



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

April 07, 2010

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

BE IT KNOWN THAT

Photographic Waste Control Inc
1943 High St
Longwood, FL 32750- 3711

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD984229609** on April 07, 2010
Insurance Carrier: **EMPIRE FIRE & MARINE**

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.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting

PHOTOGRAPHIC WASTE CONTROL INC

ID: 8262 EPA: FLD984229609 City: Longwood County: Seminole

« Back to main page

8700-12 Submitted As: HWG RHWT ✓ RMH RUOH

Logged in as [Collins_S](#) [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	1/26/2010 2:00:47 PM	Sullivan_TA
HWG	Withdrawn	3/10/2010 9:35:58 AM	Sullivan_TA
RHWT			
RHWT	Withdrawn	2/10/2010 12:49:51 PM	Sullivan_TA
RMH			
RMH	Final reviewed	2/24/2010 9:45:56 AM	Tenace_L
RMH	Notification Letter Emailed	2/24/2010 9:48:25 AM	Tenace_L
RMH	Booked into Oculus	2/24/2010 9:48:33 AM	Tenace_L
RUOH			
RUOH	Completeness Review	4/7/2010 11:36:06 AM	Sullivan_TA
RUOH	Data processing	4/7/2010 11:36:35 AM	Sullivan_TA
RUOH	Final reviewed	4/9/2010 9:59:01 AM	Graves_A
RUOH	Notification Letter Emailed	4/9/2010 10:02:00 AM	Graves_A

RUOH Booked into Oculus 4/12/2010 8:50:54 AM or

Collins_S

Add new process

Date	Comment	Program Area	Author
RHWT			
2/10/2010 12:49:48 PM	HWT will not expire until 9/2010	RHWT	Sullivan_TA
RUOH			
3/10/2010 9:38:12 AM	HWG was withdrawn, BRS was submitted at the same time, all information was updated by the BRS.	RUOH	Sullivan_TA
3/16/2010 11:08:53 AM	The facility needs to submit the entire UO Transporter Training Manual - not just excerpts. Sent an email to Bob Ahmadi requesting the entire manual be submitted	RUOH	Graves_A
3/31/2010 11:52:32 AM	UO Training Manual approved. Annual Report OK	RUOH	Graves_A

Add new comment

RUOH

Collins_S

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	4	2	2	9	6	0	9
---	---	---	---	---	---	---	---	---	---	---	---

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?

RECEIVED

SEP 9 5 2010

BY: BSHW

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	3	1
---	---	---	---	---	---	---	---

 Longitude:

8	1	1	8	2	6	5	3
---	---	---	---	---	---	---	---

 Method:
dd mm ss.ssss dd mm ss.ssss 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:**

For Items 2 through 7, mark 'X' in all that apply.

(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

(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 ☐

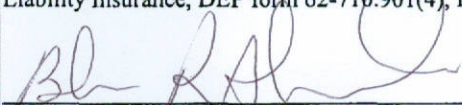
(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

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

BOB AHMAD
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

Date Signed
(mm-dd-yyyy)

BAHRAM AHMADI, PRESIDENT

01/19/2010

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:



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.

Photographic Waste Control, Inc. 1943 High St. Longwood, FL 32750
Facility Name Street Address City and State
407-328-9651 407-328-7158 pnci@bellsouth.net
Phone Fax E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).
Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 2074
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 50
Types: Thermostats ☒ Electric Switches/Relays ☒
Thermometers ☒ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 52 lb.
- Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

only one facility
Number ☐ L ☐ D ☐ Facility Name City/State Phone

Number ☐ L ☐ D ☐ Facility Name City/State Phone

Number ☐ L ☐ D ☐ Facility Name City/State Phone
Alison Crouse Alison Crouse 1-19-10
Print Name of Authorized Agent Signature of Authorized Agent Date

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes ✓

No

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously ✓

Submitted in What Year? 2009

<u>Alison Crouse</u>	<u>Alison Crouse</u>	<u>1-19-10</u>
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.

PRODUCER 407.333.9478 FAX 407.333.4116
 Reynolds & Reynolds of FL, Inc
 1325 S International Parkway
 Suite 2201
 Lake Mary, FL 32746

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Photographic Waste Control, Inc.
 1943 High Street
 Longwood, FL 32750

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Underwriters at Lloyds

49219

INSURER B: Empire Fire & Marine

21326

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	BB403910T-GL-090615-27	09/18/2009	09/18/2010	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> \$1,000 Ded				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	CL672594	09/09/2009	09/09/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
B	OTHER Physical Damage	CL672594	09/09/2009	09/09/2010	Comprehensive & Collision Coverage Subject to \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Leah Ann Joiner/CAG

Leah Ann Joiner

INSURED'S COPY



Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2008 through December 31, 2008

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent[] to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Photographic Waste Control, Inc. 2. Telephone No. (407) 328-9651
Site Address: 1943 High St., Longwood, FL 32750
3. EPA ID No. FLD984229609

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Alison Crouse
Title Office Manager Phone number (if different from #2, above) ()

5. Type of operation (check as many as apply to your operations)

Used Oil: o Transporter o Transfer Facility o Collection Center/Aggregation Point o Processor o Marketer

o Burner (of off-specification used oil)

Used Oil Filter: o Transporter o Transfer Facility o Processor o End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

	Automotive	Industrial	Mixed	Total
a. In Florida.....		455 gal		455 gal
b. From out of state.....				0
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				455 gal

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
455 gal	
455	
0	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
 - a. Transferred to another registered facility.....
 - b. Burned for energy recovery at a Waste-To-Energy facility.....
 - c. Transferred directly to a metal foundry for recycling.....
 - d. TOTAL.....
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management.....

Ø	
Ø	
Ø	
Ø	
Ø	

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebreana.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

Used Oil Training Program - Verification, Record Keeping and Signature Pages

Developed for (Company Name)

Photographic Waste Control, Inc.

Submitted To:

Florida Department of Environmental Protection, Used Oil Coordinator
2600 Blair Stone Rd. MS 4555
Twin Towers Office Building
Tallahassee, FL 33299-2400

Date

9-28-9

A. Training Program Description

Please check the appropriate response and complete the information that is applicable

1. ☒ Option A. The Used Oil Transporters Certification and Training Manual shall serve as our corporate Training Program.
2. ☐ Option B. An alternate Training Program has been developed and is described on the attached sheets.

B. Training Program Implementation

Please provide a description of your training methodology (i.e. lecture, employee review of written programs, etc.).

We will provide a copy of the used oil training documents to employees and require that they read and study all information that pertains to their involvement of handling any used oil and used oil products. This will include testing each employee to make sure they maintain a certain level of knowledge.

C. Employee Training Program Verification

Please provide a complete description of your employee training test methodology (i.e. oral quiz, written test, etc.).

We will give the employee the pre-test to gauge any area that needs extra training. Once the employee has prepared and studied all materials, we will administer a written test as well as a hands on test for the devices used to detect halogen.

The serial number of this manual is

09-L2MW353

Page

1 of 5

(NOTE: Please submit this page to FDEP with your registration forms)

D. Employee Training Frequency

Description of the frequency of employee training (annually, every two years, etc.)

We will provide training annually as well as at any time we feel an employee may need it.

E. Employee Training Program Record Keeping

Please provide a full description of your company's record keeping methodology for employee training.

We will keep all documents related to the training and testing of used oil handling in our office until an employee no longer works with us.

F. Used Oil Training Program Additional Information

Please provide any additional information required as part of your corporate Used Oil Training Program on these pages. Identify the Section (i.e. 1. Training Program Description) to which the information applies. Use the next page and additional sheets of blank white paper as necessary.

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(NOTE: Please submit this page to FDEP with your registration forms)

G. Used Oil Training Program Signature Page

I certify, as a used oil transporter, that the training program required under Rule 62-710.600, Florida Administrative Code, as described on the attached sheets will be implemented and adhered to. To the best of my knowledge, the training program described is in full compliance with the rule 62-710.600.

BOB AHMADI

Name of Authorized Person (Print or Type)

President

Title of Authorized Person

[Signature]

Signature of Authorized Person

9-28-9

Date

This document shall be submitted to the FDEP to facilitate the review and acceptance of your training program.

If this *Used Oil Certification and Training Manual* is to be used as the training manual, a copy of said manual must be kept on the premises of the location for which a permit has been applied. *The manual does not need* to be submitted with this document.

The serial number of this manual is 09-L2MW7353 Page 3 of 5
(NOTE: Please submit this page to FDEP with your registration forms)

Halogen Screening Standard Operating Procedures

for Photographic Waste Control, Inc. (company name)

(Company name) Photographic Waste Control, Inc. conducts field screening (testing) of used oil to prevent costly hazardous waste from being mixed with non-contaminated oil for proper management and disposal. In addition to other criteria, the following were considered when developing this halogen determination and testing methodology:

- Employee safety;
- Simple, quick and relatively low set-up cost by using existing technologies;
- Containment and recovery of the halogens released from the used oil (i.e., eliminate atmospheric release of ozone depleting chemicals);
- Compliance with the requirements of state and federal health and safety codes.

Test Instrument specifications:

This company is currently using a model # _____ chlorine
detection kit manufactured by _____

AND, OR

This company is currently using a model # TIF 5050A CFC
detection device (sniffer) manufactured by TIF

The instrument(s) are calibrated using the following method(s): _____

This instrument does not require calibration.

(describe calibration process)

Calibration is performed on a

N/A

_____ basis (insert how often.)

Transporter Drivers, managers and employees of

Photographic Waste Control, Inc. (company name) are given training on the use and application of chlorine field test kits and or CFC detection devices (sniffers) as follows:

We will provide a hands on training to our employees
Once per year.

Field testing and sampling either from the generator's storage tank or from a sample taken in accordance with EPA Regulations and ASTM Methods is accomplished by:

N/A

All loads that have been tested and indicate halogen levels in excess of 1,000 PPM are handled as follows:

Will be handled as Hazardous Waste and disposed of properly.

After the testing is completed and the used oil is certified as on-specification fuel, it and the corresponding documentation will be marketed as such. If the halogen test result from that product shows that the used oil contains more than 1,000 ppm total halogens, the load and shall be rejected and FDEP will be provided with the test results within seven (7) days of obtaining them.

In the event Photographic Waste Control, Inc. (company name) has a need for or is required to use the services of a third party for halogen screening analysis (Certified Test Lab), that party is:

Laboratory name: N/A

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Attention: _____

In compliance with F.S. 62-710, Used Oil Management Rule, and 40 CFR §§ 279.44(b) and 279.44(d), 279.70(c), and 279.63, respectively, the documentation and records for all loads of used oil products and materials—either picked up or refused at a generator's facility, are maintained for three years at the company's main office located at 1943 High St., Longwood, FL 32750

Generator Education: It is the goal of

Photographic Waste Control, Inc. (company name) to instruct and educate its generator customers not to allow mixing of halogenated solvents or paint thinners with waste oil or used oil filters. The generators are warned that doing so, could result in the mixture being required to be disposed of as a hazardous waste.