2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

	form	recv	S	Submi: Paper	ssion Disk	Quality initial	/ Control date	QC error pages	3			Data Entry Transfeinitial date Initial		Date
Receipt and Data Entry	SI GM WR Oi	3 10		X	χ ₂ Χ	/m	3/1	Proc Bad				70 3	- -	
	form	6 page	sub pg		on	Q(ini		Site Contact	date	Corrective Action	data er	ntry date	DE Comm	nent
Data entry or Basic edit errors		,		S & O) >V=			JOST KY	3,p	Recva	3/10	M		
	GM.	(<i>F</i> 10	10	1	- 3/12	Jeff	3/12	627	Av	3/12	Bulb	3
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MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM											
Reason for Submittal (see instructions on page 9)	activities). To provide subsequent notification (to update	e site identifica	•									
MARK ALL BOX(ES) THAT APPLY	As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of Hazardous Waste Report.											
Site EPA ID Number (see instructions on page 10)	EPA ID Number: FL0000207449		MAR 0 1 2004									
SiteName (see instructions on page 11)	Site Name: ONYX SPECIAL SERVICES, INC. HAZARDOUS WASTE											
4. Site Location	Street Address: 342 MARPAN LANE		-									
Information (see instructions on page 10)	City, Town or Village: TALLAHASSEE		State: FL									
	County Name: LEON		Zip Code: 32305									
5. Site Land Type (see instructions on page 10)	Site Land Type: X Private County District	t Federal	☐ Indian ☐ Municipal ☐ State ☐ Other									
6. North American Industry Classification System (NAICS) Code(s) for the	A. 562211 B.											
Site (see instructions on page 10)	C. D.											
7. Site Mailing Address (see instructions on page	Street or P.O. Box: 342 MARPAN LANE											
11)	City, Town or Village: TALLAHASSEE											
	State: FL											
	Country: UNITED STATES		Zip Code: 32305									
8. Site Contact Person (see instructions on page 11)	First Name: JEFF	MI: A	Last Name: KIRK									
	Phone Number: 8508782259 Extension	on:	Email Address: jakirk@onyxsp.com									
9. Operator and Legal	Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):									
Owner of the Site (see instructions on page 11	ONYX SPECIAL SERVICES, INC.		08/17/1994									
and 12)	Operator Type: X Private County District	t Federal	☐ Indian ☐ Municipal ☐ State ☐ Other									
	Name of Site's Legal Owner: MARPAN SUPPLY INC.		Date Became Owner (mm/dd/yyyy): 01/01/1981									
1	Owner Type:	t Federal	☐ Indian ☐ Municipal ☐ State ☐ Other									

9. Legal Owner (Continued)	Street or P.O. Box: 222 EAST PERSHING STREET									
Address	City, Town or Village: TALLAHASSEE	·								
	State: FL									
	Country: UNITED STATES		Zip Code: 32301							
10. Type of Regulated	d Waste Activity (Mark "Yes" or "No" for all activities; c	omplete an a	dditional boxes as instructed)							
A. Hazardous Waste A Complete all parts										
	rator of Hazardous Waste	∨ ⊡ 1	2 Transporter of Hazardous Wasta							
	es", choose only one of the following - a, b or c.	YXI								
x a.	. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or	Y⊠ι	N 3. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.							
_	. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or	Y⊠	· · · · · · · · · · · · · · · · · · ·							
c.	. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste	YΧΙ								
In addition, inc	dicate other generator activities.	-	a. Small Quantity On-Site							
Y∏ N⊠ d. U	United States Importer of Hazardous Waste		Burner Exemption b. Smelting, Melting, Refining Furnace Exemption							
Y∏ N⊠ e. M	Mixed Waste (hazardous and radioactive) Generator	Y[]	Nx 6. Underground Injection Control							
		البا ا	or Charles and in great a control of the control of							
B. Universal Waste A	ctivities		C. Used Oil Activities							
	rge Quantity Handler of Universal Waste (accumulate 00 kg or more) [refer to your State regulations to		Mark all boxes that apply.							
det	termine what is regulated]. Indicate types of universal	Y[N ☑ 1. Used Oil Transporter If "Yes", mark each that applies.							
	ste generated and/or accumulated at your site. If "Yes" rkall boxes that apply:	',	a. Transporter							
***	Trail Boxes that apply.		b. Transfer Facility							
	Generated Accumulate	ed Y	N 🗵 2. Used Oil Processor and/or Re-refiner							
a.	Batteries		If "Yes", mark each that applies. a. Processor							
			b. Re-refiner							
	Thermostats X Lamps X	Y[
	Other (specify)	Y[N 🗵 4. Used Oil Fuel Marketer							
	Other (specify)		If "Yes", mark each that applies.							
g.	Other (specify)		 a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner 							
	stination Facility for Universal Waste te: A hazardous waste permit may be required for this activ	vity.	b. Marketer Who First Claims the Used Oil Meets the Specifications							

11. Description of Hazardous Wastes (see instructions on page 16)										
		ed Hazardous Waste ted in the regulations	s. Please list the was (e.g., D001, D003, F007	ste codes of the Federal , U112). Use an additior						
D006	D007	D008	D009	D011	U151					
,										
		-								
		i.e., non-Federal) Haz	ardous Wastes. Psented in the regulations	lease list the waste code. Use an additional page						
						T				
40.0		4-				·····				
12. Comments (see	instructions on pa	ige 17)								
accordance with of the person or to the best of my	a system designed persons who manag knowledge and beli	to assure that qualified te the system, or those ef, true, accurate and	nent and all attachments I personnel properly gath persons directly respons complete. I am aware the g violations. (see instru	ner and evaluate the info sible for gathering the in at there are significant p	ormation submitted formation, the info	. Based on my inquiry rmation submitted is,				
Signature of own or an authorized r		Na	me and Official Title (ty	pe or print)		Date Signed (mm/dd/yyyy)				
JAR J		EFF A KIRK,	GENERAL MGR			02/27/2004				
			·····							
				,						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: ONYX SPECIAL SERVICES, INC.

EPA ID NO: FL0000207449

Instructions: Please see the detailed instructionson pages 17 completing this form.

Sec. 1 | A. Waste PHOSPHOR POWDER



FORM GM

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructionson pages 17 to 25 of the instructions and forms booklet before completing this form.										
Sec. 1 A. Waste PHOSPHOR POW	DER									
B. EPA Hazardous Waste Codes D009	NA	C. State Hazardous Waste Codes								
NA NA	NA			,						
D. Source Code	E. Form Code	F. Quantity Generated in reporting year								
Management Method Code for Source Code G25	W316	109,793.	000000	Density						
Sec. 2 Was any of this waste managed on-site? X Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3)										
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTE	EM 2							
On-site Management Quantity treater Method Code recycled on-site		On-site Management Method Code	Quantity treat	ted, disposed or						
·	4,800.000000	NA	recycled on-s	one.						
Sec. 3 A. Was any of this waste shipped of Yes (CONTINUE TO BOX B)		posal or recycling? S COMPLETE)								
Site 1 B. EPA ID No. of facility to which was shipped	cte was C. Off-site Shipper	Management Method Code d to	D. Total quantity shipped (page 26)							
Site 2 B. EPA ID No. of facility to which was shipped	cte was C. Off-site Shipper	e Management Method Code d to	D. Total quantity	shipped						
Site 3 B. EPA ID No. of facility to which was shipped	cte was C. Off-site	e Management Method Code d to	d Code D. Total quantity shipped							
comments: BULB Bre	eking -	Remzinder	in Sto	rge_						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: ONYX SPECIAL SERVICES, INC.

EPA ID NO:

FL0000207449



FORM GM

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

	ctions: Please see the detailed insetting this form.	struction	son pages	17 to 25 of the instruction	ons and forms b	ooklet before				
Sec. 1	A. Waste CONDENSATE W. Description	ATER								
B. EPAH	azardous Waste Codes D009	NA		C. State Hazardous Waste Codes						
:	NA NA	NА								
D. Source	Code G25	E. Form	Code	F. Quantity Generated in reporting year						
Management Method Code for Source Code G25 H010 W113			3	1,842.	Density ☐lbs/gal ☐sg					
Sec. 2 Was any of this waste managed on-site? Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) X No (SKIP TO SEC. 3)										
ON-SITE P	PROCESS SYSTEM 1			ON-SITE PROCESS SYSTE	M 2					
On-site Management Quantity treated, disposed or Method Code recycled on-site Method Code recycled on-site Quantity treated, disposed or Method Code recycled on-site										
Sec. 3	A. Was any of this waste shipped of X Yes (CONTINUE TO BOX B)		-	posal or recycling? S COMPLETE)						
Site 1	B. EPA ID No. of facility to which was shipped	te was	C. Off-site Shipped	Management Method Code d to	shipped					
	AZ0000337360			H010		3,579.000000				
Site 2	B. EPA ID No. of facility to which was shipped	te was	C. Off-site Shipped	Management Method Code d to	D. Total quantity	shipped				
Site 3	B. EPA ID No. of facility to which was shipped	C. Off-site Shipped	e Management Method Code D. Total quantity shipped ed to							
Comments	S:									

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION
LABEL OR ENTER:
.
SITE NAME: ONYX SPECIAL SERVICES, INC.

EPA ID NO: FL0000207449

Instructions: Please see the detailed instructions on pages 2 completing this form



FORM WR

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

	Instructions: Please see the detailed instructions on pages 26 to 29 of the instructions and forms booklet before completing this form.										
Waste 1	A. Description of Haz MERCURY DEVI)	B. EPA Hazardous Waste Code D009 U151 NA NA			C. State Hazardous Waste Code				
	D. Off-site handler EPA ID Number E. Quantity rece FLD981932494 G. Form code H. Management Method code			2,945.000000			F. UOM Density 1 [] lbs/gal [] sg				
W	1320		Н010								
Waste 2	aste MERCURY THERMOMETERS			B. EPA Hazardou D009 NA	s Waste Code NA NA		C. State Hazardous Waste Code				
D. Off-site handler EPA ID Number Check if same as in Waste 1 FLCESQG			5.00000			F. UOM Density 1 ibs/gal sg					
G. Form co	ode 7117	H. Manage	ment Method cod H010	le							
Waste 3	A. Description of Haz MERCURY THER			B. EPA Hazardou D009 NA	s Waste Code NA NA		C. State Hazardous Waste Code				
	handler EPA ID Number if same as in Waste 2 FLD984206334	ər	E. Quantity rec	eived	10.00000	00	F. UOM Density 1 Ibs/gal sg				
G. Form co	ode 7117	H. Managei	ment Method cod	le							
Comments	:										



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

	tions: Please see the	ne detailed	instructions o	n pages 26 to 29	of the instr	ructions and	forms booklet before
Waste 1	A. Description of Haz MERCURY	ardous Waste		B. EPA Hazardous Waste Code D009 NA NA NA			C. State Hazardous Waste Code
G. Form co	FLR000074153 E. Quantity rece FLR000074153 H. Management Method code				9.0000	00	F. UOM Density 1 [] lbs/gal [] sg
Waste 2	MERUCKI IREKMOMETERS			B. EPA Hazardous Waste Code D009 NA NA NA			C. State Hazardous Waste Code
D. Off-site handler EPA ID Number Check if same as in Waste 1 FLR000075614			E. Quantity rec	eived	2.0000	00	F. UOM Density 1 [] lbs/gal [] sg
G. Form co	ode 7117	H. Manager	ment Method cod H010	e			
Waste 3	A. Description of Haz MERCURY	ardous Waste	}	B. EPA Hazardou D009 NA	s Waste Code NA NA)	C. State Hazardous Waste Code
	handler EPA ID Numbe if same as in Waste 2 NCCESQG	er	E. Quantity reco	eived	2.0000	00	F. UOM Density 1 [] lbs/gal
G. Form co	ode 7117	H. Managei	ment Method cod H010	e			
Comments	:						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION
LABEL OR ENTER:
.
SITE NAME: ONYX SPECIAL SERVICES, INC.

EPA ID NO: FL0000207449

Instructions: Please see the detailed instructions on pages 26 completing this form.



FORM WR

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

	Instructions: Please see the detailed instructions on pages 26 to 29 of the instructions and forms booklet before completing this form.									
Waste 1	A. Description of Haz MERCURY DEVI		3	B. EPA Hazardous Waste Code D009 NA NA NA			C. State Hazardous Waste Code			
D. Off-site	handler EPA ID Numbe	er	E. Quantity rec	eived			F. UOM Density			
	SCD048374920			30.000000			1 □lbs/gal □sg			
G. Form co	ode	H. Managei	ment Method cod	e						
W	1320		H010							
Waste 2	A. Description of Haz BROKEN/CRUSE		B. EPA Hazardoi D009 NA	us Waste Code NA NA	•	C. State Hazardous Waste Code				
	Off-site handler EPA ID Number E. Quantity rec Check if same as in Waste 1 NCCESQG			1,200.000000			F. UOM Density 1 [] lbs/gal [] sg			
G. Form co	ode	H. Manage	ment Method cod	le						
W	1320		Н010							
Waste 3	A. Description of Haz MERCURY	ardous Waste	9	B. EPA Hazardous Waste Code D009 NA NA NA			C. State Hazardous Waste Code			
	handler EPA ID Numbo if same as in Waste 2 FLD980839377	er	E. Quantity rec	l. eived	5.0000	00	F. UOM Density 1 Ibs/gal sg			
G. Form co	ode	H. Manage	ment Method cod	le	·····					
ħ	7117		H010							
Comments	:									



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

	Instructions: Please see the detailed instructions on pages 26 to 29 of the instructions and forms booklet before completing this form.										
Waste 1	A. Description of Haze MERCURY	ardous Waste)	B. EPA Hazardon D009 NA	us Waste Code NA NA	}	C. State Hazardous Waste Code				
D. Off-site handler EPA ID Number E. Quantity rece FLCESQG G. Form code H. Management Method code W117 H010				2.0000	00	F. UOM Density 1 [] lbs/gal					
Waste 2	A. Description of Haz	ardous Waste)	B. EPA Hazardor D009 NA	us Waste Code NA NA)	C. State Hazardous Waste Code				
D. Off-site handler EPA ID Number Check if same as in Waste 1 NCD981745342			105.00000			F. UOM Density 1 [] lbs/gal [] sg					
G. Form co	7117	H. Manage	ment Method cod	le							
Waste 3	A. Description of Haz MERCURY	ardous Waste)	B. EPA Hazardoi D009 NA	us Waste Code NA NA)	C. State Hazardous Waste Code				
	handler EPA ID Numbe if same as in Waste 2 FLD980730634	ər	E. Quantity rec	eived	40.0000	00	F. UOM Density 1 [] lbs/gal [] sg				
G. Form co	ode 7117	H. Manage	ment Method cod H010	le							
Comments											

EPA ID NO:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

.
SITE NAME: ONYX SPECIAL SERVICES, INC.

FL0000207449



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

FORM WR

	tions: Please see th ting this form.	e detailed	instructions o	n pages 26 to 29	of the instr	uctions and	forms booklet before
Waste 1	A. Description of Haza MERCURY DEVIO			B. EPA Hazardou D009 NA	s Waste Code U151 NA	3	C. State Hazardous Waste Code
D. Off-site	handler EPA ID Numbe	er	E. Quantity rec	eived			F. UOM Density
	GAD000616367			1,524.000000			1 ∏ibs/gal ∏sg
G. Form co	ode	H. Manager	ment Method cod	е			
W	1117		H010				
Waste 2	A. Description of Haz MERCURY DEVI		B. EPA Hazardous Waste Code D009 NA NA NA			•	C. State Hazardous Waste Code
D. Off-site handler EPA ID Number Check if same as in Waste 1 WID988566543			14,759.000000			F. UOM Density 1 Dibs/gal sg	
G. Form co	ode 7320	H. Manage	H010	e			
Waste 3	A. Description of Haz BROKEN/CRUSH			B. EPA Hazardou D009 NA	s Waste Code NA NA	•	C. State Hazardous Waste Code
	handler EPA ID Number if same as in Waste 2 NCD986187003	er	E. Quantity rec		250.0000	00	F. UOM Density 1 [] Ibs/gal [] sg
G. Form co	ode	H. Manage	ment Method cod	е			
W	320		H010				
Comments							

EPA ID NO: FL0000207449



FORM

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

Instructions: Please see the detailed instructions on pages 26 to 29 of the instructions and forms booklet before completing this form.									
Waste 1	A. Description of Haz MERCURY SWIT		•	B. EPA Hazardous Waste Code D009 NA NA NA			C. State Hazardous Waste Code		
D. Off-site handler EPA ID Number E. Quantity rece FLD043861392 G. Form code H. Management Method code				5.00000	00	F. UOM Density 1 [] lbs/gal [] sg			
	V320	Ti. Wanager	H010	l c					
Waste 2	MERCURY			B. EPA Hazardo D009 NA	us Waste Code NA NA)	C. State Hazardous Waste Code		
D. Off-site handler EPA ID Number Check if same as in Waste 1 FLD981480585			10.00000			F. UOM Density 1 [] lbs/gal [] sg			
G. Form code H. Management Method cod W117 H010				le					
Waste 3	A. Description of Haz MERCURY CONT			B. EPA Hazardo D009 NA	us Waste Code NA NA	}	C. State Hazardous Waste Code		
	handler EPA ID Number if same as in Waste 2 GAD003311990	er	E. Quantity rec	eived	917.00000	00	F. UOM Density 1 [] Ibs/gal [] sg		
G. Form co	ode V320	H. Manager	nent Method cod H010	le					
Comments	:								

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION
LABEL OR ENTER:
.
SITE NAME: ONYX SPECIAL SERVICES, INC.

EPA ID NO: FL0000207449

Instructions: Please see the detailed instructions on pages 26 to completing this form.

Waste
1
A. Description of Hazardous Waste
MERCURY SWIITCHES
D009
NA

D. Off-site handler EPA ID Number
FLD980845010

E. Quantity received



FORM WR

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

	tions: Please see the ting this form.	ne detailed	instructions o	n pages 26 to 29	of the instr	uctions and	forms booklet before
Waste 1	A. Description of Haz MERCURY SWII		•	B. EPA Hazardou D009 NA	s Waste Code NA NA		C. State Hazardous Waste Code
D. Off-site	handler EPA ID Numbe FLD980845010	er	E. Quantity reco	eived	5.00000	00	F. UOM Density 1 Ibs/gal sg
G. Form co	ode 7320	H. Manager	ment Method cod	le			
Waste 2	A. Description of Haz MERCURY SWIT)	B. EPA Hazardou D009 NA	s Waste Code NA NA	;	C. State Hazardous Waste Code
Check	handler EPA ID Numbe if same as in Waste 1 FLD092833151	er	E. Quantity rec	eived	40.0000	00	F. UOM Density 1 Dibs/gal sg
G. Form co	ode 7320	H. Managei	ment Method cod	le			
Waste 3	A. Description of Haz MERCURY	ardous Waste	•	B. EPA Hazardou D009 NA	s Waste Code NA NA		C. State Hazardous Waste Code
	handler EPA ID Number if same as in Waste 2 FLD072228851	er	E. Quantity rec	eived	5.0000	00	F. UOM Density 1 ibs/gal sg
G. Form co	ode 7117	H. Manager	ment Method cod H010	le			
Comments	:						



FORM WR

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

	tions: Please see th	e detailed	instructions o	n pages 26 to 29 o	of the instr	uctions and	forms booklet before
Waste 1	A. Description of Haz MERCURY CONT			B. EPA Hazardous D009 NA	Waste Code NA NA	,	C. State Hazardous Waste Code
D. Off-site handler EPA ID Number E. Quantity rece ALR000013938		4,3	74.0000	00	F. UOM Density 1 Diss/gal sg		
G. Form code H. Management Method cod W320 H010		e					
Waste 2	A. Description of Haz MERCURY DEVI		•	B. EPA Hazardous D009 NA	Waste Code NA NA	}	C. State Hazardous Waste Code
	handler EPA ID Numbe if same as in Waste 1 SCCESQG	er	E. Quantity rec		24.0000	00	F. UOM Density 1 Ibs/gal sg
G. Form co	7320	H. Managei	ment Method cod	le			
Waste 3	A. Description of Haz BROKEN/CRUSH			B. EPA Hazardous D009 NA	Waste Code NA NA	;	C. State Hazardous Waste Code
	handler EPA ID Numbe if same as in Waste 2 VAD085122083	er	E. Quantity rec		00.0000	00	F. UOM Density 1 Ibs/gal sg
G. Form co	ode 73 2 0	H. Managei	ment Method cod H010	le			
Comments	:						



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

		·				1	
	tions: Please see the ting this form.	ne detailed	instructions o	n pages 26 to 29	of the instr	uctions and	forms booklet before
Wests	A. Description of Haz	ardous Waste)	B. EPA Hazardou	s Waste Code)	C. State Hazardous Waste Code
Waste 1	MERCURY			D009	NA		
				AN	NA		
D. Off-site	handler EPA ID Numbe	er	E. Quantity rec	eived			F. UOM Density
	FLCESQG				2.0000	00	1
							☐lbs/gal ☐ sg
G. Form co	ode	H. Managei	ment Method cod	le			
₩	V117		H010				
	A. Description of Haz	ardous Waste	•	B. EPA Hazardou	s Waste Code		C. State Hazardous Waste Code
Waste 2	MERCURY DEVI	CES		D009	NA		
-				NA	NA		
D. Off-site	handler EPA ID Numbe	er	E. Quantity rec	leived		7	F. UOM Density
☐ Check	if same as in Waste 1		•		30.00000	0.0	1
	NCD981019128				30.0000	00	☐lbs/gal ☐ sg
G. Form co	ode	H. Manage	ment Method cod	le			
W	1 320		Н010				
	A. Description of Haz	ardous Waste		B. EPA Hazardou	s Waste Code	3	C. State Hazardous Waste Code
Waste 3	MERCURY			D009	NA		
				NA	NA		
D. Off-site	handler EPA ID Numbe	er	E. Quantity rec	Leived			F. UOM Density
Check	if same as in Waste 2						1
	ARR000002774	:			9.0000	00	☐ibs/gal ☐ sg
G. Form co	ode	H. Manage	ment Method cod	le			
W	V117		H010				
Comments							
							1

U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE DECEIVED

EPA ID N	IO: FL0000207	449				WR		FROM OFF-SITE
	tions: Please see tleting this form.	ne detailed	instructions o	n pages 26 t	to 29 c	f the instr	uctions and	forms booklet before
Waste 1	A. Description of Haz MERCURY DEVI		e	B. EPA Haza D009 NA		Waste Code NA NA		C. State Hazardous Waste Code
D. Off-site	handler EPA ID Number	er	E. Quantity rec	L eived		8.00000	00	F. UOM Density 1 Ibs/gal sg
G. Form c	ode W320	H. Manage	ment Method cod	le				
Waste 2	A. Description of Haz			B. EPA Haza D009 NA		Waste Code NA NA		C. State Hazardous Waste Code
·	handler EPA ID Numb if same as in Waste 1 LA5213599314	er	E. Quantity rec		21,5	59.0000	00	F. UOM Density 1 Diss/gal sg
G. Form c	ode √320	H. Manage	ment Method cod H010	le				
Waste 3	A. Description of Haz		e	B. EPA Haza D002 NA		Waste Code D009 NA		C. State Hazardous Waste Code
I—	handler EPA ID Numb if same as in Waste 2 FLD982158651	er	E. Quantity rec	eived	4!	50.0000	00	F. UOM Density 1 lbs/gal sg
G. Form o	ode V110	H. Manage	ment Method cod	le				
Comments	: :							



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM OI

			OI	IDENTIFICATION
Instr	uctions: Please read the detailed ins	tructions on th	e reverse side before co	ompleting this form.
Site 1	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installati	on or transporter
	WID988566543		ONYX SPECIAL S	ERVICES, INC.
_	lier type (CHECK ALL THAT APPLY)	D. Address of o	ff-site installation	
_	X Generator		75 MINERAL SPRING	
=	X Transporter		RT WASHINGTON	State WI
	X TSDR facility	Zip 53	074	
Site 2	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installati	on or transporter
Site 2	FLD080106073		SPARTAN ELECTR	ONICS, INC.
C. Hand	ller type (CHECK ALL THAT APPLY)	D. Address of o	ff-site installation	
	X Generator	Street 30	167 POWERLINE ROA	מע
	Transporter	City BR	OOKSVILLE	State FL
[TSDR facility	Zip 34	602	
	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installati	on or transporter
Site 3	ARR00002774		BORDEN CHEMICA	`
C. Hand	lier type (CHECK ALL THAT APPLY)	D. Address of o	ff-site installation	
	X Generator	Street 18	5N INDUSTRIAL DRI	EVE
Ē	Transporter	City HO		State AR
Ī	TSDR facility	Zip 71	801	
	A. EPA ID No. of off-site installation or tra	enorter	B. Name of off-site installati	on or transporter
Site 4	VAD085122083	isporter	STANLEY FURNIT	
C Hand	ller type (CHECK ALL THAT APPLY)	D. Address of o	ff-site installation	OKB
	X Generator		0 TB STANLEY HWY	
ř	Transporter		ANLEYTOWN	State VA
Ť	TSDR facility		168	
Site 5	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installati	·
C Hone	ALRO00013938	D. Address of a	COOPER INDUSTR	1E5
	fler type (CHECK ALL THAT APPLY) X Generator		ff-site installation HUMMINGBIRD LANE	
_	Transporter		FAULA	State AL
Ī	TSDR facility		027	
	<u> </u>			
Comme	nts:			
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Instru	uctions: Please read the detailed ins	tructions on th	he reverse side before completing this form.	
Site 1	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Oite i	GAD003311990		COOPER INDUSTRIES	
C. Hand	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
X	Generator	Street 1	00 INDUSTRIAL BLVD	
	Transporter	City Al	MERICUS	State GA
	TSDR facility	Zip 3	1709	
Site 0	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Site 2	NCD986187003	·	LUXFER GAS CYLINDERS	
C. Handl	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	· · · · · · · · · · · · · · · · · · ·
X	Generator	Street 23	35 RIVERBEND RD	
	Transporter	City GI	RAHAM	State NC
	TSDR facility	Zip 27	7253	
	A. EPA ID No. of off-site installation or tra	nenorter	B. Name of off-site installation or transporter	
Site 3	NCCESOG	Isportei	NC CONDITIONALLY EXEMPT	
C Hand	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
		Street V		
	Transporter	_	ARIOUS ARIOUS	State NC
F	TSDR facility	Zip	-11005	1.0
<u>_</u>		<u> </u>		
Site 4	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
	SCD048374920		CAROLINA POWER & LIGHT	
_	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	1
X	<u>-</u>	Street 35	581 WEST ENTRANCE ROAD	
	Transporter		ARISVILLE	State SC
	TSDR facility	Zip 29	9550	
	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Site 5	FLR000074153		NORWEGIAN CRUISE LINES	
C. Handl	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
X		Street 76	665 CORPORATE CENTER DRIVE	
F	Transporter	City MI	IAMI	State FL
	TSDR facility	Zip 33	3126	
Commen	ts:			
				ļ

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
SITE NAME: ONYX SPECIAL SERVICES, INC.
EPA ID NO: FL0000207449
Instructions, Disease and the detailed by the Control of



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Instru	ictions: Please read the detailed ins	tructions on t	he reverse side before completing this form.	
Site 1	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Oite i	FLD981932494		US LIQUIDS OF FLORIDA, INC	
C. Hand	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
Σ	Generator	Street 2	002 N. ORIENT ROAD	
	Transporter	City T	AMPA	State FL
	TSDR facility	Zip 3:	3619	
Site 2	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Oite 2	FLD982158651		TAMPA ELECTRIC COMPANY	
C. Hand	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
<u> </u>	Generator	Street 5	012 CAUSEWAY BLVD	
	Transporter	1 -	AMPA	State FL
	TSDR facility	Zip 3:	3619	<u></u> :
	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Site 3	AZ000337360		ONYX SPECIAL SERVICES, INC.	
C. Hand	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
X	_ *		736 WEST JEFFERSON STREET	
F	Transporter		HOENIX	State AZ
Ī		· ·	5043	
		<u></u>		
Site 4	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
	FLCESQG		FL CONDITIONALLY EXEMPT	
_	er type (CHECK ALL THAT APPLY)		off-site installation	
C. Hand	er type (CHECK ALL THAT APPLY) Generator	Street V	off-site installation	
_	er type (CHECK ALL THAT APPLY) Generator Transporter	Street V	off-site installation	State FL
_	er type (CHECK ALL THAT APPLY) Generator	Street V	off-site installation ARIOUS	State FL
<u>X</u>	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	Street VZ City VZ Zip	off-site installation ARIOUS ARIOUS	State FL
_	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra	Street VZ City VZ Zip	off-site installation ARIOUS ARIOUS B. Name of off-site installation or transporter	State FL
Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334	Street VZ City VZ Zip nsporter	off-site installation ARIOUS ARIOUS B. Name of off-site installation or transporter WINTER PARK HOUSEHOLD HAZ FAC	State FL
Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY)	Street VZ City VZ Zip nsporter D. Address of	B. Name of off-site installation WINTER PARK HOUSEHOLD HAZ FAC	State FL
Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY) Generator	Street VZ City VZ Zip nsporter D. Address of Street 14	B. Name of off-site installation WINTER PARK HOUSEHOLD HAZ FAC off-site installation 441 HOWELL BRANCH ROAD	State FL
Site 5 C. Hand	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY)	Street VZ City VZ Zip nsporter D. Address of Street 14 City WX	B. Name of off-site installation WINTER PARK HOUSEHOLD HAZ FAC	
Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	Street VZ City VZ Zip nsporter D. Address of Street 14 City WX	B. Name of off-site installation or transporter WINTER PARK HOUSEHOLD HAZ FAC off-site installation 441 HOWELL BRANCH ROAD INTER PARK	
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Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	Street VZ City VZ Zip nsporter D. Address of Street 14 City WX	B. Name of off-site installation or transporter WINTER PARK HOUSEHOLD HAZ FAC off-site installation 441 HOWELL BRANCH ROAD INTER PARK	
Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	Street VZ City VZ Zip nsporter D. Address of Street 14 City WX	B. Name of off-site installation or transporter WINTER PARK HOUSEHOLD HAZ FAC off-site installation 441 HOWELL BRANCH ROAD INTER PARK	
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Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	Street VZ City VZ Zip nsporter D. Address of Street 14 City WX	B. Name of off-site installation or transporter WINTER PARK HOUSEHOLD HAZ FAC off-site installation 441 HOWELL BRANCH ROAD INTER PARK	
Site 5	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD984206334 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	Street VZ City VZ Zip nsporter D. Address of Street 14 City WX	B. Name of off-site installation or transporter WINTER PARK HOUSEHOLD HAZ FAC off-site installation 441 HOWELL BRANCH ROAD INTER PARK	



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Instructions: Please read the detailed instructions on the reverse side before completing this form.					
Site 1	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter		
	FLR000075614		MIDWEST RESEARCH INSTITUTE		
	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation		
. <u>X</u>	Generator	Street 1	470 TREELAND BLVD S.E.		
	Transporter	City P	ALM BAY	State FL	
	TSDR facility	Zip 3:	2909		
Site 2	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter		
Sile 2	FLD980839377		SCHERING CORPORATION		
C. Handl	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation		
X	Generator	Street 1:	3900 NW 57TH COURT		
	Transporter	City M	IAMI LAKES	State FL	
	TSDR facility	Zip 3:	3014		
014.0	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter		
Site 3	NCD981745342	•	RJ REYNOLDS TOBACCO CO.		
C. Handl	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation		
X		Street 9	50 REYNOLDS BLVD		
F	Transporter		INSTON-SALEM	State NC	
	TSDR facility	,	7102		
			-		
Site 4	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter		
	FLD980730634		UNIVERSITY COMMUNITY HOSPITAL		
-	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation		
X	₹	Street 3:	100 EAST FLETCHER AVE	_	
_	Transporter		AMPA	State FL	
	TSDR facility	Zip 3:	3613		
	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter		
Site 5	GAD000616367		MKC ENTERPRISES		
C. Handl	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation		
X			856 PEACHTREE ROAD		
	Transporter		ORAVILLE	State GA	
	TSDR facility	Zip 3	0340		
Commen	ts:				
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Site 1	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
<u></u>	FLD043861392		TYCO HEALTH CARE KENDALL	
_	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
ΙX	Generator	1	010 EAST INTERNATIONAL SPEEDWAY	
	Transporter		ELAND	State FL
	TSDR facility	Zip 3:	27248707	
Site 2	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
0.1.0 2	FLD981480585		ROLLINS COLLEGE	
C. Handi	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	, , , , , , , , , , , , , , , , , , , ,
X	Generator	Street 1	000 HOLT AVE.	
	Transporter	City W	INTER PARK	State FL
<u> </u>	TSDR facility	Zip 3:	27894499	
	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Site 3	FLD980845010		AGERE SYSTEMS	
C. Handl	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
	Generator	1	333 JOHN YOUNG PARKWAY	
F	Transporter		RLANDO	State FL
F	TSDR facility	1 -	28199698	
		<u> </u>		
Site 4	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
	FLD092833151		PRAXAIR SURFACE TECHNOLOGIES	
C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY)	D. Address of	PRAXAIR SURFACE TECHNOLOGIES off-site installation	
	FLD092833151 er type (CHECK ALL THAT APPLY) Generator	D. Address of Street 1	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY	State ET
C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter	D. Address of Street 1 City M	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR	State FL
C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator	D. Address of Street 1 City M	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY	State FL
C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter	D. Address of Street 1: City M. Zip 3:	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR	State FL
C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	D. Address of Street 1: City M. Zip 3:	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR 3025	State FL
C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra	D. Address of Street 1. City M. Zip 3.	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR 3025 B. Name of off-site installation or transporter	State FL
C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD072228851 er type (CHECK ALL THAT APPLY)	D. Address of Street 10 City Mi Zip 3: Insporter D. Address of Street 4	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR 3025 B. Name of off-site installation or transporter HOLY CROSS HOSPITAL	
C. Handl X Site 5 C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD072228851 er type (CHECK ALL THAT APPLY) Generator Transporter	D. Address of Street 1 City M Zip 3: nsporter D. Address of Street 4 City Fo	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR 3025 B. Name of off-site installation or transporter HOLY CROSS HOSPITAL off-site installation 725 N. FEDERAL HWY ORT LAUDERDALE	State FL
C. Handl X Site 5 C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD072228851 er type (CHECK ALL THAT APPLY) Generator	D. Address of Street 1 City M Zip 3: nsporter D. Address of Street 4 City F6	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR 3025 B. Name of off-site installation or transporter HOLY CROSS HOSPITAL off-site installation 725 N. FEDERAL HWY	
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C. Handl Site 5 C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD072228851 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	D. Address of Street 1 City M Zip 3: nsporter D. Address of Street 4 City Fo	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR 3025 B. Name of off-site installation or transporter HOLY CROSS HOSPITAL off-site installation 725 N. FEDERAL HWY ORT LAUDERDALE	
C. Handl Site 5 C. Handl	FLD092833151 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra FLD072228851 er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	D. Address of Street 1 City M Zip 3: nsporter D. Address of Street 4 City Fo	PRAXAIR SURFACE TECHNOLOGIES off-site installation 0301-10313 N. COMMERCE PKWY IRAMAR 3025 B. Name of off-site installation or transporter HOLY CROSS HOSPITAL off-site installation 725 N. FEDERAL HWY ORT LAUDERDALE	



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Instri	ictions: Please read the detailed ins	tructions on ti	he reverse side before completing this form.	
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Site 1	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
	SCCESQG		SC CONDITIONALLY EXEMPT	
	er type (CHECK ALL THAT APPLY)		off-site installation	
<u> </u>		Street V		01.1
<u> </u>	Transporter	1	ARIOUS	State SC
<u> </u>	TSDR facility	Zip		
Site 2	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
Oile 2	NCD981019128		PROGRESS ENERGY SERVICE CO.	
C. Hand	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
X	Generator	Street 14	406 MECHANICAL BLVD	
	Transporter	City G	ARNER	State NC
	TSDR facility	Zip 2	7529	
	A. EPA ID No. of off-site installation or tra	nenorter	B. Name of off-site installation or transporter	
Site 3	LA5213599314	risporter	NSA NAVAL SUPPORT ACTIVITY	İ
C. Hand	er type (CHECK ALL THAT APPLY)	D Address of	off-site installation	
Z X			400 DAUPHINE STREET	
F	Transporter		EW ORLEANS	State LA
F	TSDR facility	1	0142	
	A EDA D N - -		ID At a contract to the contra	
Site 4	A. EPA ID No. of off-site installation or tra	nsporter	B. Name of off-site installation or transporter	
	er type (CHECK ALL THAT APPLY)	D. Address of	off-site installation	
	er type (CHECK ALL THAT APPLY) Generator	D. Address of Street		Stato
	er type (CHECK ALL THAT APPLY) Generator Transporter	D. Address of Street City		State
	er type (CHECK ALL THAT APPLY) Generator	D. Address of Street		State
C. Handi	er type (CHECK ALL THAT APPLY) Generator Transporter	D. Address of Street City Zip		State
	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	D. Address of Street City Zip	off-site installation	State
C. Hand	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility	D. Address of Street City Zip	off-site installation	State
C. Hand	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra	D. Address of Street City Zip	off-site installation B. Name of off-site installation or transporter	
C. Hand	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra er type (CHECK ALL THAT APPLY) Generator Transporter	D. Address of Street City Zip nsporter D. Address of Street City	off-site installation B. Name of off-site installation or transporter	State
C. Hand	er type (CHECK ALL THAT APPLY) Generator Transporter TSDR facility A. EPA ID No. of off-site installation or tra er type (CHECK ALL THAT APPLY) Generator	D. Address of Street City Zip D. Address of Street	off-site installation B. Name of off-site installation or transporter	
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