



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

09/21/2010

Bahram (Bob) Ahmadi, President
Photographic Waste Control Inc
1943 High St
Longwood, FL 32750-3711

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 **Photographic Waste Control Inc** located at **1943 High St, Longwood , FL32750-3711**

FLD984229609

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Small Quantity Generator; Small Quantity Handler, Universal Waste Battery Transporter, Universal Waste Pesticide Transporter, Universal Pharmaceutical Transporter; Commercial HW Recycler.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility (reg exp on 03/01/11); HW Transporter, HW Transfer Facility (reg exp on 09/09/11) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter (reg exp on 06/30/11).**

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=FLD984229609.

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: 48416 , Email Address: pwci@bellsouth.net

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd Tallahassee FL 32399 2400
(850) 245-8772**Received**
(for DEP Official Use Only)
SEP 08 2010
BSHWEPA ID

F	L	D	9	8	4	2	2	9	6	0	9
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MTS

RCRA Info

1 Reason forInitials
DateMark 'X' in
correct box

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste universal waste, or used oil activities)
- ☒ To provide **subsequent notification** (to update status and facility identification information)
- ☐ Is this the **final notification** (see instructions) for the facility?

**2 Facility or
Business Name**

PHOTOGRAPHIC WASTE CONTROL, INC

FEID No

5	9	3	1	1	4	4	7	4
---	---	---	---	---	---	---	---	---

3 Facility Operator
(List additional
Operators in the
comments section)

Name of Operator

BAHRAM AHMADI

☐ New OperatorDate became Operator 04 / 01 / 92
mm dd yy

Street or P O Box

1943 HIGH ST

Phone Number

407-328-9651

City or Town

LONGWOOD

State

FL

Zip Code

32750

Operator Type

☒ Private☐ Federal☐ Municipal☐ State☐ Other**4 Facility Physical
Location
Information**

Physical Street Address

1943 HIGH ST

City or Town

LONGWOOD

State

FL

Zip Code

32750

County

Seminole

If available, please attach a map or sketch of the facility
boundariesLatitude

2	8	4	3	3	5	31
---	---	---	---	---	---	----

 Longitude

8	1	1	8	2	6	53
---	---	---	---	---	---	----

 Method
dd mm ss ssss dd mm ss ssss Datum**5 Facility North American Industry
Classification System (NAICS)
Code(s)**

A

48-49

B

7389

C

D

**6 Facility or
Business Mailing
Address**

Street Address or P O Box

1943 HIGH ST

City or Town

LONGWOOD

State

FL

Zip Code

32750

**7 Facility or
Business Contact
Person**

First Name

BAHRAM

Last Name

AHMADI

Title

PRESIDENT

Phone Number

407-328-9651

Extension

E-Mail

PWCI@BELLSOUTH.NET

Street or P O Box

1943 HIGH ST

City or Town

LONGWOOD

State

FL

Zip Code

32750

**8 Real Property
(Land) Owner
of the Facility's
Physical Location**
(List additional
real property owners
in the comments
section)

Name of Real Property (Land) Owner

RSSR LLC

☐ New OwnerDate became Owner ____ / ____ / ____
mm dd yy

Street or P O Box

P O BOX 1538

Phone Number

407-323-5662

City or Town

SANFORD

State

FL

Zip Code

32772

Owner Type

☒ Private☐ Federal☐ Municipal☐ State☐ Other

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 ZURICH AMERICAN INSURANCE COMPANYAddress 1400 AMERICAN LANE
SCHAUMBURG, IL 60196Contact REYNOLDS & REYNOLDS-LEANN JOINER Telephone 407 333-9478Policy Number TRK 919541400 Expiration date 09/09/2011**d Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____**e ☒ Hazardous Waste Transfer Facility** Storage Volume 7 500 GALLONS☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730 171(3) Florida Administrative Code (F A C)]

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403 7211(2), Florida Statutes (F S) [Rule 62-730 171(3)(a)1 F A C]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730 171(3)(a)3 F A C]
- ☐ A brief general description of the transfer facility operations [Rule 62 730 171(3)(a)4 , F A C]
- ☐ A copy of the facility closure plan [Rule 62-730 171(3)(a)5 F A C]
- ☐ A copy of the contingency and emergency plan [Rule 62 730 171(3)(a)6 , F A C]
- ☐ A map or maps of the transfer facility [Rule 62-730 171(3)(a)7 F A C]
- ☐ **Notification of changes in above items**
- ☒ **Annual update notification**

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

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000 LBS
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100 LBS
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25 LBS
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60 LBS
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	250 LBS

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


Signature of Authorized Person


Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☒ The site (facility) address

EPA ID No

FLD984229609

D Other State Regulated Waste Activities☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740 F A C]

Note A water facility permit may be required for this activity

10 Waste Codes for Federally Regulated Hazardous Wastes List the waste codes of the Federal hazardous wastes handled at your facility List them in the order they are presented in the regulations (e g D001 D003 F007 U112)

Hazardous waste transporters list codes routinely or usually transported Use an additional page if more spaces are needed

1	D001	2	D002	3	D011	4	F002	5	F003	6	F005	7	D008
8	D009	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)

BAHRAM AHMADI, PRESIDENT

9-1-10

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

ALISON CROUSE

407-328-9651

PWCI@BELLSOUTH NET

(Name of person completing this form)

(Phone Number)

(E mail Address)

13 Comments