



## 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

03/13/2012

Tiffany Wood  
Robbie D Wood Inc  
PO Box 125  
Dolomite, AL 35061-0125

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **1051 OLD WARRIOR RIVER ROAD, DOLOMITE, AL 35061** has been registered through **March 1, 2013** with the following status:

Facility ID # **ALD067138891**

**Transporter of Universal Waste Lamps and Devices**

**Small Quantity Handler Facility for Universal Waste Lamps and Devices**

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2013** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Hazardous Waste Management Section

Enclosures



# 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

Date Received  
(for FDEP Official Use Only)

Received

MAR 01 2012

EPA ID A L D 0 6 7 1 3 8 8 9 1

MTS

RCRAInfo

## 1. Reason for Submittal

Mark '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

ROBBIE D. WOOD, INC.

## FEID No.

6 3 0 6 8 1 8 3 3

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

Name of Operator:

ROBBIE D. WOOD, JR.

☐ New Operator

Date became Operator: 03 / 15 / 1971  
mm dd yy

Street or P.O. Box:

P.O. BOX 125

Phone Number:

(205) 744-8440

City or Town:

DOLOMITE

State:

AL

Zip Code:

35061

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

1051 OLD WARRIOR RIVER ROAD

City or Town:

DOLOMITE

State:

AL

Zip Code:

35061

County:

Choose

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

Latitude:

dd

mm

ss

ssss

Longitude:

dd

mm

ss

ssss

Method:

Datum:

## 5. Facility North American Industry Classification System (NAICS) Code(s)

A.

484230

B.

484121

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

P.O. BOX 125

City or Town:

DOLOMITE

State:

AL

Zip Code:

35061

## 7. Facility or Business Contact Person

First Name:

TIFFANY

Last Name:

WOOD

Title:

SAFETY

Phone Number:

(205) 744-8440

Extension:

27

E-Mail:

tiffany@robbiedwood.com

Street or P.O. Box:

P.O. BOX 125

City or Town:

DOLOMITE

State:

AL

Zip Code:

35061

## 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:

WOOD PARTNERS

☐ New Owner

Date became Owner: 03 / 31 / 1992  
mm dd yy

Street or P.O. Box:

P.O. BOX 125

Phone Number:

(205) 744-8440

City or Town:

DOLOMITE

State:

AL

Zip Code:

35061

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 VENBROOK INSURANCE SERVICES  
Address 455 MARINE VIEW AVENUE, SUITE 200 - DEL MAR, CA 92014Contact ELAINE UYESAKA Telephone 800-499-9555  
Policy Number PEC002602103 Expiration date 03/01/2013d. **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

**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"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1315

**(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.

ALD067138891

**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)

ROBBIE D. WOOD, JR PRESIDENT

02/27/2012

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

TIFFANY WOOD

205-744-8440

tiffany@robbiedwood.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

Are your services commercially available? Yes

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: Robbie D. Wood, Inc.

Transporter EPA ID: ALD 067 138 891

Location Address: 1051 Old Warrior River Road  
Dolomite, AL 35061

Contact: Tiffany Wood Telephone: 205-744-8440

Mailing Address: PO Box 125  
Dolomite, AL 35061

II. Insurance Information:

Insurance Company Venbrook Insurance Services

Address 445 Marine View Avenue, Suite 200  
Del Mar, CA 92014

Contact: Elaine Uyezaka Telephone: 800-449-9555

Policy Number: PEC602602103

Expiration date: 3/1/2013

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

P D U PCB

Comments: \_\_\_\_\_

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Robbie D. Wood, Jr.  
Print/Type Name

President  
Title

Signature

2/27/12  
Date Signed

\*\*\*\*\*

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through \_\_\_\_\_

Date

R D Wood Jr  
Signature of Florida Department of Environmental Protection Representative

2-27-12  
Date Signed



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Venbrook Insurance Services CA Lic 0D80832  
445 Marine View Avenue, Suite 200  
Del Mar, CA 92014

www.venbrook.com

INSURED  
Robbie D. Wood, Inc.  
PO Box 125  
Dolomite AL 35061

## CONTACT NAME:

PHONE (A/C, No. Ext): 800-449-9555

FAX (A/C, No): 858-764-7510

## E-MAIL ADDRESS:

## INSURER(S) AFFORDING COVERAGE

## NAIC #

INSURER A: National Union Fire Insurance Company

19445

INSURER B: Lexington Insurance Company

19437

INSURER C: Allianz Underwriters Insurance Company

36420

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 12483414

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GL1738242	3/1/2012	3/1/2013	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 - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> Trailer Interchange		CA5456184  PIP Included  \$50,000 Limit	3/1/2012	3/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		043732543	3/1/2012	3/1/2013	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Motor Truck Cargo		MX193029108	3/1/2012	3/1/2013	\$100,000 Per Vehicle \$100,000 Per Occurrence
C	Auto Physical Damage ACV		MX193029108	3/1/2012	3/1/2013	Comp/Coll ACV Ded \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

the issuing insurer will endeavor to mail 30 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.

## CERTIFICATE HOLDER

Florida Department of Environmental Protection  
Hazardous Waste Section MS4555  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee FL 32399-2400

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(SD) Alan Shetzer