

Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

August 04, 2010

Jeff Davis B & D Biomedical Waste Services 2401 NW 16th Blvd Okeechobee, FL 34972-2010

Re: Florida Hazardous Waste Transporter Approval

Dear Jeff Davis:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

- You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occured, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
- 2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
- 3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
- Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
- A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Jeff Davis August 04, 2010 Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

Aprilia Graves

Engineering Specialist IV

Aprila Junes

Hazardous Waste Regulation Section

AG

Enclosures: Hazardous Waste Transporter Approval Certificate

Hazardous Waste Transporter Status Form (with insurance verification)

Sections 62-730.170 and 62-730.171, FAC



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blairstone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: B & D Biomedical Waste Services

FACILITY ID NO: FLR000166686

FACILITY ADDRESS: 2401 NW 16th Blvd

Okeechobee, FL 34972-2010

INSURANCE CARRIER: ENDURANCE AMERICAN SPECIALTY

INSURANCE POLICY#: EIL101010327

EFFECTIVE DATE: May 14, 2010

EXPIRATION DATE: May 14, 2011

APPROVED TRANSFER FACILITY:

APPROVAL ISSUED BY: _____

DATE: August 04, 2010

Aprilia Graves

Engineering Specialist IV

Hazardous Waste Regulation Section

850/245-8755

rev.0(Oct 91)

Are your services commercially available? 15

STATE OF FLORIDA

DW SOD

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1.	Transporter Identification:
	Transporter Name: B3D BIOMEDICAL Waste Services
	Transporter EPA ID: _F/R
	Location Address: OHOINW 12 Th TOIV
	okeochobee fla 34174
Contac	t: Jeff Davis Telephone: \$63 763 3259
Mailing	Address: 20 DF 1309
_	okercheber Fl 34973
H.	Insurance Information;
	Insurance Company Endurance American Specialty Insurance Company
	Address Po By 767 3rd Avenue, Floor #5
	New York, NY 10017-9014
	Contact: Billy ma (CVM Telephone: 363 46 / 0331
	Policy Number: EIL101010327 2144
	Expiration date: 5/14/2011
III.	Waste Information:
111.	YVASIG (IIIQI) IQIQICII.
	EPA Waste Codes for Waste Routinely or Usually Transported:
	EFA Waste Codes for Waste Nouthlely of Osually Transported.
	DOIL DO09 D003
	Doll Dood Dood
	Comments
	Comments:
	On the state of
IV.	Certification:
	I certify under penalty of law that the above information is true, correct, and complete to the best
of my k	nowledge.
-	sefferson J Davis Director of Operations
Print/Ty	pe Name /
/	1 1 - (1) 1 - 2/24/10
	hipposon of 12m
Signatu	re
	######################################
•	
V.	The transporter identified above is in compliance with the financial responsibility requirements
or haze	ardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The
orms s	ubmitted by the transporter show compliance with the financial responsibility

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 8/4/2010

Signature of Florida Department of Environmental Protection Representative Date Signed

DEP Form 62-730.900(5)(d) Effective 1/5/95

through_5/14/2011_

Date

HW Transporter Status Form Page 1 of 1



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 (for FDET Strive cise Only)

JUN 0 7 2010

BSHW

EPA ID			MTS			RCRAI	nfo			
1. Reason for Submittal	Mark 'X' in correct box:	waste, universal v To provide <u>subsection</u> information).	notification (to obtain waste, or used oil activinguent notification (to etification (see instruct	ties). update sta	atus and	d facility ident				
2. Facility or Business Name	B8	AD Biomedical Wast		FEID	No.					
3. Facility Operator (List additional Operators in the		New Operator Date became Operator: 03 / 01 / 10 mm dd yy								
comments section).	Street or P.O. Box	^{::} 2401 n		Phone	e Number: 8	363-763-325				
	City or Town:	okeecho	bbee	State:	fl	Zip Code:	34972			
	Operator Type:	☑Private ☐Federal	Municipal	State [Othe	r				
4. Facility Physical Location	Physical Street Address: 2401 n.w. 16th blvd									
Information	City or Town:	okeechol	pee	State:	fl	Zip Code:	34972			
	County: Okeech	obee	ease attach a map or sketch of the facility							
	Latitude: Method: Method: dd mm ss.sss dd mm ss.sss Datum:									
5. Facility North Am Classification Syst Code(s)	•	A. ?		B. D.						
6. Facility or	Street Address or P.O. Box: po box 1309									
Business Mailing Address	City or Town:	bee	State:	fl	Zip Code:	34973				
7. Facility or Business Contact	First Name:	Jeff	Last Name:	Davis		1	rector of			
Person	Phone Number:	863-763-3259	Extension: #1	E-Mail:	bo	t_biowaste@	yahoo.com			
	Street or P.O. Box: 2401 n.w. 16th blvd									
	City or Town:	okeecho	bee	State:	fl	Zip Code:	34972			
8. Real Property (Land) Owner of the Facility's	Name of Real Prop	New Owner Date became Owner: 09 / 01 / 09 mm dd yy								
Physical Location (List additional	Street or P.O. Box: 2401 nw 16th blvd Phone Number: 863-763-325									
• •	City or Town: Okeechobee State: FI Zip Code: 34972									
section.)	Owner Type: Private Federal Municipal State Other									

	EPA ID No.								
P. Type of Regulated Waste Activity (Mark 'X' in all that apply):									
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in all that apply.								
 (1) Generator of Hazardous Waste (Choose only one of the following three categories.) □ a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or 	 (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 								
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. Operating Non-commercial TSD c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)								
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	(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								
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	(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.								
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator	(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 Registration must be renewed annually. a. For own									
c. Hazardous Waste Transporter Insurance Information Insurance Company Mar Address po									
okeechobee fl 34973 Contact Billy Marcum	Telephone 863-467-0331								
Contact Billy Marcum Policy Number 74TRS012144	Telephone 863-467-0331 Expiration date 10-26-2010								
d. Transportation Mode Air Rail Highway									
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 itemsAnnual update notification									

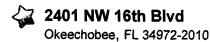
A MANTEN AND AND AND AND AND AND AND AND AND AN								
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):							
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated								
Small Quantity Handler (SQH) = always less than 5,000 kg accumulated								
Mercury-containing devices LQH = 100 kg (220 lb) or more ac	cumulated 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: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]								
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated							
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("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							
HILLHOF THOSE MIGHGOLD I (see note in 1	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.							
a. Batteries								
b. Pesticides								
c. Pharmaceuticals								
d. Mercury Containing Devices								
e. Mercury Containing Lamps								
• · · · · · · · · · · · · · · · · · · ·	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 activi storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for veling.							
	8) Specific Certification to be signed by all Used Oil Transporters							
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial							
☐ a. Transporter ☐ b. Transfer Facility	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							
(2) Collection Center	orginally approved training program, they are explained in attachments to							
(3) Used Oil Processor (A permit is required for this activity.)	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.							
(5) Used Oil Fuel Marketer								
(6) Used Oil Filter a. Transporter								
b. Transfer Facility	Signature of Authorized Person							
C. Processor								
☐ d. End User	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	(9) The records required under the provisions of Rule 62-710.510,							
	F.A.C., are kept at (check one): Our mailing (business) address							
A check is enclosed.	☐ The site (facility) address							
	· · · · · · · · · · · · · · · · · · ·							

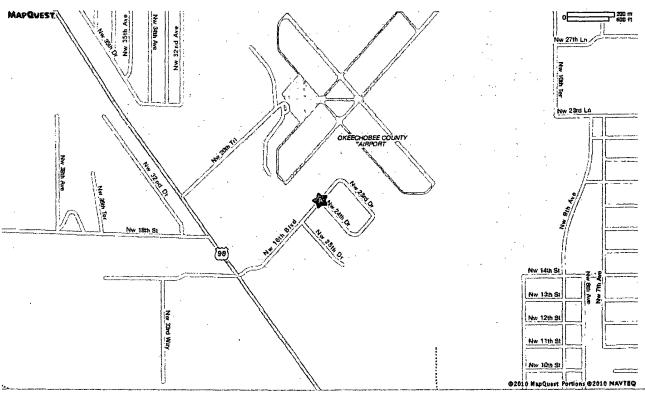
					F	PA ID No.			
D. Oth	D. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.								
10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous 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.									
, D	DO11 2 DO09 3 4 5 6 7								
8		9	10	11	12	<u> </u>	13	14	
15		16	17	18	19		20	21	
22		23	24	25	26		27	28	
11. Ot	her Statu	s Changes (Ma	ark 'X' in all that a	ipply)	:				
	(2) Was (3) Othe	ete generated by b	enerates, transports, usiness has been de	listed.	•				·····
	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								
		perty Tax Defaul			D. Petition fo	<u> </u>			
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)	
(Jufferson () Cains					Jeff Davis			06-04-10	
	/			+-					
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:									
				(Pho	ne Number)		(E-mail A	Address)	
	mments: Transpo	ort Hazardous	Waste and/or	r Ph	armaceutica	ls w/ vario	us waste	codes.	



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Applying For Haradous Waste Transporter. DET # Please

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1.

2.

DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Cartificate of Liability Insurance
Effective Date: 1-29-06
DEP Application #

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

	INSURANCE			
Enover	(Name of Insurer)	acie/ty V	he. Co.	
	(Name of Insurer)	,		
(the "Insurer"), of	(Name of Insurer) 67 349 AVE 1/00 (Address of Insurer)	x = 5 Mand	York, M.Y.	10017.9014
hereby certifies that it ha	s issued liability insurance coverig	ng bodily injury and	l property damag	e including;
8 8 D B10	THEO ICAL WOOME	Vesories		
	(Name of Insured)			
(the "Insured"), of 9	(Name of Insured) (Address of Insured) (Address of Insured)	to Su, 31	31973	
III PEHILPPHEN WITH FOR HE	sured's obligation to demonstrate le 62-730.170. The coverage appl	annie and an annie an annie and an annie an annie and an annie an annie and an annie	lity under Flori	da
EPA/DEPID. No.	Name	Locati 1 VOI	71 16 16 19 16 July 16 July 16 July 16 July 16 July 19 1	BIM.
		Ofent	& Su, Il	34972
(If coverage is for multip	ole facilities, identify each facility	insured.)		
This insurance is primary	y and the company shall not be lia for each accident, exclusive of leg L/0/0/03 27ed on 5- d policy is 5-14-10 (date)	ble for amounts in c gal defense costs. "I IU-IO	excess of the coverage is p	rovided
ander period memori perio		(date)		
The effective date of said	policy is 5-14-10 (date)	and the expiration	on date of said po	olicy
is 5-14-11				
(date)	SEQUEN QUANTING NAMEDICA O ACADISTINO AS			
This insurance is excess	and the company shall not be liab	le for amounts in ex	ccess of	
S	for each accident in excess of t	he underlying limit	of	
22	for each accident, exclusive of	legal défense costs.	The coverage is	s provided
under policy number	, issued on		The effecti	ve date of
and described to	and the contraction	(date)		
Said policy is	and the expiration of	late of said policy is	(data)	-,
(bate)			(date)	
The Insurer further certif	les the following with respect to t	he insurance describ	bed in Paragraph	1:
(a) Bankruptcy or in	nsolvency of the insured shall not	relieve the Insurer	of its obligations	under the
JUILLY.				

Page 1 of 2 DEP FORM 62-730.900(5)(a) effective 1-29-06

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursoment by the insurer, for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transac; the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

Signature of Arthorized Representative of Insurer)

Wm. E. Marcum In.

(Typed name)

Pus / Sgen T

(Title)

Authorized Representative of

Marcum Inc

(Name of Insurer)

P.O. Sul 400 Okeacholee & 34973

(Address of Representative)

Page 2 o : 2 DEP FORM 62-730.900(5 (a) effective 1-29-06

62-730.170 Standards Applicable to Transporters of Hazardous Waste.

- (1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.
- (2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.
- (a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:
- 1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible the Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.
 - 2. Surety bonds.
- (b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:
 - 1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.
 - 2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006
- 3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006. Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.
- (c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.
- (d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.
- (f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.
 - (g) States and the federal government are exempt from the requirements of this subsection.
- (3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.

62-730.171 Transfer Facilities.

- (1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.
- (2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL Florida Notification of Regulated Waste Activity," effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].
- (b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.
 - (c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.
- (d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), "8700-12FL Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.
 - (3)(a) The following items constitute initial transfer facility notification:
- 1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.
- 2. Completed Form 62-730.900(1)(b), "8700-12FL Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.
 - 3. Evidence of the transporter's financial responsibility as required under subsection 62-730.170(3), F.A.C.
- 4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.
- 5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].
 - 6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.
- 7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)
- (b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.
- (c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.
 - (4) A transfer facility shall comply with the following requirements:
- (a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.
- (b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].
- (5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.
- (6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

- (a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.
 - (b) The date when all hazardous waste enters and leaves the facility.
- (c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.
 - (d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.
- (7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.
- (8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S, is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.