# 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


May 5, 2010

Sent via e-mail / Certified mail – return receipt

Steve Becker
Operations Manager
Clean Fuels Of Florida Inc.
2635 NE 4th Ave
Pompano Beach, FL 33064

Re: EPAID #FLD984171256 Clean Fuels of Florida /Pompano Beach

Dear Mr. Becker,

On April 27, 2010, the Florida Department of Environmental Protection (the Department) received your notification that the above-referenced facility is no longer doing business as a Used-Oil Handler. Our records have been adjusted accordingly.

This letter is to inform you that effective immediately you are no longer authorized to transport, or market used oil, or used oil filters, or burn off-specification used oil, in the State of Florida. Handling used oil or used oil filters without a valid registration is a violation of the law, subject to penalty.

Please contact the Department immediately if this letter was sent to you in error or you require additional information. I can be contacted at (850)-245-8755, or Aprilia.graves@dep.state.fl.us

Sincerely,
*Aprilia Graves*
Engineering Specialist IV
Hazardous Waste Regulation Section

cc: District office.

# 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 APR 27 2010

Date Received (for DEP Official Use Only) RECEIVED

EPA ID F L D 9 8 4 1 7 1 2 5 6

MTS 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).<br>☒ To provide **subsequent notification** (to update status and facility identification information).<br>☐ Is this the **final notification** (see instructions) for the facility? |
| **2. Facility or Business Name** | Clean Fuels Of Florida Inc. | **FEID No.** 65-0759146 |
| **3. Facility Operator** (List additional Operators in the comments section). | **Name of Operator:** Clean Fuels Of Florida Inc. | ☐ **New Operator** **Date became Operator:** ___/___/___ mm dd yy |
| | **Street or P.O. Box:** 2635 NE 4th Ave. | **Phone Number:** 954-791-9588 |
| | **City or Town:** Pompano beach | **State:** Fl **Zip Code:** 33064 |
| | **Operator Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____ | |
| **4. Facility Physical Location Information** | **Physical Street Address:** 2635 NE 4th Ave | |
| | **City or Town:** Pompano Beach | **State:** FL **Zip Code:** 33064 |
| | **County:** Broward | **If available, please attach a map or sketch of the facility boundaries.** |
| | **Latitude:** __ __ __.__ (d d m m s s .ssss) **Longitude:** __ __ __.__ (d d m m s s .ssss) | **Method:** **Datum:** |
| **5. Facility North American Industry Classification System (NAICS) Code(s)** | A. 562112 | B. |
| | C. | D. |
| **6. Facility or Business Mailing Address** | **Street Address or P.O. Box:** 2635 NE 4th Ave | |
| | **City or Town:** Pompano Beach | **State:** Fl **Zip Code:** 33064 |
| **7. Facility or Business Contact Person** | **First Name:** Steve **Last Name:** Becker | **Title:** Operations Manager |
| | **Phone Number:** 954-791-9588 **Extension:** | **E-Mail:** |
| | **Street or P.O. Box:** 2635 NE 4th Ave | |
| | **City or Town:** Pompano Beach | **State:** Fl **Zip Code:** 33064 |
| **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:** Damon Barry Fernandez | ☐ **New Owner** **Date became Owner:** ___/___/___ mm dd yy |
| | **Street or P.O. Box:** 2635 NE 4th Ave | **Phone Number:** |
| | **City or Town:** Pompano Beach | **State:** Fl **Zip Code:** 33064 |
| | **Owner Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____ | |

Initials Date

| EPA ID No. | FLD984171256 |
|---|---|

## 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 Endurance American Specialty

Address 350 Mountain Rd. Ste. E19
Pasadena, MD 21122-1294

Contact _____ Telephone 954-452-4900

Policy Number ECC101003860-00 Expiration date 11-03-2009

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.]

Initials _____ Date _____

☐ **Notification of changes in above items**

☐ **Annual update notification**

EPA ID No. FLD984171256

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- [X] 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
- [X] 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
- [X] 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)]
- [X] Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- [X] 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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time. |
|---|---|---|---|---|
| a. Batteries | [X] | [X] | [ ] | 300 |
| b. Pesticides | [ ] | [ ] | [ ] | |
| c. Pharmaceuticals | [X] | [X] | [ ] | 8,000 |
| d. Mercury Containing Devices | [X] | [X] | [ ] | 50 |
| e. Mercury Containing Lamps | [X] | [X] | [ ] | 3000 |

**(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 orginally 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

| EPA ID No. | FLD984171256 |
|---|---|

**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 D003 | 4 D004 | 5 D005 | 6 D006 | 7 D007 |
| 8 F001 | 9 F002 | 10 F003 | 11 F004 | 12 F005 | 13 F006 | 14 F007 |
| 15 F008 | 16 F009 | 17 F010 | 18 F011 | 19 F012 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | | |

**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) |
|---|---|---|
| Steven A. Becker | Steven A. Becker / Operations Manager | 4-21-10 |
| | | |
| | | |

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

(Name of person completing this form) (Phone Number) (E-mail Address)

**13. Comments:**

Clean Fuels of Florida is still in full Operation We are not closing our Business. We are Stopping our Oil Program at this Time