4 9 B. 7 3 8 9 C. D.		
<b>7. Site Mailing Address</b>	Street or P.O. Box: SAME AS ABOVE City, Town, or Village: State: Country: Zip Code:		
<b>8. Site Contact Person</b>	First Name: BAHRAM MI: R Last: AHMADI Title: PRESIDENT Street or P.O. Box: 1943 HIGH ST. City, Town or Village: LONGWOOD State: FL Country: USA Zip Code: 32750 Email: PWCI@BELLSOUTH.NET Phone: 407-328-9651 Ext.: Fax: 407-328-7158		
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: BAHRAM R. AHMADI Date Became Owner: Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 1943 HIGH ST. City, Town, or Village: LONGWOOD Phone: 407-328-9651 State: FL Country: USA Zip Code: 32750 B. Name of Site's Operator: BAHRAM AHMADI Date Became Operator: Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

## 10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

## A. Hazardous Waste Activities; Complete all parts 1-7.

Y ☒ N ☐

## 1. Generator of Hazardous Waste

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☒ N ☐

## 2. Transporter of Hazardous Waste

If "Yes", mark all that apply.

- ☒ a. Transporter
- ☒ b. Transfer Facility (at your site)

Y ☐ N ☐

## 3. Treater, Storer, or Disposer of

Hazardous Waste Note: A hazardous waste permit is required for these activities.

Y ☐ N ☐

## 4. Recycler of Hazardous Waste

Y ☐ N ☒

## 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

## 6. Underground Injection Control

Y ☒ N ☐

## 7. Receives Hazardous Waste from Off-site

## B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒

## 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities; Complete all parts 1-4.

Y ☒ N ☐

## 1. Used Oil Transporter

If "Yes", mark all that apply.

- ☒ a. Transporter
- ☒ b. Transfer Facility (at your site)

Y ☐ N ☒

## 2. Used Oil Processor and/or Re-refiner

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒

## 3. Off-Specification Used Oil Burner

Y ☐ N ☒

## 4. Used Oil Fuel Marketer

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D011						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

D011						

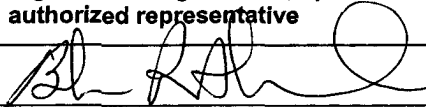
**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

**14. 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	BAHRAM R AHMADI	2-2-10

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: PHOTOGRAPHIC WASTE CONTROL, INC.

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

EPA ID Number F L D 9 8 4 2 2 9 6 0 9

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

## Sec. 1 HAZARDOUS WASTE LIQUID NOS (SILVER THIO SULFATE)

A. Waste description:

B. EPA hazardous waste code(s)

P 0 1 1

C. State hazardous waste code(s)

D. Source code

G 2 5

E. Form code

W 1 0 5

F. Quantity generated in 2009

0 0

G. Waste

minimization code

Y

Management Method code for Source code G25

H 0 1 0

UOM

Density lbs/gal sg

## Sec. 2 Was any of this waste managed on site?

- ☒ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☐ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H 0 1 0 1 2 7 0 0 0

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2009

H

## Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☐ Yes (CONTINUE TO ITEM B)  
☒ No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Site 2 B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3 B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: PHOTOGRAPHIC WASTE CONTROL, INC.

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

EPA ID NO: F L D 9 8 4 2 2 9 6 0 9

OI  
FORMOFF-SITE  
IDENTIFICATION

<b>Site 1</b>	A. EPA ID number of off-site installation or transporter N J D 0 5 4 1 2 6 1 6 4	B. Name of off-site installation or transporter FREEHOLD CARTAGE
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street 175 BARTOW MUN. AIRPORT City BARTOW State F L Zip 3 3 8 3 0
<b>Site 2</b>	A. EPA ID number of off-site installation or transporter S C D 0 3 6 2 7 5 6 2 5	B. Name of off-site installation or transporter GIANT RESOURCE RECOVERY
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 755 INDUSTRIAL RD. City SUMPTER State S C Zip 2 9 1 5 1
<b>Site 3</b>	A. EPA ID number of off-site installation or transporter F L D 9 6 4 2 5 2 7 8 2	B. Name of off-site installation or transporter AERC
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 4317-J FORTUNE PLACE City WEST MELBOURNE State F L Zip 3 2 9 0 4
<b>Site 4</b>	A. EPA ID number of off-site installation or transporter F L D 9 8 1 9 3 2 4 9 4	B. Name of off-site installation or transporter EQ FLORIDA
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 2002 ORIENT RD. City TAMPA State F L Zip 3 3 6 1 9

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: PHOTOGRAPHIC WASTE CONTROL, INC.

EPA ID NO: F L D 9 8 4 2 2 9 6 0 9

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

OI  
FORMOFF-SITE  
IDENTIFICATION

<b>Site 1</b>	A. EPA ID number of off-site installation or transporter F L D 9 8 0 7 1 1 0 7 1	B. Name of off-site installation or transporter PERMA-FIX
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 1940 NW 67TH PL City GAINESVILLE State F L Zip 3 2 6 5 3
<b>Site 2</b>	A. EPA ID number of off-site installation or transporter <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	B. Name of off-site installation or transporter
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street City State Zip
<b>Site 3</b>	A. EPA ID number of off-site installation or transporter <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	B. Name of off-site installation or transporter
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street City State Zip
<b>Site 4</b>	A. EPA ID number of off-site installation or transporter <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	B. Name of off-site installation or transporter
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street City State Zip

Comments: