

Florida Department of Environmental Protection

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

Jennifer Carroll Lt. Governor

Herschel T. Vinyard, Jr. Secretary

02/03/2011 Jason Kenny, President Operations Universal Waste Management LLC 12463 Knotah Rd Jacksonville, FL 32258

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 Universal Waste Management LLC located at 4428 Industrial Park Rd, Green Cove Springs , FL32043-8243

FLR000173252

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste; Small Quantity Handler, Universal Pharmaceutical Transporter.

Your facility is currently registered for the following activities: None.

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000173252.

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

Sincerely,

River M Sum

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 97639 , Email Address: jason.kenny@mybiowaste.com

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FLORIDA	8700-12 RE DEP V 2600		Date Received (for FDEP Official Use Only) Received						
EPA ID		(850) 245-8772	MTS		RBS	MW			
1. Reason for Submittal	Mark 'X' in correct box: Image: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). Image: To provide initial notification (to update status and facility identification information). Image: To provide initial notification (see instructions) for the facility?								
2. Facility or Business Name	Universal Waste Management, LLC								
3. Facility Operator (List additional Operators in the	Name of Operator Univer	:: sal Waste Managem	New Operator Date became Operator: 04 / 12 / 2010 mm dd yy						
comments section).	Street or P.O. Box	[:] 4428 Indu	strial Park Rd.	ļ	Phone Number:	904-469-6246			
	City or Town:	Green Cove S	Springs	State:	FL Zip Code:	32043			
	Operator Type: [State	Other				
4. Facility Physical Location	Physical Street Address: 4428 Industrial Park Rd.								
Information	City or Town:	Green Cove S	prings	State: F	Zip Code:	32043			
	^{County:} Clay		If available, please attach a map or sketch of the facility boundaries.						
	Latitude: [3]0] [0]8] [2]0. [10] Longitude: [8]1] [4]6] [2]1. [10] Method: d d mm s s . ssss d d mm s s . ssss Datum:								
5. Facility North Am Classification Syst	•	A 5621	12	B					
Code(s)		C.	D.						
6. Facility or Business Mailing	Street Address or P.O. Box: 4428 Industrial Park Rd.								
Address	City or Town:	Green Cove S	<u>م</u> دم	State: F	Zip Code:	32043			
7. Facility or Business Contact	First Name:	Jason	Last Name:	Kenny	Title: Pres	. Operations			
Person	Phone Number:	904-469-6246	Extension: 4						
	Street or P.O. Box	:	notah Rd.						
	City or Town:	Jacksonvi	ille	State: F	L Zip Code:	32258			
8. Real Property (Land) Owner of the Facility's Physical Location (List additional		perty (Land) Owner: Nederlander Group,	ЦС	Date became Owner:// mm dd yy					
	Street or P.O. Box	* 8826 Goodby	1	Phone Number:	904-233-3383				
real property owners in the comments	City or Town: Jacksonville				L Zip Code:	32217			
section.)	Owner Type: Private Federal Municipal State Other								

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

	EPA ID No.				
9. Type of Regulated Waste Activity (Mark 'X' in all the	at 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 <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> 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 <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> 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 <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> 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 Informati Insurance Company	waste only D b. For commercial purposes				
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 v Florida Administrative Code (F.A.C.)]:	with the initial notification for a transfer facility [Rule 62-730.171(3),				
Certification by a responsible corporate officer of	the transporter that the proposed location satisfies the				
criteria of Section 403.7211(2), Florida Statutes					
Evidence of the transporter's financial responsibility					
\square A brief general description of the transfer facility	·				
A copy of the facility closure plan [Rule 62-730.1 A copy of the contingency and emergency plan [R					
A map or maps of the transfer facility [Rule 62-73]					
Notification of changes in above items					
Annual update notification					

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						EPA ID No.			
B. Universal W	aste (UW)	Activities	(Mark 'X' in	all that apply)	("accumula	nted" means at any one time):			
Large Q	uantity Hand	iler (LQH) =	5,000 kg (11	1,000 lb) or more	of any comb	bination of UW accumulated			
Small Q	uantity Hand	ller (SQH) =	always less t	than 5,000 kg acc	umulated				
Mercury	-containing	devices LOI	H = 100 kg ()	220 lb) or more a	cumulated l	by for-hire handler			
	-	-		-		-			
	Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler								
Mercury	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)]								
Dhormo					autical unat	to (IDW) accumulated			
		-		-		te (UPW) accumulated			
						sted") pharmaceutical waste accumulated			
Pharmac	euticals SQI	H = always lo		Ukg of UP w and	always I kg	g or less of acutely hazardous UPW accumulated			
(1) For those Ma	naging	Generate/	Transport (see note in	Handle at Transfer Facility		your esitmate of the maximum amount (in po			
		Accumulate	instructions)	гаспиу	of each ty	pe of UW on site or transported at any one tin	ae.		
a. Batteries									
b. Pesticides	b. Pesticides								
c. Pharmaceuticals			\square			500lbs			
d. Mercury Contain	ing Devices								
e. Mercury Contain	ing Lamps								
(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is re [Chapter 62-737, F.A.C.] F.A.C.]					rdous waste permit is required for this activity. [Rule 62-737	7.800,			
(4) Reverse Distr	(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices								
(5) Destination F	acility for U	w 🗆		Note: for this activ storage prior to rec		must treat, dispose or recycle a UW. A permit is requi	red for		
C. Used Oil Act	tivities:				8) Specific	Certification to be signed by all Used Oil Transpor	ters		
(1) Used Oil 7	-	- indicate ty	pe(s) of act	ivity(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			
	ction 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					
(4) Off-Specification Used Oil Burner					Liability Insurance, DEP form 62-710.901(4), F.A.C.				
() —	Oil Fuel Ma	arketer							
(6) Used Oil Filter									
b. Transfer Facility					Signature of Authorized Person				
I									
d.	End User				Print Name	of Authorized Person			
(7) Used Oil Tran	sporters Tra	unsfer Facilit	ies. Collectio	n Centers Off.					
Specification Bur						1			
registration fee. Used Oil Processors are exempt from this fee. If					(9) The records required under the provisions of Rule 62-710.510,				
applicable, enclose a check or money order, in the amount of \$100,					F.A.C., are kept at (check one):				
payable to Florida Department of Environmental Protection. A check is enclosed.				tion		• • •			
A check is er	Department	-		tion.	🔲 Our ma	ailing (business) address te (facility) address			

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4					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.					
your facil	ity. List them in the	order they are	presented in	n the regulations	(e.g., D001, D003		zardous wastes handled at are needed.		
⁷ DC	D001 ² D002 ³ D003 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. Oth	er Status Changes	s (Mark 'X' i	n all that ap	oply):					
	 n-Handler of Regula (1) Business no lon (2) Waste generated (3) Other (explain) 	ger generates, 1 by business h	transports, t as been deli	reats, stores, or c sted.	-	ous waste			
	be handling reg (2) Out of Business	gulated waste (- Business clo	here. osed on	-	(Date).	n 8700-12FL for the r Please provide a cor	new location if you will ntact person, mailing		
	Contact			Phone					
				,					
	City, State, Zip					······			
	C. Property Tax I	Default		D. Petitie	on for Bankruptc	y Protection			
in accorda informatio for submi	ance with a system d on submitted is, to th tting false informatic	esigned to assu the best of my k on, including th	ure that qual nowledge ar ne possibilit	ified personnel p nd belief, true, ac y of fine and imp	roperly gather and curate, and compl risonment for kno	l evaluate the informa ete. I am aware that the	here are significant penalties have notified as a transfer		
Signatu	re of owner, opera	,	uthorized]	Print Name and	Title	Date Signed		
\swarrow	represent	tative		lason Kr	anny Presider	nt Operations	(mm-dd-yyyy) 01-24-2011		
				Jasunn					
	- 22	·							
If the pe	rson who filled in th	his form is not	t the Facilit	y Contact or Op	erator, please co	mplete the informat	ion below:		
(Name of	person completing t	his form)	<u></u>	(Phone Number)	(E-mail Address)			
13. Con	nments:								

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