



# 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

07/15/2010

Jessica Pennington, Environmental Manager  
Florida Transformer Inc  
4509 State Highway 83 N  
Defuniak Springs, FL 32433-3960

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 Florida Transformer Inc located at **4509 State Highway 83 N, Defuniak Springs.**

**FLR000168203**

Your facility notified FDEP requesting the following status/activities:

**Small Quantity Generator  
Small Quantity Handler, Universal Batteries, Universal Lamps**

**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

Timothy J. Bahr, Administrator  
Hazardous Waste Regulation Section

ME ID: 74617 , Email Address: [jessica@floridatransformer.com](mailto:jessica@floridatransformer.com)

Link: [http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000168203](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000168203)



**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 \_\_\_\_\_

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"/>	500 pounds
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 pounds

**(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

\_\_\_\_\_  
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

**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	D005	4	D007	5	F003	6	F005	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)

Ron Shaw / General Manager

6-28-10

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**