

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

Site EPA ID		Site Name		Site Contact?		Phone					
FL0000207449		Onyx Special Services, Inc New		Jeff Kirk		850-878-2259					
form	recv pages	Submission		Quality Control		QC error pages		Data Entry		Transfer	
		Paper	Disk	initial	date			initial	date	Initial	Date
Receipt and Data Entry	SI	3	X	X	AM	3/1	Disk Bad			AG	3/11
	GM	2	X	X							
	WR	10	X	X							
	OI	6	X	X							
form	page	sub pg	Action Item	QC init	date	Site Contact	date	Corrective Action	data entry initial	date	DE Comment
Data entry or Basic edit errors			BOO DISK			Jeff Kirk	3/1	Will be sent			
						New Disk		Recvd	3/10	AM	
	GM	1	G25 H010	AG	3/12	JEFF KIRK	3/12	G27	AG	3/12	Bulbs
Advanced Edit Errors											

DATA ENTRY/FILING ASSIGNMENT:

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.	
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: FL0000207449	
3. Site Name (see instructions on page 11)	Site Name: ONYX SPECIAL SERVICES, INC.	
4. Site Location Information (see instructions on page 10)	Street Address: 342 MARPAN LANE 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: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 562211 B. C. D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 342 MARPAN LANE 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: Email Address: jakirk@onyxsp.com	
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: ONYX SPECIAL SERVICES, INC. Date Became Operator (mm/dd/yyyy): 08/17/1994 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Name of Site's Legal Owner: MARPAN SUPPLY INC. Date Became Owner (mm/dd/yyyy): 01/01/1981 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	

9. Legal Owner (Continued) Address	Street or P.O. Box: 222 EAST PERSHING STREET	
	City, Town or Village: TALLAHASSEE	
	State: FL	
	Country: UNITED STATES	Zip Code: 32301

10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☒ N ☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b or c.

☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☒ N ☐ **2. Transporter of Hazardous Waste**

Y ☒ N ☐ **3. Treater, Storer or Disposer of Hazardous Waste (at your site)**
Note: A hazardous waste permit is required for this activity.

Y ☒ N ☐ **4. Recycler of Hazardous Waste (at your site)**

Y ☒ N ☐ **5. Exempt Boiler and/or Industrial Furnace**

☐ a. Small Quantity On-Site Burner Exemption

☒ b. Smelting, Melting, Refining Furnace Exemption

Y ☐ N ☒ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☒ N ☐ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Y ☒ N ☐ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

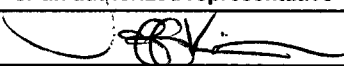
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D006	D007	D008	D009	D011	U151	

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

12. Comments (see instructions on page 17)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(see instructions on page 17)**

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	JEFF 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



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description PHOSPHOR POWDER			
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	H. UOM
G25 627			109,793.000000	1
Management Method Code for Source Code G25 H010		W316		Density
				<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site?	
	<input checked="" type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
	<input type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code
H010	94,800.000000	NA
		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling?		
	<input type="checkbox"/> Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BULB Breaking - Remzinder in Storage

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Sec. 1	A. Waste Description CONDENSATE WATER		
B. EPA Hazardous Waste Codes D009 NA NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G25 Management Method Code for Source Code G25 H010		E. Form Code W113	F. Quantity Generated in reporting year 1,842.000000
		H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code Quantity treated, disposed or recycled on-site		On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped AZ0000337360	C. Off-site Management Method Code Shipped to H010	D. Total quantity shipped (page 26) 3,579.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

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WR**

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Hazardous Waste Report

**WASTE RECEIVED
FROM OFF-SITE**

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 Hazardous Waste MERCURY DEVICES	B. EPA Hazardous Waste Code D009 U151 NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number FLD981932494	E. Quantity received 2,945.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

Waste 2	A. Description of Hazardous Waste MERCURY THERMOMETERS	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 FLCESQG	E. Quantity received 5.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

Waste 3	A. Description of Hazardous Waste MERCURY THERMOMETERS	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 FLD984206334	E. Quantity received 10.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

Comments:

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Waste 1	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number FLR000074153	E. Quantity received 9.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010		

Waste 2	A. Description of Hazardous Waste MERUCRY THERMOMETERS	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 FLR000075614	E. Quantity received 2.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010		

Waste 3	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 NCCESQG	E. Quantity received 2.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010		

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Waste 1	A. Description of Hazardous Waste MERCURY DEVICES	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number SCD048374920	E. Quantity received 30.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

Waste 2	A. Description of Hazardous Waste BROKEN/CRUSHED LAMPS	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 NCCESQG	E. Quantity received 1,200.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

Waste 3	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 FLD980839377	E. Quantity received 5.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

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Waste 1	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number FLCESQG	E. Quantity received 2.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

Waste 2	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 NCD981745342	E. Quantity received 105.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

Waste 3	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 FLD980730634	E. Quantity received 40.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

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Waste 1	A. Description of Hazardous Waste	B. EPA Hazardous Waste Code		C. State Hazardous Waste Code
	MERCURY DEVICES AND LIQUID MERCURY	D009 NA	U151 NA	
D. Off-site handler EPA ID Number		E. Quantity received		F. UOM Density
GAD000616367		1,524.000000		1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code	H. Management Method code			
W117	H010			

Waste 2	A. Description of Hazardous Waste	B. EPA Hazardous Waste Code		C. State Hazardous Waste Code
	MERCURY DEVICES	D009 NA	NA NA	
D. Off-site handler EPA ID Number		E. Quantity received		F. UOM Density
<input type="checkbox"/> Check if same as in Waste 1 WID988566543		14,759.000000		1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code	H. Management Method code			
W320	H010			

Waste 3	A. Description of Hazardous Waste	B. EPA Hazardous Waste Code		C. State Hazardous Waste Code
	BROKEN/CRUSHED LAMPS	D009 NA	NA NA	
D. Off-site handler EPA ID Number		E. Quantity received		F. UOM Density
<input type="checkbox"/> Check if same as in Waste 2 NCD986187003		250.000000		1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code	H. Management Method code			
W320	H010			

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Waste 1	A. Description of Hazardous Waste MERCURY SWITCHES	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number FLD043861392	E. Quantity received 5.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

Waste 2	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 FLD981480585	E. Quantity received 10.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

Waste 3	A. Description of Hazardous Waste MERCURY CONTAINING LAMPS	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 GAD003311990	E. Quantity received 917.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

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Waste 1	A. Description of Hazardous Waste MERCURY SWIITCHES	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number FLD980845010	E. Quantity received 5.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010		

Waste 2	A. Description of Hazardous Waste MERCURY SWITCHES	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 FLD092833151	E. Quantity received 40.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010		

Waste 3	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 FLD072228851	E. Quantity received 5.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
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Waste 1	A. Description of Hazardous Waste MERCURY CONTAINING LAMPS	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number ALR000013938	E. Quantity received 4,374.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010		

Waste 2	A. Description of Hazardous Waste MERCURY DEVICES	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 SCCESQG	E. Quantity received 124.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010		

Waste 3	A. Description of Hazardous Waste BROKEN/CRUSHED LAMPS	B. EPA Hazardous Waste Code D009 NA NA NA	C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 VAD085122083	E. Quantity received 2,700.000000	F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
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Waste 1	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number FLCESQG	E. Quantity received 2.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W117	H. Management Method code H010			

Waste 2	A. Description of Hazardous Waste MERCURY DEVICES	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 NCD981019128	E. Quantity received 30.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

Waste 3	A. Description of Hazardous Waste MERCURY	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 ARR000002774	E. Quantity received 9.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
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FROM OFF-SITE

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Waste 1	A. Description of Hazardous Waste MERCURY DEVICES	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number FLD080106073	E. Quantity received 8.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

Waste 2	A. Description of Hazardous Waste MERCURY CONTAINING LAMPS	B. EPA Hazardous Waste Code D009 NA NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 1 LA5213599314	E. Quantity received 21,559.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W320	H. Management Method code H010			

Waste 3	A. Description of Hazardous Waste MERCURY REAGENT	B. EPA Hazardous Waste Code D002 D009 NA NA		C. State Hazardous Waste Code
	D. Off-site handler EPA ID Number <input type="checkbox"/> Check if same as in Waste 2 FLD982158651	E. Quantity received 450.000000		F. UOM Density 1 <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code W110	H. Management Method code H141			

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: ONYX SPECIAL SERVICES, INC.

EPA ID NO: FL0000207449



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

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 transporter WID988566543	B. Name of off-site installation or transporter ONYX SPECIAL SERVICES, INC.
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street 1275 MINERAL SPRINGS DRIVE City PORT WASHINGTON Zip 53074 State WI
Site 2	A. EPA ID No. of off-site installation or transporter FLD080106073	B. Name of off-site installation or transporter SPARTAN ELECTRONICS, INC.
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 30167 POWERLINE ROAD City BROOKSVILLE Zip 34602 State FL
Site 3	A. EPA ID No. of off-site installation or transporter ARR000002774	B. Name of off-site installation or transporter BORDEN CHEMICAL
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 185N INDUSTRIAL DRIVE City HOPE Zip 71801 State AR
Site 4	A. EPA ID No. of off-site installation or transporter VAD085122083	B. Name of off-site installation or transporter STANLEY FURNITURE
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 140 TB STANLEY HWY City STANLEYTOWN Zip 24168 State VA
Site 5	A. EPA ID No. of off-site installation or transporter ALR000013938	B. Name of off-site installation or transporter COOPER INDUSTRIES
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 4 HUMMINGBIRD LANE City EUFAULA Zip 36027 State AL

Comments:

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Site 1	A. EPA ID No. of off-site installation or transporter GAD003311990	B. Name of off-site installation or transporter COOPER INDUSTRIES
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 100 INDUSTRIAL BLVD City AMERICUS Zip 31709 State GA
Site 2	A. EPA ID No. of off-site installation or transporter NCD986187003	B. Name of off-site installation or transporter LUXFER GAS CYLINDERS
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 235 RIVERBEND RD City GRAHAM Zip 27253 State NC
Site 3	A. EPA ID No. of off-site installation or transporter NCCESQG	B. Name of off-site installation or transporter NC CONDITIONALLY EXEMPT
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street VARIOUS City VARIOUS Zip State NC
Site 4	A. EPA ID No. of off-site installation or transporter SCD048374920	B. Name of off-site installation or transporter CAROLINA POWER & LIGHT
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 3581 WEST ENTRANCE ROAD City HARISVILLE Zip 29550 State SC
Site 5	A. EPA ID No. of off-site installation or transporter FLR000074153	B. Name of off-site installation or transporter NORWEGIAN CRUISE LINES
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 7665 CORPORATE CENTER DRIVE City MIAMI Zip 33126 State FL

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Site 1	A. EPA ID No. of off-site installation or transporter FLD981932494	B. Name of off-site installation or transporter US LIQUIDS OF FLORIDA, INC
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 2002 N. ORIENT ROAD City TAMPA Zip 33619 State FL	
Site 2	A. EPA ID No. of off-site installation or transporter FLD982158651	B. Name of off-site installation or transporter TAMPA ELECTRIC COMPANY
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5012 CAUSEWAY BLVD City TAMPA Zip 33619 State FL	
Site 3	A. EPA ID No. of off-site installation or transporter AZ0000337360	B. Name of off-site installation or transporter ONYX SPECIAL SERVICES, INC.
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5736 WEST JEFFERSON STREET City PHOENIX Zip 85043 State AZ	
Site 4	A. EPA ID No. of off-site installation or transporter FLCESQG	B. Name of off-site installation or transporter FL CONDITIONALLY EXEMPT
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street VARIOUS City VARIOUS Zip State FL	
Site 5	A. EPA ID No. of off-site installation or transporter FLD984206334	B. Name of off-site installation or transporter WINTER PARK HOUSEHOLD HAZ FAC
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 1441 HOWELL BRANCH ROAD City WINTER PARK Zip 32789 State FL	

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Site 1	A. EPA ID No. of off-site installation or transporter FLR000075614	B. Name of off-site installation or transporter MIDWEST RESEARCH INSTITUTE
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 1470 TREELAND BLVD S.E. City PALM BAY Zip 32909 State FL
Site 2	A. EPA ID No. of off-site installation or transporter FLD980839377	B. Name of off-site installation or transporter SCHERING CORPORATION
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 13900 NW 57TH COURT City MIAMI LAKES Zip 33014 State FL
Site 3	A. EPA ID No. of off-site installation or transporter NCD981745342	B. Name of off-site installation or transporter RJ REYNOLDS TOBACCO CO.
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 950 REYNOLDS BLVD City WINSTON-SALEM Zip 27102 State NC
Site 4	A. EPA ID No. of off-site installation or transporter FLD980730634	B. Name of off-site installation or transporter UNIVERSITY COMMUNITY HOSPITAL
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 3100 EAST FLETCHER AVE City TAMPA Zip 33613 State FL
Site 5	A. EPA ID No. of off-site installation or transporter GAD000616367	B. Name of off-site installation or transporter MKC ENTERPRISES
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 5856 PEACHTREE ROAD City DORAVILLE Zip 30340 State GA

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Site 1	A. EPA ID No. of off-site installation or transporter FLD043861392	B. Name of off-site installation or transporter TYCO HEALTH CARE KENDALL
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 2010 EAST INTERNATIONAL SPEEDWAY City DELAND State FL Zip 327248707
Site 2	A. EPA ID No. of off-site installation or transporter FLD981480585	B. Name of off-site installation or transporter ROLLINS COLLEGE
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 1000 HOLT AVE. City WINTER PARK State FL Zip 327894499
Site 3	A. EPA ID No. of off-site installation or transporter FLD980845010	B. Name of off-site installation or transporter AGERE SYSTEMS
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 9333 JOHN YOUNG PARKWAY City ORLANDO State FL Zip 328199698
Site 4	A. EPA ID No. of off-site installation or transporter FLD092833151	B. Name of off-site installation or transporter PRAXAIR SURFACE TECHNOLOGIES
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 10301-10313 N. COMMERCE PKWY City MIRAMAR State FL Zip 33025
Site 5	A. EPA ID No. of off-site installation or transporter FLD072228851	B. Name of off-site installation or transporter HOLY CROSS HOSPITAL
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 4725 N. FEDERAL HWY City FORT LAUDERDALE State FL Zip 333084003

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Site 1	A. EPA ID No. of off-site installation or transporter SCCESQG	B. Name of off-site installation or transporter SC CONDITIONALLY EXEMPT
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street VARIOUS City VARIOUS Zip State SC
Site 2	A. EPA ID No. of off-site installation or transporter NCD981019128	B. Name of off-site installation or transporter PROGRESS ENERGY SERVICE CO.
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 1406 MECHANICAL BLVD City GARNER Zip 27529 State NC
Site 3	A. EPA ID No. of off-site installation or transporter LA5213599314	B. Name of off-site installation or transporter NSA NAVAL SUPPORT ACTIVITY
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street 4400 DAUPHINE STREET City NEW ORLEANS Zip 70142 State LA
Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street City Zip State
Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street City Zip State

Comments: