



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

09/16/2010

Carl Bryant, Owner
Bio Waste Tech Inc
3311 Pinewood Ave
West Palm Beach, FL 33407-4845

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Bio Waste Tech Inc** located at **3311 Pinewood Ave, West Palm Beach , FL33407-4845**

FLR000169631

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Conditionally Exempt SQG; Small Quantity Handler, Universal Waste Batteries, Universal Waste Lamps, Universal Pharmaceuticals, Universal Pharmaceutical Transporter.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter (reg exp on 03/01/11).**

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000169631.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,



FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 95526 , Email Address: biowastetech@yahoo.com

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 _____

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**

EPA ID No

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

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
[Note 4 lamps = 1 kg, 62-737 200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

| (1) For those Managing | Generate/ Accumulate | Transport (see note in instructions) | Handle at Transfer Facility | (2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time |
|------------------------------|--------------------------|--|--------------------------------|--|
| a Batteries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| b Pesticides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| c Pharmaceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| d Mercury Containing Devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| e Mercury Containing Lamps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

(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

(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

(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

(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 | 2 | 3 | 4 | 5 | 6 | 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) |
|---|----------------------|--------------------------|
|  | CARL BRYANT | 8/17/10 |
| | | |

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

SLATON INSURANCE

P O Box 220537
West Palm Beach, FL 33422
Phone 561-683-8383 Fax 561-684-5995

Bio Waste Tech Inc
710 Evergreen Drive
Lake Park, FL 33403

| MEMO | | | Page 1 |
|--------------------|----|------------|------------|
| ACCOUNT NO | OF | DATE | |
| BIOWA-1 | MW | 11/30/2009 | |
| POLICY INFORMATION | | | |
| POLICY# | | | |
| PAC6856299 | | | |
| TYPE | | EFFECTIVE | EXPIRATION |
| CLIA | | 11/09/2010 | 11/09/2011 |

Carl

Re: Lia policy 11-9-09-10

Enclosed please find your copy of the above captioned policy. Please review your policy for accuracy and contact our office if any changes are required.

If I can be of any further service, please call. Thank you for placing your business with Slaton Insurance.

Cordially,



Mabel Wiggin

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MW
BIOWA-1

DATE (MM/DD/YYYY)
03/18/09

PRODUCER

STANTON INSURANCE
P O Box 220537
West Palm Beach FL 33422
Phone 561-683-8383 Fax 561-684-5995

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

INSURED

Bio Waste Tech Inc
710 Evergreen Drive
Lake Park FL 33403

INSURERS AFFORDING COVERAGE

| INSURER A | INSURER B | INSURER C | INSURER D | INSURER E | NAIC # |
|------------------------|-----------|-----------|-----------|-----------|--------|
| Penn America Insurance | | | | | |

COVERAGES

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

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------------|--|---------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR | BINDER | 03/18/09 | 03/18/10 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COM/OP AGG \$ 1,000,000 |
| | GEN L AGGREGATE LIMIT APPLIES PER | | | | |
| | POLICY | PRO JECT | LOC | | |
| | AUTOMOBILE LIABILITY | | | | |
| | ANY AUTO | | | | COMBINED SINGLE LIMIT (Fa accident) \$ |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | SCHEDULED AUTOS | | | | |
| | HIRED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | NON OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY | | | | |
| | ANY AUTO | | | | AUTO ONLY EA ACCIDENT \$ |
| | | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY AGG \$ |
| | EXCESS/UMBRELLA LIABILITY | | | | |
| | OCCUR | CLAIMS MADE | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | \$ |
| | DEDUCTIBLE | | | | \$ |
| | RETENTION | \$ | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | WC STATUTORY LIMITS OTH ER |
| | If yes describe under SPECIAL PROVISIONS below | | | | E L EACH ACCIDENT \$ |
| | OTHER | | | | E L DISEASE EA EMPLOYEE \$ |
| | | | | | E L DISEASE POLICY LIMIT \$ |

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

CERTIFICATE HOLDER

For Information only

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF COMPLETION

This Certificate is awarded to

CARL BRYANT

For the satisfactory completion of 40 hours of training in

HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE

TO COMPLY WITH OSHA 1910.120

Certificate Number: 072601H



Training Administrator / Timothy Pinckney



April 24, 2007

Annual Refreshers Required

Environmental Management Training / 1105 South 10th Street / Tacoma, Washington 98405

www.emtnw.com (253) 627-2443

CERTIFICATE OF COMPLETION

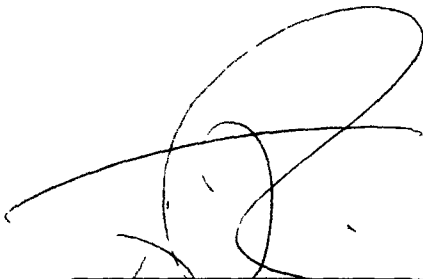
This Certificate is awarded to

CARL BRYANT

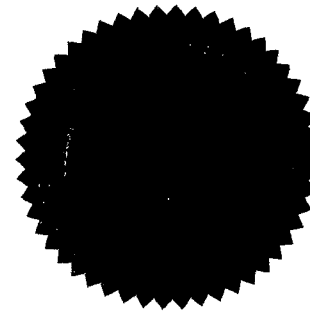
For the satisfactory completion of 8 Hour Training in

BLOODBORNE PATHOGENS/HIV

Certificate Number: 011701B



Training Administrator / Timothy Pinckney



January 17, 2007

Annual Refreshers Required

Environmental Management Training / 1105 South 10th Street / Tacoma, Washington 98405

www.emtnw.com (253) 627-2443

CERTIFICATE OF COMPLETION

This Certificate is awarded to

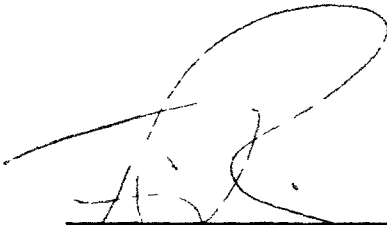
CARL BRYANT

For the satisfactory completion of 24 hours of training in

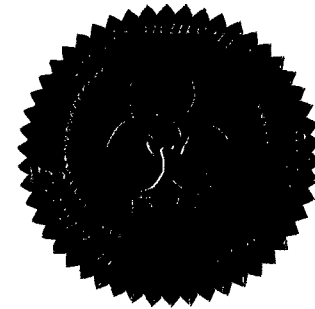
MICROBIAL REMEDIATION

TO COMPLY WITH EPA 402-K-01-001

Certificate Number: 041302M



Training Administrator / Timothy Pinckney



April 13, 2007

Environmental Management Training LLC / 1105 South 10th St / Tacoma, WA 98405
www.emtnw.com (800) 972-6508 / (253) 627-2443