

Handwritten initials

January 22, 1985

Mr. John Westbury
M & W Southeastern, Inc.
806 Talleyrand Avenue
Jacksonville, Florida 32206

Re: Facility ID # FLD 032 383 945

Dear Mr. Westbury:

Based on information supplied by you, we have processed and accepted at the state level your request for the facility identified with the above ID number to receive the indicated change in classification under RCRA:

Add as

☐☒

Delete as

☒☐

transporter

non-handler

By copy of this letter, we are advising EPA of the change in your status. Please notify us in writing if there is any further change in your operations which would again affect your status. Your EPA ID number is being inactivated.

Sincerely,

Melinda Bergeson
Solid & Hazardous Waste Section

MB/lis

cc: Nell Keever - EPA/Region IV
✓Ernie Frey - DER/Jacksonville

REQUEST FOR STATUS CHANGE
FOR HAZARDOUS WASTE GENERATORS,
TRANSPORTERS, OR FACILITIES

RECEIVED

JAN 18

Hazardous Waste

This form may be used by hazardous waste generators, transporters, or treatment, storage, or disposal facilities in Florida to request a change in their status. The request is subject to verification by the department and the generator or facility must comply with the applicable state and federal hazardous waste regulations until the status change is approved by the department.

FACILITY IDENTIFICATION NUMBER FLD032383945

FACILITY NAME M & W Southeastern, Inc.

MAILING ADDRESS 806 Talleyrand Avenue

JACKSONVILLE, FLORIDA 32206

FACILITY LOCATION 806 Talleyrand Avenue

CONTACT PERSON John Westbury

PHONE NUMBER 904 355-1524

The current status with the department is:

☐ Generator ☒ X Transporter ☐ Treater

☐ Small Quantity Generator ☐ Storer

☐ Disposer

☐ Underground Injection Well

PLEASE CHECK THE APPROPRIATE LINES AND PROVIDE THE REQUESTED INFORMATION.

Request for new status as:

☐ Generator ☐ Transporter ☐ Treater

☐ Small Quantity Generator ☐ Storer

☒ X Non-handler ☐ Disposer

☐ Out of Business ☐ Underground Injection Well

Is the facility now in operation? ☒ YES
☐ NO
☐ Partially Closed
☐ Never Operated

If no, did facility close prior to November 19, 1980? ☐ YES
☐ NO

If no, did facility close prior to July 9, 1982? ☐ YES
☐ NO

If partially closed, describe operations at the facility that have closed and give dates of closure. _____

all transporting being contracted out

This status change is being requested because (check where applicable:

1. ☐ Facility no longer generates hazardous waste due to
☐ change in operation
☐ waste being delisted
☐ facility closing
☒ other

2. ☐ Waste generated meets an exclusion in 40 CFR 261.4.

Explain Change to non-Handler due to
insurance rates

3. ☐ Waste generated meets the small quantity generator exclusion in 40 CFR 261.5.

Explain how waste is disposed of _____

-
-
-

6. NA Waste no longer treated on-site since _____.
(DATE)

8. NA Waste no longer disposed of on-site since _____.
(DATE)

40 CFR 261.6(a)
40 CFR 261.6(b)

14. NA Waste stored for less than 10 days by transporter at a transfer facility.

Please attach any documentation or additional explanations and justification to support your request for a status change. You may be asked to submit additional information and your facility may be inspected by the department to verify the information needed to change your status. You may also be required to comply with the applicable closure requirements.

I HEREBY CERTIFY THAT UNDER PENALTY OF LAW I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

John H. Westbury
Name (Type or Print)

Sales Manager
Title

John H. Westbury
Signature

1-16-85
Date