Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filling Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[X] A. First Notification [X] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: FL0001039528

II. Name of Installation *(Include company and specific site name)*

CROSS ENVIRONMENTAL SERVICES

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 39646 FIG STREET

Street *(Continued)*:

City or Town: CRYSTAL SPRINGS | State: FL | Zip Code: 33524-

County Code: 051 | County Name: PASCO

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: PO BOX 1299

City or Town: CRYSTAL SPRINGS | State: FL | Zip Code: 33524-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(Last)*: MANION | *(First)*: MARTIN

Job Title: OPERATIONS MGR | Phone Number *(Area Code and Number)*: 813-783-1688

VI. Installation Contact Address *(See Instructions)*

A. Contract Address Location [ ] Mailing [ ] Other [ ] | B. Street or P.O. Box:

City or Town: | State: | Zip Code: -

VII. Ownership *(See Instructions)*

A. Name of installation's Legal Owner: CROSS ENVIRONMENTAL SERVICES

Street, P.O. Box, of Route Number: 39646 Fig ST

City or Town: CRYSTAL SPRINGS | State: FL | Zip Code: 33524-

Phone Number *(Area Code and Number)*: 813-783-1688 | B. Land Type | C. Owner Type | D. Change of Owner Indicator Yes [ ] No [ ] | (Date Changed) Month Day Year

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ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to Instructions)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
   - ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - ☐ a. For own waste only
   - ☐ b. For commercial purposes

Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

3. ☐ Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
   - ☐ a. Generator Marketing to Burner
   - ☐ b. Other Marketers
   - ☐ c. Boiler and/or Industrial Furnace
     - ☐ 1. Smelter Deferral
     - ☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

5. ☐ Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - ☐ a. Utility Boiler
   - ☐ b. Industrial Boiler
   - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - ☐ a. Transporter
   - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - ☐ a. Process
   - ☐ b. Re-refine

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
☒	☒	☐	☐	D007 D035

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
F001	F002				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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.

Signature	Name and Official Title *(Type or print)*	Date Signed
Martin M. Manion	MARTIN M. MANION - OPERATIONS MGR.	10-9-02

XI. Comments

Company has < 1000 lbs. of regulated hazards from their building demolition activities/Expectation is No Haz Waste In Future.

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

Florida Department of
Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

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

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.

BUSINESS EPA/DEP ID NUMBER F L 0 0 0 1 0 3 9 5 2 8

Check below if information has changed

BUSINESS NAME CROSS ENVIRONMENTAL Services ☐

LOCATION ADDRESS 39646 Fig ST
CITY, STATE CRYSTAL SPRINGS FL

MAILING ADDRESS P.O. Box 1299 ☒
CITY, STATE, ZIP CRYSTAL SPRINGS, FL 33524

CONTACT PERSON MARTIN MANION ☐
CONTACT TITLE OPERATIONS MANAGER
PHONE NUMBER 8131 783-1688 ☐

PREVIOUS STATUS: NON HANDLER

IF YOUR CURRENT FACILITY STATUS IS:

- ___ LARGE QUANTITY GENERATOR
- X SMALL QUANTITY GENERATOR (SQG)
- ___ CONDITIONALLY EXEMPT SQG
- ___ TRANSPORTER
- ___ HAZARDOUS WASTE FUEL MARKETER/BURNER
- ___ USED OIL MARKETER/BURNER
- ___ TREATMENT FACILITY
- ___ STORAGE FACILITY
- ___ DISPOSAL FACILITY
- ___ MOVED*

PLEASE COMPLETE THE ATTACHED EPA FORM 8700-12 (NOTIFICATION OF REGULATED WASTE ACTIVITY) TO NOTIFY THE DEPARTMENT OF YOUR CURRENT STATUS (FLORIDA ADMINISTRATIVE CODE 17-730.150(5)).

* IF BUSINESS HAS MOVED, SUBMIT FORM 8700-12 FOR THE NEW BUSINESS LOCATION IF THE NEW LOCATION WILL BE INVOLVED IN HAZARDOUS WASTE MANAGEMENT ACTIVITIES.

OUT OF BUSINESS:

____ Business closed on _____ (Date)

NON-HANDLER STATUS

This status change is requested because:

____ Business no longer generates, transports, treats, stores, or disposes of hazardous waste.

____ Waste generated by business has been delisted.

____ Other: explain: _____

HAZARDOUS WASTE TRANSFER FACILITY STATUS

____ Hazardous waste transfer facilities must also notify as a hazardous waste transporter and must comply with FAC 17-730.170 and 17-730.171.

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.

MARTIN MANION	OPERATIONS MANAGER	
NAME	TITLE	
Martin S. Manion	10-10-02	
SIGNATURE	DATE	

Please mail completed forms to :

Hazardous Waste Regulation Section
Florida DEP
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Cross Environmental Services
P.O. Box 1299
Crystal Springs, Florida 33524
(813) 783-1688
Fax: (813) 788-9114

fax transmittal

to: JIM DREGNE

fax: 744 - 6125

from: MARTIN MANION / CES

date: 10/10/02

re: STATUS change

pages: 3 , including cover sheet.

NOTES:

THANKS JIM